

# **HEALTH POLICY: Daily Lives Affected**



**NORTHERN PLAINS AMERICAN  
INDIAN CANCER SUMMIT**

**October 20, 2008**

***Deborah Broken Rope***  
***[BrokenRope@comcast.net](mailto:BrokenRope@comcast.net)***

# Overview

1. What Is Policy
2. Why Important
3. Who Can Create, Influence
4. Indian Health Policy v. Health Policy
5. AI-AN Policy Test
6. Current Federal Indian Policies
7. Federal Policy Dynamics
8. Federal Budget: Health *Financing V. Paying The Bills*
9. IHS Funding Constraints
10. CHS Priority Process
11. Legislative Initiatives
12. Understanding the Policy Development Process

# **Health Policy Basics**

## **What is it?**

- Legal or other Guiding Principles

## **Why?**

- Clarity of Purpose
- Lesson Confusion
- Cohesive Efforts

## **When is it Needed In Tribal Arena?**

- To Meet Changing Circumstances
- To Resolves Disputes
- Facilitate Internal, State, Federal or Other Interactions

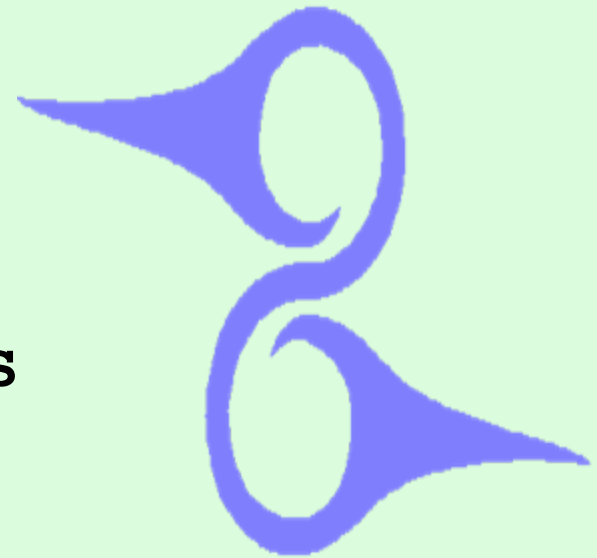
# Community Role: How to Use, Change

- Policy Goals, Ratification >>
- ID Resources Needed >>
- ID National Public Policy Imperatives >>
- ID Administration Barriers >>
- ID why Goals Insurmountable w/o National Policy >>
- By Resolutions, Tribal Codes
- Federal, State, Private Funding
- Prioritize Prevention, Treatment, Research
- Lack of data, staffing, funds to tackle problem
- No Resource coordination w/o Policy

# **Indian Health Policies**

## **Who Decides when/what to Craft?**

- Tribal Specific Action
- Federal Court Decisions
- Federal Regulatory Scheme
- Congressional, Statutory Fixes
  - Tribal Input
  - Federal
  - State, Private



