F I S C A L I M P A C T R E P O R T

SPONSOR Salazar **ORIGINAL DATE** 2/5/07 **LAST UPDATED** **HB** HJM 15/aHHGAC

SHORT TITLE Federal Indian Health Care Improvement Act **SB**

ANALYST Weber

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY07	**FY08**		
	NFI		

(Parenthesis ( ) Indicate Expenditure Decreases)

SOURCES OF INFORMATION
LFC Files

Responses Received From
Indian Affairs Department
Department of Health (DOH)

SUMMARY

Synopsis of HHGAC amendment

House Health and Government Affairs Committee Amendment to House Joint Memorial 15 amendment adds the following:

On page 4, line 2, after the semicolon insert "the secretary of the United States health and human services department; the director of the United States Indian health service; the director of the United States office of management and budget; the majority leader of the United States senate; the speaker of the United States house of representatives; members of the United States senate committee on Indian affairs; members of the United States house of representatives committee on resources;".

This adds entities to receive the Joint Memorial but does not change the substance.

Synopsis of Original Bill

House Joint Memorial 15 urges the U.S. Congress and the President of the United States to prioritize the reauthorization of the Indian Health Care Improvement Act early in the first session of the 110th Congress. Additionally, HJM 15 calls for:

1) the state of New Mexico to support the addition of the city of Albuquerque to the Indian Health Service ("IHS") list of demonstration projects;
2) to support state-federal IHS health service partnerships; and
3) to support access to residential treatment centers for Native American youth and adolescents close to Indian reservations.

SIGNIFICANT ISSUES

The Indian Affairs Department contributes.

The United States has a federal trust responsibility, established by treaties, legislation, executive orders, and court rulings, to provide health care services to members and certain descendants of federally recognized tribes. The primary federal agencies responsible for providing health care to Native Americans are the U.S. Department of Health and Human Services ("HHS") and the Indian Health Service ("IHS"). The chief federal Indian health care legislation is the Indian Health Care Improvement Act of 1976 ("Act"). The intent of the Act was to bring the health status of Native Americans to the level of other populations and to end health disparities of Native Americans.

According to a study conducted by the U.S. Commission on Civil Rights, federal funding for Indian health care services is inadequate to address Native American health disparities:

> *"Native Americans have a lower life expectancy than any other racial/ethnic group and higher rates of many diseases, including diabetes, tuberculosis, and alcoholism. Yet, health facilities are frequently inaccessible and medically obsolete, and preventive care and specialty services are not readily available...The federal government spends less per capita on Native American health care than on any other group for which it has this responsibility, including Medicaid recipients, prisoners, veterans, and military personnel. Annually, IHS spends 60 percent less on its beneficiaries than the average per person health care expenditure nationwide.*
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> *The IHS, although the largest source of federal spending for Native Americans, constitutes only 0.5 percent of the entire HHS budget…the agency currently operates with an estimated 59 percent of the amount necessary to stem the crisis."*

In March 2003, the New Mexico Department of Health ("DOH") published "Health Disparities in New Mexico: Identifying and Prioritizing Disparities." The extensive study revealed that, "Native Americans generally experienced the worst rates [of health disparities and] …had the highest rates of diabetes death, pneumonia/influenza death, alcohol-related death, [and cirrhosis death]."

The DOH study also revealed that Native Americans had the highest death rate among all races/ethnicities in New Mexico. The rates for infectious diseases among Native Americans were also the highest for Shigellosis and Salmonellosis as were for behavioral risk factors such as adolescent smoking, adolescent drinking and driving, adolescent illicit drug use, and adolescent obesity.

MW/mt