



**Northwest Portland Area
Indian Health Board**

FOR IMMEDIATE RELEASE:

June 18, 2009

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Andy Joseph, Jr. to testify on the Indian Health Care Improvement Act

On **Thursday, June 25, 2009, at 10:00a.m., in Room 1324 Longworth House Office Building** (The Morris K. Udall Hearing Room), the Committee on Natural Resources will hold a legislative hearing: H.R. 2708, (Pallone), *“To amend the Indian Health Care Improvement Act to revise and extend that Act, and for other purposes.”* Andy Joseph, Jr. (Colville Business Council Member, Nespelem District Representative) is the Chairman of the Northwest Portland Area Indian Health Board and will testify on behalf of the Board’s forty-three American Indian tribes in the northwestern United States.

The federal trust responsibility to American Indians and Alaska Natives is established in treaties, executive orders, legislation, and policy declarations of Presidential Administrations and Congress. This unique relationship requires partnership in developing the Indian Health Care Improvement Act (IHCIA). Since 1998, Tribal leaders and Indian health advocates across Indian Country have worked to bring about the reauthorization of the IHCIA. It is safe to say that the reauthorization efforts for the IHCIA would not have come as far as they have had it not been for the role of Area Health Boards such as the Northwest Portland Area Indian Health Board (NPAIHB), Alaska Native Health Board, California Rural Indian Health Board, United South & Eastern Tribes and the Affiliated Tribes of Northwest Indians (ATNI). It was a resolution adopted at one of ATNI’s annual meetings and carried to the National Congress of American Indian’s (NCAI) Annual Convention held in San Diego in November 2002 that served as a key advocacy piece for the reauthorization efforts. Although, there was already a national effort underway, the NCAI resolution provided the necessary momentum for advocacy and support of S. 556 and H.R. 2440 in the 108th Congress.

The IHCIA is the key federal law that authorizes appropriations for the Indian Health Service (IHS) 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. The authorization provisions expired in 2000, but Congress extended them for one year through fiscal year 2001. Since that time no further formal extension of these authorizations has occurred. The re-authorization legislation before the Committee on Natural Resources proposes to:

- Establish objectives for addressing health disparities of Indians as compared with other Americans.
- Enhance the ability of Indian Health Services (IHS) and tribal health programs to attract and retain qualified Indian health care professionals.

- Update and modernizes health delivery services, such as cancer screenings, home and community based services and long term care for the elderly and disabled.
- Provide innovative mechanisms for reducing the backlog in health facility needs.
- Establish a continuum of care through integrated behavioral health programs both prevention and treatment –to address alcohol/substance abuse problems and the social service and mental health needs of Indian people.
- Facilitate greater decision-making regarding program operations and priorities at the local Tribal level in order to improve services to tribal populations.