



For Immediate Release
Tuesday, January 22, 2008

Contact: Erin Shields
202-224-4515

**Floor Statement of Senator Max Baucus (D-Mont.)
Regarding the Indian Health Care Improvement Act of 2007
(as prepared)**

Mr. President, in the 1939 WPA Guide to Montana, it is written:

“The Indian attitude toward the land was expressed by a Crow named Curly:

‘The soil you see is not ordinary soil — it is the dust of the blood, the flesh, and the bones of our ancestors. You will have to dig down to find Nature’s earth, for the upper portion is Crow, my blood and my dead. I do not want to give it up.’”

But over our long national history, the Federal Government repeatedly separated America’s original inhabitants from the land that they so dearly loved, and continue to love. As a result of that sad and sometimes dishonorable history, as a result of treaties, statutes, court decisions, executive orders, and moral obligations, the United States owes a singular debt to its Native Americans.

In partial fulfillment of that obligation, in 1976, Congress passed the first Indian Health Care Improvement Act. That 1976 law was the first legislative statement of goals for Federal Indian health care programs. And that law established the first statutory requirements for the provision of resources to meet those goals.

In that 1976 Act, the Congress found that:

“Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government’s historical and unique legal relationship with, and resulting responsibility to, the American Indian people.”

And today, at long last, we have before us the Indian Health Care Improvement Act of 2007. It has been a long trail that has led us here today.

And it is important that we made the journey to get here. This bill will provide better health care for nearly two million American Indians from 562 Federally-recognized American Indian and Alaska Native tribes.

--2 more--

And we need to improve the health care of Native Americans.

Native Americans suffer from tuberculosis at a rate seven and a half times higher than the non-Indian population. The Native American suicide rate is 60 percent higher than the general population.

Medicare spends about \$6,800 per person a year. Medicaid spends about \$4,300 per person. The Bureau of Prisons spends about \$3,200. But the Indian Health Service spends only \$2,100.

That's less than a third of Medicare, less than half of Medicaid, and a third less than what the Federal Government spends for medical care for prisoners.

From the beginning of the Indian Health Care Improvement Act of 1976, Medicare and Medicaid have played a part in paying for health care delivered to Native Americans. The 1976 Act amended the Social Security Act "to permit reimbursement by Medicare and Medicaid for covered services provided by the Indian Health Service."

Today, Medicare, Medicaid, and now CHIP are a significant source of funding for health care delivered to Native Americans. These funds do not flow through regular appropriations to the Indian Health Service. Rather, the Government makes these payments as a third-party payer. The Government reimburses providers for care delivered through Indian Health Service facilities or on referral from those facilities.

Providers rely on this reimbursement. It's needed, because Federal funding for the Indian Health Service has not kept pace with the growth of the Indian population.

And thus I am proud that an important part of the Indian Health Care Improvement Act before us today is a product of the Finance Committee. The Finance Committee provisions address health care provided to Indians through Medicare, Medicaid, and CHIP.

The Finance Committee provisions would clarify how Medicaid, Medicare, and CHIP pay Indian health providers.

The Finance Committee provisions would increase outreach and enrollment of Indians in Medicaid and CHIP.

These provisions would clarify cost-sharing protections for Indians in Medicaid and CHIP.

These provisions would protect Indian health providers from discrimination in payment for services.

--1 more--

These provisions would require States and the Secretary of HHS to consult with Indian health providers.

These provisions would ensure that Medicaid managed care organizations pay Indian health providers appropriately.

And these provisions would require the Secretary to report on Indian enrollment in Federal programs and related matters on an annual basis.

It's a good package. The Senate ought to pass this bill. And Congress should reauthorize the Indian Health Care Improvement Act.

The United States owes a debt to the Native American population whose ancestors are tied up with the very soil that all Americans share. The Federal Government owes a duty to help improve the health of American Indians. And we in this Senate have the obligation to pass this act and honor the flesh, the bones, and the blood of our Indian brethren.

###