

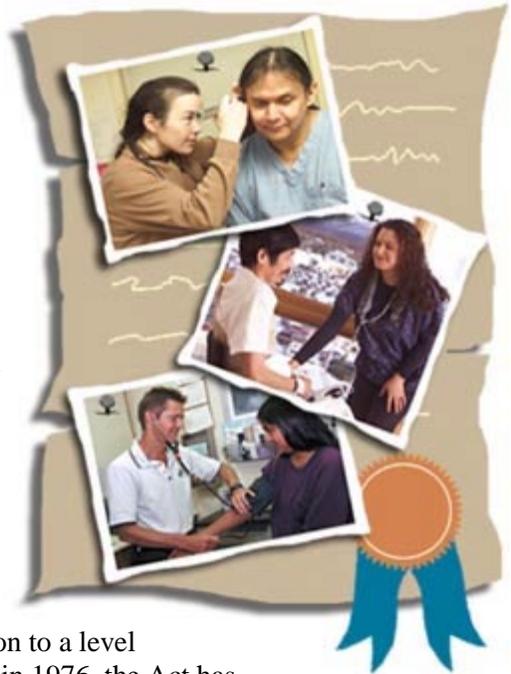
INDIAN HEALTH CARE IMPROVEMENT ACT

ISSUE

The Indian Health Care Improvement Act (IHCIA), Public Law 94-437, expired on September 30, 2000. However, the Senate Committee on Indian Affairs included a provision in a technical amendments bill to reauthorize the Act for one year to allow time for Congress to consider the reauthorization legislation. The bill was passed and the President signed the legislation authorizing a one-year extension of the IHCIA.

BACKGROUND

The IHCIA is considered to be the cornerstone legal authority for the provision of health care to American Indians and Alaska Natives. This authority builds upon the Snyder Act of 1921, which is the basic and first legislative authority for Congress to appropriate funds specifically for health care provided by the IHS. The IHCIA of 1976 was enacted into law based upon findings that the health status of Indians ranked far below that of the general population. The Act declared that it was this Nation's policy to elevate the health status of the Indian population to a level at parity with the general U.S. population. Since its first passage in 1976, the Act has been reauthorized three times.



SITUATION

During late 1998 and 1999, the IHS actively consulted with Indian country on amendments to the existing Act to provide tribal and urban Indian health programs with the programmatic and administrative capabilities to provide high quality health care to their constituents. A National Steering Committee (NSC) on the reauthorization of the IHCIA was established in the summer of 1999 to review the recommendations received during the consultation process, to reconcile differences in the recommendations from the various areas of Indian country, and then to complete a legislative draft that reflected the final recommendations. In October of 1999, the NSC forwarded their legislative proposal to the leadership of the Executive and Legislative Branches, as well as to Tribal Governments and Urban Indian Health Programs. The House Committee on Resources and the Senate Committee on Indian Affairs both introduced legislation almost identical to the NSC draft. While the House has not held hearings on the reauthorization bill, the Senate held four hearings on their version of the bill. Both bills contain provisions that would establish a congressional commission to study the feasibility of creating an entitlement for health care to Indian people, a new Indian provider category for Medicare/Medicaid related services, and the de-centralization of certain decision making and priority setting to the local area level. The bills also contain various program changes and program expansions to address Indian health care needs.

OPTIONS/PLANS

By the end of the 106th Congress, the Administration had not yet developed its formal position on the legislation to reauthorize the IHCIA. Both House and Senate reauthorization bills will have to be re-introduced in the 107th Congress. It is anticipated additional hearings will occur early in the first session of the 107th Congress. Tribal Governments and Urban Indian Health Program leaders will continue to push for swift passage of the reauthorization legislation.

ADDITIONAL INFORMATION

For referral to the appropriate spokesperson, contact the IHS Public Affairs Staff at 301-443-3593.

This issue summary should be used in conjunction with the IHS "Heritage and Health" and "IHS Profile" documents, available at <http://info.ihs.gov>

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