## **EX: Tribal Policy**

---

# **GREAT PLAINS TRIBAL CHAIRMAN'S ASSOCIATION**

## **Chairman**

Ron His Horse Is Thunder, SRST

## **Secretary**

Mitchell Parker, Omaha



## **Vice-Chairman**

Robert Cournoyer, YST

## **Treasurer**

Joseph Brings Plenty, CRST

1926 Stirling St Rapid City, SD 57702 • Phone:(605)388-5375• Fax:(605)343-3074

---

Resolution No. 08-07-26-07

## **RESOLUTION OF THE GREAT PLAINS TRIBAL CHAIRMAN'S ASSOCIATION**

**Re: 2007 Indian Health Care Improvement Act**

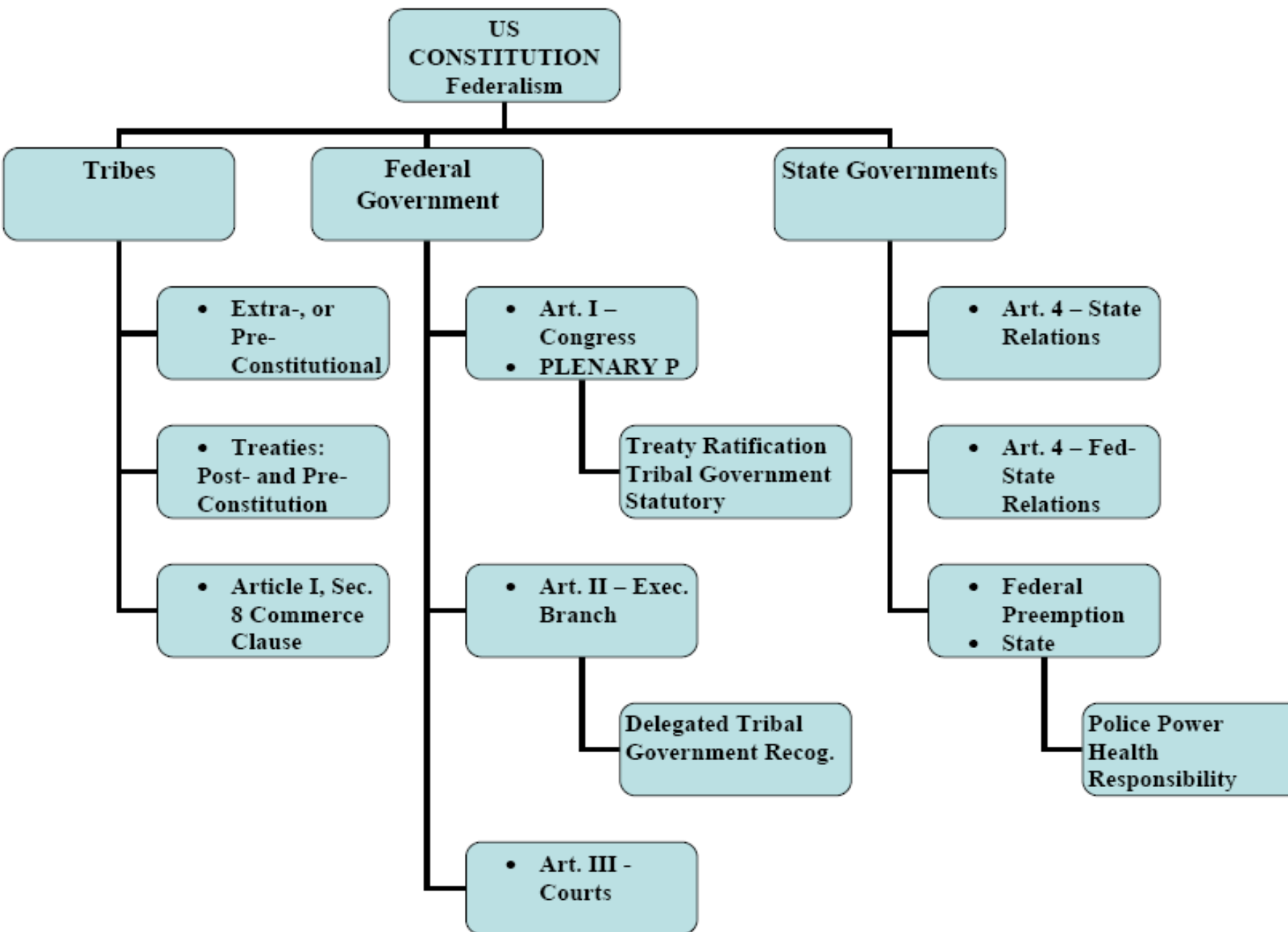
**WHEREAS,** the Great Plains (formerly Aberdeen Area) Tribal Chairman's Association (GPTCA) is composed of the elected Chairs and Presidents of the sovereign Indian Tribes and Nations recognized by Treaties with the United States that are within the Great Plains Region of the Bureau of Indian Affairs;

# **Policy Foundation: Convergence or Divergence**

- Federal health and Indian Health policies are inter-twined but diverge in key places.

## **Example:**

- State block grants, to minimize federal role and funding
- “638” contracts, compacts for Tribes to assume federal responsibilities >> strengthen tribes with federal resources



# **Health Law Objectives**

## **TRIBAL**

- Federal Preemption
- U.S. and Tribal Relationship
- Snyder w/o Sunset
- Community Facility Infrastructure and Responsibility
- Comprehensive Scope: acute to >> prevention

## **PUBLIC HEALTH**

- Underserved, low-income individuals
- Individual focus by categorical status
- Anti-dumping as civil rights protectionist measure
- Portability of individual health benefits

