



NPAIHB POLICY BRIEF

Update on Reauthorization of the IHCIA

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Update on Reauthorization of the Indian Health Care Improvement Act and Senate Finance Committee mark up

Portland, OR — The Indian Health Care Improvement Act (IHCIA) is a key Federal law that authorizes appropriations for Indian Health Service programs. It establishes the basic programmatic structure for delivery of health services to Indian people and authorizes the construction and maintenance of health care and sanitation facilities in Indian Country. Since its initial enactment in 1976 as P.L. 94-437, the IHCIA has been periodically reauthorized and amended, most notably in 1988 and 1992. Federal funding for the IHCIA has contributed billions of dollars to improve the health status of Indian people and much progress has been made to address the health disparities of Indian people because of it. The effort to reauthorize the IHCIA has been underway for the last seven years.

Last month was a very important month for reauthorization of the Indian Health Care Improvement Act. During the months of May and June, the IHCIA National Steering Committee worked with Senate Committee on Indian Affairs and Finance Committee staff to relocate provisions from Title IV of the IHCIA (S. 1057) as amendments to the Social Security Act (SSA). The Title IV provisions are those that directly affect Medicare, Medicaid, and SCHIP and relocating them as amendments to the SSA is viewed as a good strategy by the National Steering Committee. The strategy accomplishes two objectives. First, the proposed relocation of the Title IV provisions to the Social Security Act is positive since the subject matter directly impacts Medicare, Medicaid and SCHIP.

| Legislative History of the Indian Health Care Improvement Act 1976 to 2000 | | |
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| Year | P.L. No. | Comments |
| 1976 | 94-437 | Signed by President Gerald Ford |
| 1980 | 96-537 | Reauthorization extended Act to 9/30/84, Signed by President Jimmy Carter |
| 1984 | HR 4567 S. 2166 | S. 2166 Vetoed by President Ronald Reagan after Congress had adjourned |
| 1985-1988 | Interior Approp. Bills | IHCIA provisions extended by Appropriations Acts through FY 1989 |
| 1985-86 | S. 277 HR 1426 | House & Senate bills passed; No action on final bill before adjournment. |
| 1988 | 100-713 | Signed by President Ronald Reagan. Extended the Act to 9/30/1992 |
| 1990 | 101-630 | Provided mental health, urban Indian health, and innovative health care delivery -were not funded in FY93 |
| 1992 | 102-573 | Signed by President George Bush. Extended the Act to 9/30/2000 |
| 1996 | 104-313 | Signed by President William Clinton 10/19/1996 |
| 1999 | | Regional Meetings Spring '99 -National Steering Committee Summer '99; 7/28/1999 National Meeting in Washington, DC |
| 2000 | | Act expires 9/30/2001 |
| 2001 | Interior Approp. Bill | Act expires 9/30/2001 |

By including them as amendments to the SSA, it will give them greater visibility and enhance the likelihood of implementation by CMS and will ensure compliance by the States. A second objective is

accomplished in that the Finance Committee moving the Title IV provisions as an amendment to the SSA, allows S. 1057 to move onto the Health, Education, Labor, and Pensions (HELP) Committee. The HELP Committee is the last Senate committee that has jurisdiction over the bill and it is expected that these negotiations can be wrapped up easily.

The progress with the Senate Finance Committee is very important in that on December 20, 2005, Senator Charles Grassley (IA) placed a hold on S. 1057 requesting that Majority Leader Bill Frist (TN) inform him—as Chair of the Finance Committee—before entering in any unanimous consent agreement related to S. 1057. Senator McCain had hoped to bring S. 1057 under a unanimous consent agreement in order to avoid other committee referrals and possible objections before the Christmas break. Senator Grassley had indicated objections with legislation that exempts Indian people from co-payments, premiums, and other deductibles in the Medicaid and SCHIP programs. Senator Grassley also objected to estate recovery Indian exemptions in determining Medicaid eligibility. The basis of Senator Grassley's objection is treating one "group" differently than others in Medicaid. Clearly the senator's objections relate to racial groups versus the political distinction of Tribes. It was evident that many, including the Senate leader, continue to not understand the nature of the Federal trust relationship. Since December, the Indian Affairs committee has worked to provide additional information and justification for the Indian provisions so that Senator Grassley better understands the reasons for the provisions.

On June 8th, the Senate Finance Committee completed its mark on the IHCIA provisions under its jurisdiction. All of the Title IV issues were addressed favorably and validated the strategy of the National Steering Committee to move the provisions as a separate legislative vehicle. The Finance Committee created a new bill that includes the Title IV provisions that were rewritten by the National Steering Committee and Finance Committee staff. The new bill is entitled the Medicare, Medicaid and SCHIP Indian Health Care Improvement Act of 2006. It was passed unanimously by the Finance Committee. It is expected that S. 1057 will make it to the floor of the Senate at which point Senator McCain will offer an amendment to include the work of the Finance Committee so that all the parts of the IHCIA bill are included as one comprehensive package.

On the House side, Congressman Don Young (AK) has introduced a companion bill (H.R. 5312) to reauthorize the IHCIA on May 9, 2006. There is still much work to do on the House side and the committee referral process is more complicated there. It is expected that many of the same objections that the National Steering Committee met while moving S. 1057 through the Senate will occur when moving H.R. 5312 through the House. It will take a tremendous effort on the part of Tribal leaders to ensure passage in the House. The fall elections and Congressional agenda will complicate matters. It is important that Tribal leaders begin to work with members of the House to let them know how important it is that this legislation gets passed in the Congressional session. □