AAP Committee on Native American Child Health

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Indian Health Service Update and Overview

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Good afternoon. I have been asked to give a brief overview of the Indian Health Service (IHS) budget situation and a couple of other important issues that impact on the efforts of the IHS to bring the highest quality heath care services to American Indian and Alaska Native individuals and communities. Of course, we are not working alone on this goal, but in collaboration with other HHS agencies, Tribal Nations, and tribal organizations, as well as with various private organizations.

One crucial issue that we are very concerned about in Indian Country is addressing the alarming increase in the use of methamphetamine (meth) among Indian youth. We are working to develop and enhance programs to deal with this issue from all aspects, which includes the coordinating of federal efforts and working with Tribes to collect reliable data to measure the extent and severity of meth abuse in Indian Country. For instance, the IHS, Bureau of Indian Affairs, and Department of Justice have joined forces to address this epidemic from both a public health and a law enforcement prospective. They are also working with the many tribally owned and operated programs that are doing great things to address this heartbreaking issue.

It is also encouraging to note that in 2007 the Department of Justice awarded more than $82 million in grants and other assistance to tribal communities to strengthen their law enforcement and justice systems. And the approximately $47 million in grants awarded by SAMHSA in 2007 has been of immense help in addressing meth abuse in Indian Country.

Suicide, especially among Indian youth, is another area of great concern to all of us working in Indian health. In some areas, suicide attempts among youth has become nearly epidemic. Suicide is the second leading cause of death for Indian youth ages 15-24. In fact, Indian youth have the highest rates of suicide of any racial group of the same age range in the United States.

The text is the basis of Mr. McSwain's oral remarks at the AAP Committee meeting on April 12, 2008. It should be used with the understanding that some material may have been added or omitted during presentation.

The Tribes have made it clear that addressing substance abuse and suicide in Indian Country are top priorities, and it's clear that their voices are being heard. Congress has appropriated $14 million for FY 08 to specifically address these issues, in the following language: *$14,000,000 is provided for a methamphetamine and suicide prevention and treatment initiative, of which up to $5,000,000 may be used for mental health, suicide prevention, and behavioral issues associated with methamphetamine use.*

We are eager to get tribal input into addressing these initiatives. This is why we have established a Behavioral Health Work Group, made up of tribal health professionals. There are 14 representatives: one from each Area, plus one from the National Indian Health Board and one representing urban programs.

In addition to their advice and guidance, I believe we need to create a group that represents the larger interest and leadership of the Tribes. Therefore, I am in the process of creating a new "Behavioral Health Tribal Advisory Committee." It will be made up of tribal leaders, with each Area represented. I want to hear suggestions on community-driven solutions, and this new group will provide that. The Behavioral Health Work Group will support this new Committee.

Once this new Committee is formed, its first task will be to make recommendations regarding the use of that $14 million.

That brings us to a topic that is always on our minds as we strive to find the resources we need to address health disparities: the IHS appropriated budget:

- The President's enacted budget authority for the IHS for FY 2008 was $3.35 billion.
- This represented a $166 million, or approximately 5.2%, increase over the FY 2007 enacted budget.
- Adding in health insurance collections estimated at $780 million, diabetes appropriations of $150 million, and staff quarters rental collections of $6 million, increases the budget to $4.3 billion in program level spending.
- Funds will go primarily ($2.4 billion) to Clinical Services, but the FY 2008 budget request also addresses the funding of pay raises, inflation, population growth, and staffing for new facilities. These are health care needs that tribal testimony identified as critical during the budget consultation process.
- The budget also includes $237 million to help address behavioral health issues in Indian communities, including substance abuse and suicide prevention.
- The enacted budget included $34.5 million in funding for the Urban Indian Health Program.

And now a word about the proposed IHS FY 09 budget, which was rolled out on February 4, 2008. Please keep in mind that the President has a goal of balancing the budget by 2012. We will see that reflected in his budget request for IHS. However, it is also important to note that this is a *proposed* budget – changes will be made as the budget proceeds through the review process in Congress.

The President's proposed budget for the IHS for FY 2009 is $3.325 billion. This includes:

- $25 million for additional staff for new health facilities
- $10 million for Indian Health Care Improvement Funds
- An increase of $11 million for Clinical Services
- An increase of $8.8 million for Contract Health Services
- An increase of $2 million for Preventive Health Services

Decreases include:

- Urban Indian Health Program (-$35 million)
- Health care facility construction (-$21 million)
- Health professions (-$14 million)
- Alcohol & substance abuse (- $11 million)

While we are on legislative matters, the next issue I would like to address is the current status of the reauthorization of the Indian Health Care Improvement Act. To summarize:

- On April 24, 2007, the Senate Committee on Indian Affairs introduced S. 1200, a bill to reauthorize the Act, and reported the bill on May 10.
- On February 26, 2008, the Senate passed S. 1200 by a vote of 83 to 10. The bill will now be considered by the House.

Key Issues include:

- Extension of the Federal Torts Claims Act to non-eligibles and certain provisions related to its extension to home/community based health care.
- Requirements for use of negotiated rule-making and for consultation in parts of the bill.
- Need for flexibility so that Secretary has discretion to fund and implement programs authorized in the bills.

Thank you for your attention and for your support of Indian health issues.