# **AI-AN Health Policy Test**

- Does it Promote Federal Trust or Fiduciary with Tribes
- See Snyder Act as basis for Unique Federal Indian Funding (permanent, w/o any sunset for treaty tribes)
- Subsequent Indian Legislation Builds Upon Snyder Act
- Court Rulings Setting Parameters
  1. Congressional Plenary Power over Tribes (Lonewolf)
  2. Federal Duty to Recognized Tribes (Cayenta)
  3. Indian Preference not Racial but Political (Mancari)
  4. IHS Funding a Discretionary Program (Lincoln v. Vigil)

# **Current Authorities**

- **Tribal Codes**
- **Tribal Treaties, Eos**
- **Snyder Act**
- **Transfer**
- **Health Facilities Act**
- **Sanitation Facilities**
- **PL 94-437**
- **PL 93-638**
- **Indian Diabetes**
- **Hill Burton**
- **Social Security**
- **Medicaid**
- **SCHIP**
- **EMTALA**
- **HIPPA**
- **PHS Acts**
- **ERISA**

# **Mapping Out Policy Development**

- Identify Scope of Policy.
- Identify Available Tools (Authority, Data, Resources)
- Set up Time Frame for Development and Implementation
- Identify Groups who will benefit, who will be affected.
- Identify Barriers to Policy Goal, Process (Legal, Political, Programmatic, Funding, etc.)

# Example: Youth Mental Health, Meth Treatment

- Policy Need
- Scope
- Tools
- Time frames
- Group Benefiting
- Group Affected
- Barriers
- Goal: Treatment Facility, Professionals
- Tribal Youth age 17 years & Younger
- Codes, Jurisdiction, Referral & Commitment Process, Data
- Calendar Yr, Fiscal Year
- Tribal Youth Pop in Need: 200
- Tribe, Schools, Police
- Interagency Cooperation, Tribal Court Order Recognition

