



CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

CRIHB National Health Reform Policy Document

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- National Health Reform should not disrupt the unique role of the Indian Health Service (IHS) as the central provider of comprehensive health care services to Tribes and individual American Indians and Alaska Natives. The IHS system is critically important to Tribes because it provides a medical home for over 1.3 million IHS eligible clients. Furthermore, it should be noted that the IHS mission goes far beyond the provision of personal health care services and includes the provision of basic public health infrastructure, public health programs, health care facilities construction, manpower development and community empowerment.
- National Health Reform should result in streams of funding to the IHS system sufficient to provide personal health care services through a defined benefit package on an actuarially sound basis. This will require truly significant increases to the IHS operating budget. The IHS system has been eligible to bill Medicare and Medicaid since 1976 and the Children's Health Insurance Program since its inception. This "right to bill" should extend to any new forms of coverage that are created through national health reform. Expanding and simplifying eligibility to existing CMS funded programs would facilitate access to care and improve the health status of American Indians and Alaska Natives.
- American Indian and Alaska Natives who identify the IHS, Tribal or Urban Indian programs as their medical home should not be subject to premiums, co-pays or share of costs in order to access services which originate in the unique government to government relationship between Tribes and the United State of America.
- In order to evaluate quality of care, monitor costs, measure health service utilization, health service effectiveness and health status common provider identification systems and common definitions of American Indian and Alaska Native, clientele must be established and tracked across all payer systems including the IHS system.
- All Indian Health Service personal health care service funds should be distributed on an actuarially sound basis resulting in a universally available defined benefit package in a manner that appropriately reflects the availability of alternative resources, economies of scale, differential access to IHS resources and the burden of facility construction debt assumed by some Tribes and Tribally Operated Health Programs to create IHS supportable space.
- National Health Reform should facilitate the provision of culturally competent, patient centered; community focused health care to Tribes and Tribal populations sufficient to overcome existing health disparities within a context of Tribal consultation and control.

4400 Auburn Blvd., 2nd Floor, Sacramento, CA 95841

Phone: 916-929-9761 • 800-274-4288 • Fax: 916-929-7246 • www.crihb.org • firstname.lastname@crihb.net