



NATIONAL INDIAN HEALTH BOARD

Indian Health Care Improvement Act (IHCIA), S. 1200 Talking Points: Section 301 [Facility Construction]

SECTION AT ISSUE: Section 301 of S. 1200 is in current law and provides authorities for the construction and renovation of health care facilities. Section 301(c) requires the Secretary to maintain a health care facility construction priority list, developed in consultation with Tribes and Tribal organizations, taking into account the needs of Tribal communities. Section 301(c)(D) provides protection for health care facilities under a current construction priority system in effect on the date of enactment of the IHCIA. Section 301(f) provides the Secretary with authority, in consultation with Tribes and Tribal organizations, to develop innovative approaches to address all unmet health facility construction needs.

AMENDMENT: An amendment to Section 301(f) to provide the Secretary with discretion to establish an “area distribution fund” as one of the innovative approaches to meet unmet health facility construction needs.

BACKGROUND: The Tribal National Steering Committee (NSC) to reauthorize the Indian Health Care Improvement Act (IHCIA) includes representation from each of the 12 geographic areas served by the Indian Health Service (IHS) and Washington, DC based national organizations. The Tribal NSC was first established in 1998 and continues to provide advice and recommendations regarding the reauthorization of the IHCIA. The NSC makes recommendations regarding the IHCIA based on consensus of the group.

For the past year, the Tribal NSC has been in ongoing discussions as to whether it could support an amendment to section 301 to establish provide specific authority for the Secretary to create an area distribution fund for health care facility construction.

- ❖ The purpose of the area distribution fund, if created and appropriated, would be to provide an alternative method for health care facility construction for tribal communities that do not have facilities on the current construction priority system.
- ❖ Some of the members of the NSC have expressed concerns that by creating another pot of funding for facility construction, funding for facility projects on existing construction priority lists could be negatively impacted.
- ❖ The current facility construction list was established in 1993. If there had been adequate funding for facility construction, most of these facilities would have been constructed by now.
- ❖ Former IHS Director, Dr. Charles Grim, at his July 26, 2007, nomination hearing before the Senate Committee on Indian Affairs, stated that the IHS currently has the authority to establish an area distribution fund under existing law.
- ❖ Some members of the NSC have expressed concerns that the authority to establish an area distribution fund is not the core issue; a critical and long-term lack of funding for health care facility construction is at the heart of this issue. For example, in 1994, health care facility construction was \$94.6 million and in FY 08 was \$36.6 million.

At this time, the Tribal NSC does not have a consensus recommendation on an amendment to section 301(f) that would provide Secretarial discretion to establish an area distribution fund. The NSC has

worked on this bill for years. It's been negotiated, amended, revised, wordsmithed, and compromised. It is now in the hands of the Senate leadership and we want them to move the bill.

The following is a summary of the positions of the members of the NSC as of January 18, 2008.

AREA	STATES	NUMBER OF TRIBES	POSITION
Aberdeen	Iowa, Nebraska , North Dakota, South Dakota	19	Does not support an amendment to establish an area distribution fund
Alaska	Alaska	231	Supports the concept of an area distribution fund
Albuquerque	Colorado, New Mexico	24	Does not support an amendment to establish an area distribution fund
Bemidji	Michigan, Minnesota, Wisconsin	30	Supports the concept of an area distribution fund
Billings	Montana, Wyoming	9	No position
California	California	109	Supports the concept of an area distribution fund
Nashville	Alabama, Connecticut, Florida, Louisiana, Maine, Massachusetts, Mississippi, New York, North Carolina, Rhode Island, South Carolina, Texas	25	Supports the concept of an area distribution fund
Navajo	Arizona, New Mexico, Utah	1	Does not support an amendment to establish an area distribution fund
Oklahoma	Kansas, Oklahoma	40	Supports the concept of an area distribution fund
Phoenix	Arizona, Nevada, Utah	44	The Inter-Tribal Council of Arizona does not support an amendment to establish an area distribution fund. The Nevada Indian Health Board supports the concept of an area distribution fund.
Portland	Idaho, Oregon, Washington	43	Supports the concept of an area distribution fund
Tucson	Southern Arizona	2	Does not support an amendment to establish an area distribution fund.
NATIONAL ORGANIZATIONS			
National Indian Health Board			This is funding issue not an authorizing issue
Tribal Self-Governance Advisory Committee			Supports the concept of an area distribution fund.
National Council of Urban Indian Health			No position
National Congress of American Indians			Opposes all amendments to the bill, including tribal amendments