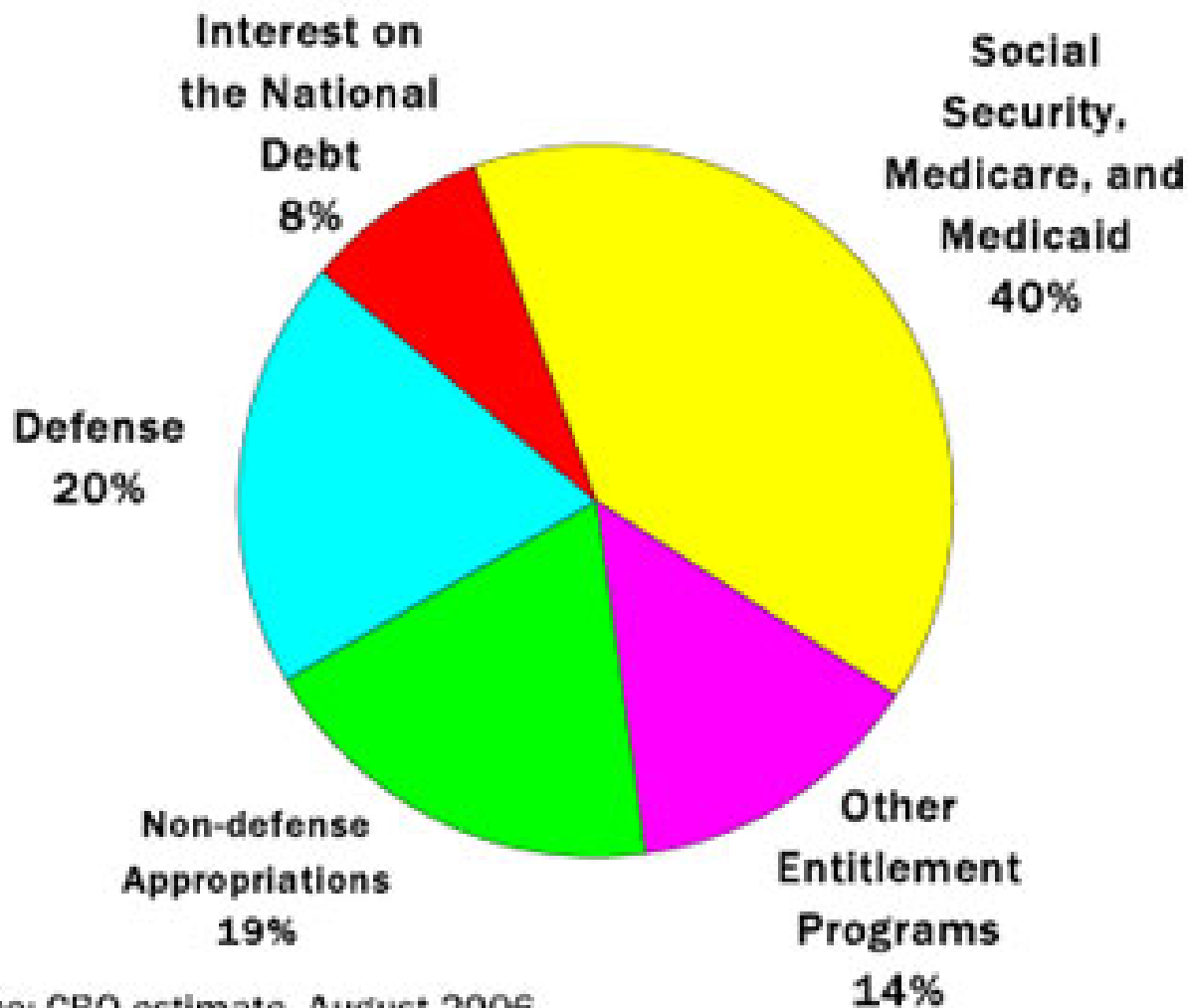
# **Federal Policy Dynamics**

- **Legislative Process, Priorities**
- **President's Agenda**
- **Cabinet Initiatives**
- **Electoral, Political Dynamics**
- **Deficits**
- **Federal, State Budget Limits**



# FIGURE 1

## Federal Spending, FY 2006



Source: CBO estimate, August 2006.

# The Federal Budget in 2006

**Revenues**                      **\$2.407 trillion**

**Expenditures**                **\$2.655 trillion**

---

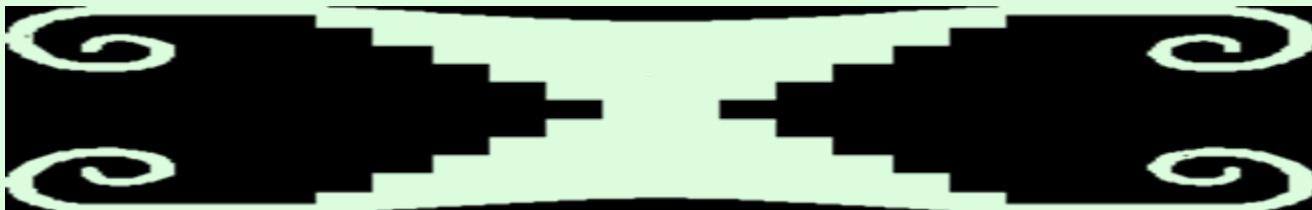
**Deficit**                         **\$ 248 billion**

