

# National Indian Health Board



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*The Red Feather of Hope and Healing*

**TESTIMONY OF  
H. SALLY SMITH, ALASKA REPRESENTATIVE  
NATIONAL INDIAN HEALTH BOARD**

**BEFORE THE U.S. SENATE COMMITTEE ON INDIAN AFFAIRS**

**ADVANCING INDIAN HEALTH CARE**

**February 5, 2009**

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## **Introduction**

Chairman Dorgan, and Vice-Chairman Barasso and distinguished members of the Senate Indian Affairs Committee, I am H. Sally Smith and I appear today as the Alaska Representative to the National Indian Health Board (NIHB), and the immediate past Chairman of the Board.<sup>1</sup> I also serve as Chairman of the Bristol Bay Area Health Corporation in Alaska. Thank you for inviting the NIHB to participate in the discussion about how to advance on Indian health issues in the new Congress and with the new Obama Administration.

The NIHB sees a number of tremendous opportunities for the advancement of Indian health in the 111<sup>th</sup> Congress. In fact, some are already well on their way to enactment – for example, the Indian-specific provisions included in the State Children’s Health Insurance Program (SCHIP) reauthorization bill and in the American Recovery and Reinvestment Act. We

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<sup>1</sup> *Established in 1972, the NIHB serves Federally Recognized AI/AN tribal governments by advocating for the improvement of health care delivery to AI/ANs, as well as upholding the federal government’s trust responsibility to AI/ANs. We strive to advance the level and quality of health care and the adequacy of funding for health services that are operated by the IHS, programs operated directly by Tribal Governments, and other programs. Our Board Members represent each of the twelve Areas of IHS and are elected at-large by the respective Tribal Governmental Officials within their Area. The NIHB is the only national organization solely devoted to the improvement of Indian health care on behalf of the Tribes.*

are grateful that these provisions could be enacted into law very soon. But these accomplishments represent only the beginning of what we hope will be achieved in this Congress. The other major undertakings include:

1. Renew efforts to reauthorize the Indian Health Care Improvement Act;
2. Undertake comprehensive Health Care Reform spearheaded by the Obama Administration; and
3. Institute a deep examination of the Indian health care delivery system.

The NIHB and the Indian health community are ready and eager to roll up its sleeves to work hard to achieve success on all of these efforts.

Today I offer suggestions, on behalf of NIHB, on how each of these efforts should be pursued in order to obtain maximum benefit for the Indian health system; to faithfully discharge the United States' trust responsibility to provide American Indians and Alaska Natives (AI/ANs) with access to high quality health care; and to end the deplorable disparities in the health status of Indian people.

We must recognize that each of these efforts will necessarily be pursued on different tracks and on different timetables. All will in some way impact how health care is delivered to AI/ANs, but the separate objectives of each should not be blurred by attempting to accomplish our goals through only one overarching effort. The NIHB extends its commitment, on behalf of all Tribes, to the achievement of this goal.

### **1. Reauthorization of the Indian Health Care Improvement Act**

**The first recommendation is that this Committee vigorously proceed to complete our decade-long effort to reauthorize – and *revitalize* – the Indian Health Care Improvement Act (IHCA).** Last year, through the yeoman efforts of you, Chairman Dorgan, and Senator Murkowski, a reauthorization bill was finally debated and approved by the Senate. We were all disappointed that the House did not complete the job in 2008, but we are not discouraged. In fact, we have great hope that the long struggle to amend and extend the IHCA will bear fruit in the 111<sup>th</sup> Congress and that Indian Country will finally see a bill approved by both Houses and signed into law by President Obama.

Our ten years of work on this legislation has been productive. While no legislation is ever perfect, the bill this Committee brought to the floor last year was heartily supported by Indian Country and should serve as the starting point as we sprint to the finish line this year. Mindful that many tribal requests were dropped or scaled back over the last ten years, you, Mr. Chairman, asked us to take a fresh look at these topics. The National Tribal Steering Committee commenced that review this week and will soon recommend whether some provisions should be reinstated or revised. The NIHB stands ready to advocate for these recommendations throughout the halls of Congress.

We ask all to recognize that even if the Health Care Reform effort and the comprehensive examination of the Indian health system go forward apace, those activities will take many months or years to complete. In the meantime, we must continue to provide health care to our people – today, tomorrow, next month and next year. That is why we desperately need the new

authorities offered by IHCIA legislation, particularly those that will bring to the Indian health system modern methods of health care delivery such as hospice, long-term care, assisted living and home- and community-based care, and an integrated system for comprehensively addressing the behavioral health needs of Indian youth, families, and communities.

