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Opening Statement of Sen. Chuck Grassley

Hearing: Keeping America's Promise: Health Care and Child Welfare Services for Native Americans

Thursday, March 22, 2007

Thank you, Mr. Chairman, for calling this hearing today. I'd also like to thank our witnesses for joining us. I know Ms. Bear King has Iowa connections. Welcome to Washington.

In 2003, the U.S. Commission on Civil Rights reported that "American Indian youths are twice as likely to commit suicide...are 630% more likely to die from alcoholism, 650% more likely to die from tuberculosis, 318% more likely to die from diabetes, and 204% more likely to suffer accidental death compared with other groups." Yet with IHS and Tribal health care delivery sites funded at less than 60% of the cost of providing health care to their patients, we aren't doing enough to close the gap on the health disparities faced by Indians. The answer is for us to pass the Indian Health Care Improvement Act.

Last year, the Finance Committee passed the Medicare, Medicaid and S-CHIP Indian Health Care Improvement Act. The bill contained the provisions of the larger Indian Health Care Improvement Act that were in the Finance Committee's jurisdiction. That legislation allowed the tribes to use money from Medicare and Medicaid to maximize improvement of the care provided to Indians. That legislation also provided for increased outreach for Indian tribes to assist Indians in applying for Medicaid or SCHIP. In addition, the legislation the committee reported last year provided relief for Indians from Medicaid cost-sharing or premiums if that Indian comes to Medicaid by contract or referral from an IHS provider.

Our legislation last session also required reporting of data on Indians served, the status of their health care, and efforts being made to upgrade facilities that may not be in compliance with Social Security Act requirements. There were valuable reporting requirement that will aid us in insuring that we are providing quality care to Indians.

The Indian Affairs Committee has started the process on the Indian Health Care Improvement Act for the 110<sup>th</sup> Congress, and I know my friend Chairman Baucus is committed to moving our bill through the Finance Committee again this session. I look forward to working with him and supporting that effort. I also look forward to efforts to continue the bipartisan work on improvements to the child welfare system.

I recognize the importance to tribes of being able to apply directly to the Department of Health and Human Services for foster care funds. I have supported similar provisions in the past. I am also interested in kinship care. I am pleased that my state of Iowa has an approved waiver that supports subsidized guardianship. While I am mindful of fiscal constraints and the need to address the overall issue of child welfare financing, I am supportive of efforts to more broadly subsidize family guardianships. We have an important agenda to accomplish in this committee when it comes to Indian health and welfare issues. It is good that we are having this hearing today as we examine these important issues. I hope we can make progress on these issues during this session of Congress.