# **Federal Budget: Health Financing v. Paying the Bills**

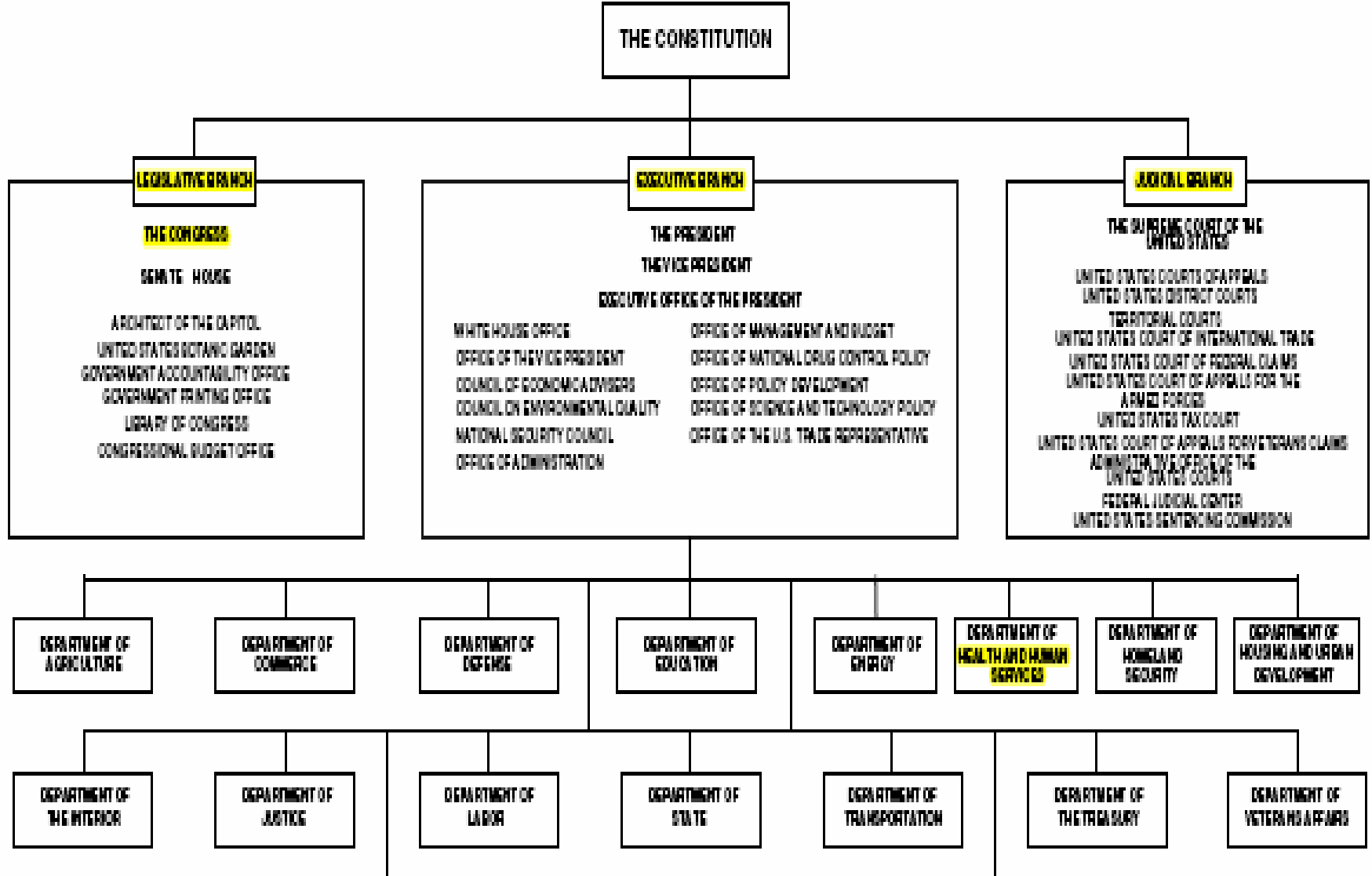
- Annual Budget: Income v. Outlays
- Appropriation: annual checkbook for specific programs and purposes
- Agency Budget Formulation: IHS budget priority process, CHS Area Priorities
- Congressional Approval: Entitlements v. Non-entitlements

# Vehicle Best Suited

- **FORMAL**
  - Code
  - Statute
  - Regulation
  - Manual
- **INFORMAL**
  - Statement
  - Memorandum