**Quickly enacting an IHCIA bill is vital to the forward progress of the Indian health system. The NIHB urgently requests that Congress finish work on an IHCIA bill within the next 90 days.**

## **2. Health Care Reform**

The NIHB, on behalf of Indian Country, will be actively involved in the Health Care Reform effort. An AI/AN Health Care Reform Workgroup has been established by the NIHB to evaluate reform proposals and determine how the aspects of each would impact the Indian health care system. We hope the members of this Committee will stand with us in this effort. We will need your help to reach key policymakers in the Administration and on Congressional committees of jurisdiction. Indian Country faces several challenges in Health Care Reform:

- The Indian health delivery system is unique and operates very differently from the mainstream health care system. Thus, we must constantly educate policymakers to assure that reform ideas do not inadvertently harm our system which provides culturally competent care to 1.9 million AI/ANs.
- We must also assure that reform developers honor the trust responsibility for Indian health, and take into account the multiple roles played by tribes in health care delivery – as providers, payors, employers and as governments.
- We must assure that reform proposals support and strengthen our system. Achieving this will likely require writing Indian-specific provisions in order to make a good idea work in the Indian health context.
- Any legislation that expands public or private coverage to reach the uninsured must include a meaningful opportunity for all AI/ANs to enroll and to obtain their care through the Indian health system providers.
- The chronic underfunding of the Indian health system must be addressed in the reform context. But in order to do this in a meaningful way, new permanent mechanisms must be designed that protect the Indian health system from the ups and downs of budget development.

The recent development of economic stimulus legislation encourages us that Indian Country's interests are being taken seriously. Members of this Committee and other Congressional leaders involved in development of that legislation actively undertook to assure that our needs were not overlooked. In fact, in response to advocacy from Indian Country, the legislation targets significant funding for job creation and infrastructure development to bolster poor Indian economies.

We are gratified by this attention and want to build on it during the Health Care Reform debate. We must vigorously work toward achieving high visibility for Indian health concerns as well. In order to assure that reform proposals avoid damage to our system and actually

strengthen it, we need a seat at the table where reform ideas are developed. Indian Country cannot afford to be consulted only after the decisions have been made.

**Thus, with regard to Health Care Reform our request to you is two-fold: Continue your leadership role on behalf of Indian health interests and assure that Indian Country advocates are integrally involved in all levels of the debate.**

### **3. Critical and Thorough Examination of the Indian Health System**

It has been more than fifty years since the Indian Health Service was created, and more than thirty years since the original IHCA directed how health care should be delivered to AI/AN beneficiaries. Much has changed in health care delivery over those decades. Although some improvements in the health status of Indian people have been marked, our people continue to suffer disproportionately high health deficiencies and health status disparities stubbornly persist.

Thus, we can understand why you, Chairman Dorgan, and other Senators believe it is time to critically examine the fundamentals of the IHS system, to identify what's working and what's not, and to design structural reforms. The NIHB agrees with you.

Undertaking such a deep examination is an enormous task, but is well worth the effort. It will take a willingness to address hard questions, require contributions of experts from within and outside the system, demand innovative ideas, and necessitate a commitment to see the job through to completion.

The NIHB offers some thoughts on how to proceed with such an undertaking:

- Find out what Indian people themselves think – health care consumers, health care providers, and tribal leaders. Supply resources to tribes to undertake these examination and analysis in a comprehensive manner. This is vital to assure that tribes know you are serious.
- Seek Indian Country input through regional meetings, hearings, even survey mechanisms and other methods.
- Obtain critical analyses of our system and innovative ideas from experts, both inside and outside of Indian Country, in the field of health care delivery, especially those skilled in providing efficient and effective care to underserved populations in rural, remote areas.
- Identify what health care is needed, which needs are being met, which are not, and the most effective ways to deliver services.
- Avoid "solutions" which merely redistribute existing resources. Our system already suffers from serious underfunding and imbalances in the distribution of the scarce resources we do have. Merely creating new winners and losers is not "reform".
- To be meaningful, any real reform must be fueled by new funding for unmet needs, to correct imbalances and to fully fund the contract support costs of tribal contractors.
- Recognize the improvements in Indian health and in the health care delivery system brought about by Indian self-determination contracting. Any changes made to the Indian health system should encourage and facilitate exercise of self-determination rights whenever any tribe seeks to use these rights.

- Focus in particular on areas we know need attention: long-term care services delivered in Indian communities, prevention, facilities, and recruitment/retention of qualified providers.
- Remember that there are promising practices in Indian Country. With the long list of what is needed to improve the Indian health system, it can be difficult to remember that there are tribes, clinics and hospitals providing noteworthy care and improving the lives of AI/AN across the country. These need to be showcased and honored in any new system.

## **Conclusion**

The NIHB On behalf of the National Indian Health Board, I thank you for the opportunity to present testimony on how to advance Indian health care. The NIHB recommends: renew efforts to reauthorize the Indian Health Care Improvement Act; undertake comprehensive Health Care Reform; and institute a deep examination of the Indian health care delivery system.

We appreciate your leadership and your commitment to the betterment of the Indian health system. We all share a common goal: enhancement of the quality of life and health for our Nation's first citizens.

I am available to answer any questions the Committee might have.