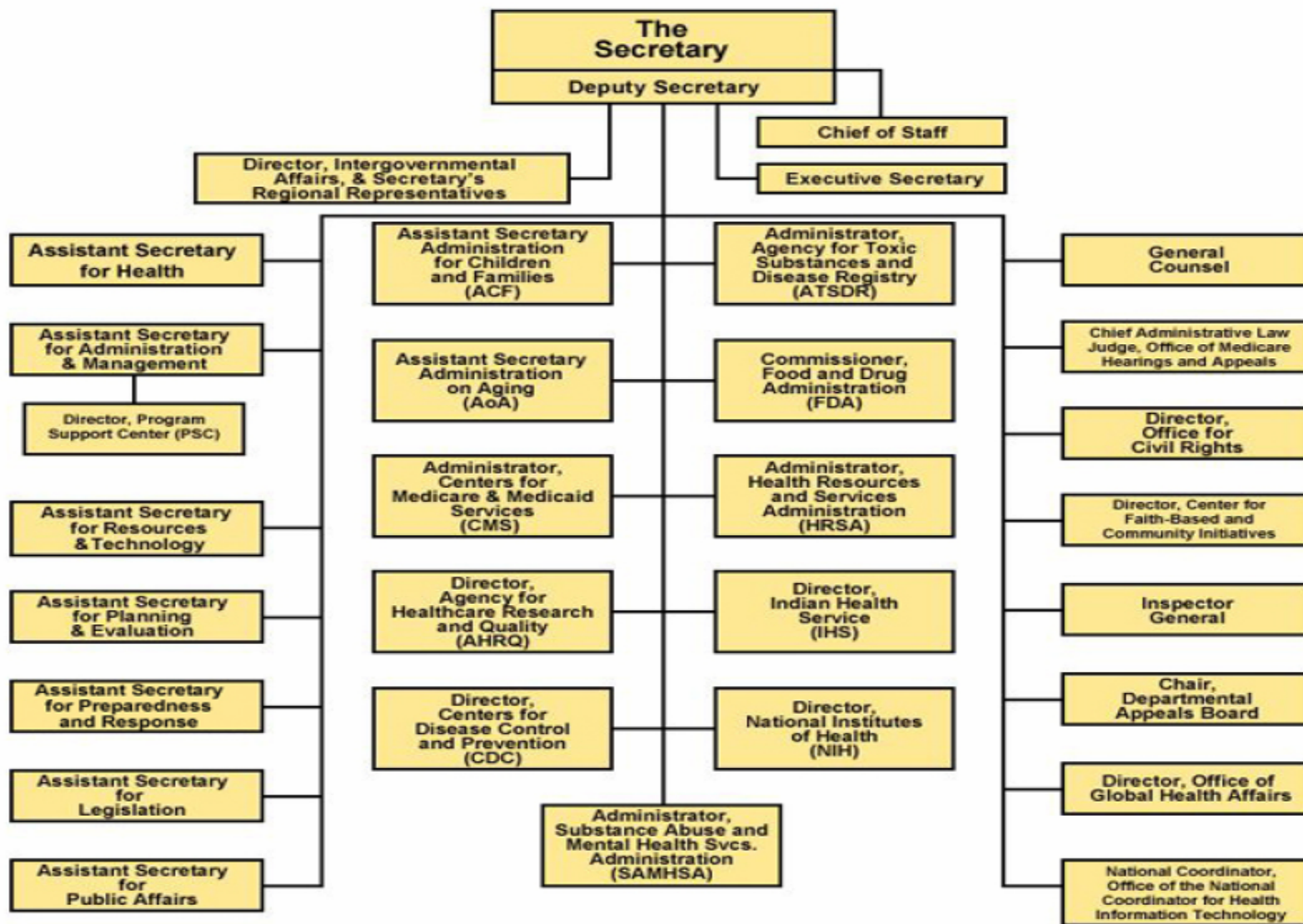


# THE GOVERNMENT OF THE UNITED STATES



# Department of Health & Human Services Organizational Chart

[Text Version](#)



# IHS Funding

## All Purpose Table Indian Health Service

(Dollars in Thousands)

Jan 15, 2008

Program	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
<b>SERVICES</b>			
Hospitals & Health Clinics	1,411,336	1,484,016	1,521,934
Dental Health	125,396	133,637	137,944
Mental Health	60,882	63,531	65,824
Alcohol & Substance Abuse	148,226	173,243	161,988
Contract Health Services	543,099	579,334	588,161
Total, Clinical Services	2,288,939	2,433,762	2,475,851
Public Health Nursing	52,445	55,939	58,307
Health Education	14,287	14,991	15,229
Community Health Reps.	54,891	54,925	55,795
Immunization AK	1,681	1,733	1,760
Total, Preventive Health	123,304	127,587	131,091
Urban Health	33,691	34,547	0
Indian Health Professions	31,375	36,291	21,866
Tribal Management	2,438	2,490	2,529
Direct Operations	63,631	63,624	62,632
Self-Governance	5,763	5,836	5,928
Contract Support Costs	269,730	267,398	271,636
Total, Other Services	406,628	410,184	364,591
<b>TOTAL, SERVICES</b>	<b>2,818,871</b>	<b>2,971,533</b>	<b>2,971,533</b>
<b>FACILITIES</b>			
Maintenance & Improvement	54,668	52,889	52,889
Sanitation Facilities Construction	94,003	94,253	94,253
Health Care Facilities Construction	25,664	36,584	15,800
Facilities & Environmental Health Support	165,272	169,638	169,105
Equipment	21,619	21,282	21,282
<b>TOTAL, FACILITIES</b>	<b>361,226</b>	<b>374,646</b>	<b>353,329</b>
<b>TOTAL, BUDGET AUTHORITY</b>	<b>3,180,097</b>	<b>3,346,179</b>	<b>3,324,862</b>
<b>COLLECTIONS</b>			
Medicare	160,953	162,069	162,069
Medicaid	515,844	527,482	527,482
Subtotal, M / M	676,797	689,551	689,551
Private Insurance	90,151	90,151	90,151
Total, M / M / PI	766,948	779,702	779,702
Quarters	6,288	6,288	6,288
<b>TOTAL, COLLECTIONS</b>	<b>773,236</b>	<b>785,990</b>	<b>785,990</b>
Special Diabetes Program for Indians	150,000	150,000	150,000
<b>TOTAL, SDPI</b>	<b>150,000</b>	<b>150,000</b>	<b>150,000</b>
<b>TOTAL, PROGRAM LEVEL</b>	<b>4,103,333</b>	<b>4,282,169</b>	<b>4,260,852</b>

**INDIAN HEALTH SERVICE**  
**Appropriation History Table**  
**Services**

Jan 16, 2008

	Budget Request to Congress	House Allowance	Senate Allowance	Appropriation
2000	\$2,094,922,000	\$2,085,407,000	\$2,094,922,000	\$2,078,967,000
Rescission (PL 106-113)	-	-	-	(\$4,794,000)
2001	\$2,271,055,000	\$2,106,178,000	\$2,184,421,000	\$2,240,658,000
Supplemental (PL 106-554)				\$30,000,000
Rescission (PL 106-554)	-	-	-	(\$4,995,000)
2002	\$2,387,014,000	\$2,390,014,000	\$2,388,614,000	\$2,389,614,000
Rescission (PL 107-206)	-	-	-	(\$1,009,000)
2003	\$2,513,668,000	\$2,508,756,000	\$2,466,280,000	\$2,492,115,000
Rescission (PL 108-7)	-	-	-	(\$16,199,000)
2004	\$2,502,393,000	\$2,556,082,000	\$2,546,524,000	\$2,561,932,000
Rescission (PL 108-108)	-	-	-	(\$16,550,000)
Rescission (PL 108-199)	-	-	-	(\$15,018,000)
2005	\$2,612,824,000	\$2,627,918,000	\$2,633,624,000	\$2,632,667,000
Rescission (PL 108-447, Sec. 501)				(\$15,638,000)
Rescission (PL 108-447, Sec. 122)				(\$20,936,000)
2006	\$2,732,298,000	\$2,732,298,000	\$2,732,323,000	\$2,732,298,000
Rescission (PL 109-54)				(\$13,006,000)
Rescission (PL 109-148)				(\$27,192,000)
2007	\$2,822,449,000	\$2,830,085,000	\$2,835,493,000	\$2,818,871,000
2008	\$2,931,530,000	\$3,023,532,000	\$2,991,924,000	\$3,018,624,000
Rescission (PL 110-161)				(\$47,091,000)
2009	\$2,971,533,000			

## Breakdown of Program Level

(Dollars in Thousands)

Sub Sub Activity	2009 Request					Increase/Decrease of 2009 Over 2008				
	Budget Authority	Private		Personnel Quarters	Total Program Level	Budget Authority	Private		Personnel Quarters	Total Program Level
		Insurance Collections	Medicare/Medicaid				Insurance Collections	Medicare/Medicaid		
<b>SERVICES:</b>										
Hospitals & Health Clinics	1,521,934	90,151	689,551 <sup>2)</sup>	0	2,301,636	37,918	0	0	0	37,918
Dental Health	137,944	0	0	0	137,944	4,307	0	0	0	4,307
Mental Health	65,824	0	0	0	65,824	2,293	0	0	0	2,293
Alcohol & Substance Abuse	161,988	0	0	0	161,988	(11,255)	0	0	0	(11,255)
Contract Health Services	588,161	0	0	0	588,161	8,827	0	0	0	8,827
<b>Total, Clinical Services</b>	<b>2,475,851</b>	<b>90,151</b>	<b>689,551</b>	<b>0</b>	<b>3,255,553</b>	<b>42,090</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>42,090</b>
Public Health Nursing	58,307	0	0	0	58,307	2,369	0	0	0	2,369
Health Education	15,229	0	0	0	15,229	238	0	0	0	238
Comm. Health Reps.	55,795	0	0	0	55,795	870	0	0	0	870
Immunization AK	1,760	0	0	0	1,760	27	0	0	0	27
<b>Total, Preventive Health</b>	<b>131,091</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>131,091</b>	<b>3,504</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,504</b>
Urban Health	0	0	0	0	0	(34,547)	0	0	0	(34,547)
Indian Health Professions	21,866	0	0	0	21,866	(14,425)	0	0	0	(14,425)
Tribal Management	2,529	0	0	0	2,529	39	0	0	0	39
Direct Operations	62,632	0	0	0	62,632	(992)	0	0	0	(992)
Self-Governance	5,928	0	0	0	5,928	93	0	0	0	93
Contract Support Costs	271,636	0	0	0	271,636	4,238	0	0	0	4,238
<b>Total, Other Services</b>	<b>364,591</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>364,591</b>	<b>(45,594)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(45,594)</b>
<b>TOTAL, SERVICES</b>	<b>2,971,533</b>	<b>90,151</b>	<b>689,551</b>	<b>0</b>	<b>3,751,235</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>FACILITIES:</b>										
Maintenance & Improvement	52,889	0	0	6,288	59,177	0	0	0	0	0
Sanitation Facilities Construction	94,253	0	0	0	94,253	0	0	0	0	0
Health Care Facs. Constr.	15,800	0	0	0	15,800	(20,784)	0	0	0	(20,784)
Facil. & Envir. Health Support	169,105	0	0	0	169,105	(533)	0	0	0	(533)
Equipment	21,282	0	0	0	21,282	0	0	0	0	0
<b>TOTAL, FACILITIES</b>	<b>353,329</b>	<b>0</b>	<b>0</b>	<b>6,288</b>	<b>359,617</b>	<b>(21,317)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(21,317)</b>
<b>TOTAL, IHS</b>	<b>3,324,862</b>	<b>90,151</b>	<b>689,551</b>	<b>6,288</b>	<b>4,110,852</b>	<b>(21,317)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(21,317)</b>
Special Diabetes Program for Indians <sup>1)</sup>	150,000	0	0	0	150,000	0	0	0	0	0
<b>GRAND TOTAL</b>	<b>3,474,862</b>	<b>90,151</b>	<b>689,551</b>	<b>6,288</b>	<b>4,260,852</b>	<b>(21,317)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(21,317)</b>

<sup>1)</sup> The Special Diabetes Program for Indians is reauthorized for a total of \$150,000,000 in FY 2009.

<sup>2)</sup> Includes \$29,203,000 in Medicaid/Medicare for CMS estimates of tribal collections as well as \$109,266,000 for tribal direct collection estimates, which began in FY 2002.



### [Nationwide Programs and Initiatives](#)

[CHS Home](#)

[History](#)

**Requirements:**

~ [Eligibility](#)

~ [Notification](#)

~ [Priorities of Care](#)

~ [Alternate Resources](#)

~ [CHS Delivery Area](#)

[Appeals Process](#)

[Patient Rights](#)

[Program Directory](#)

[Glossary & Terms](#)

[Frequently Asked Questions \(FAQ's\)](#)

[Data Quality Workgroup](#)

[Medicare-Like Rates Information](#)

**Other CHS Resources:**

[Laws](#) :: [Regulations](#)

[CHS Manual](#)

[Program Staff](#)

[CHS Seminars](#)

Questions or Comments. Please contact the [Content Manager](#)

# Contract Health Services

## Requirements - Priorities of Care

Priorities of care and treatment for health care services will be determined on the basis of relative medical need. Medical procedures which are not funded by Federal medical care payment systems will not be considered as within IHS medical priorities. The IHS will not authorize contract health services (CHS) payment for such procedures not meeting this criteria. Because IHS resources are insufficient to meet-all the needs of the Indian people served, regulations at Code of Federal Regulations, at Title 42, section 136.23(e), "Priorities for contract health services. Require that medical priorities be established governing authorization of CHS.

The application of medical priorities of care is necessary to ensure that the funds provided by Congress for the IHS/CHS funds are adequate to provide services that are authorized in accordance with IHS approved policies and procedures.

Under this authority each Area establishes the medical priority of care that set forth which health care services will be covered by CHS. The medical priority of care is determined as levels, I, II, III, IV, and V. The funding and volume of need by the population have required that most Area can only provided CHS authorization the highest priority medical services - Level I. These medical services are generally only emergency care service, i.e., those necessary to prevent the immediate threat to life, limb, or senses.

The IHS Medical Priorities Levels are:

- I. Emergent/Acutely Urgent Care Services
- II. Acute Primary and Preventive Care Services
- III. Chronic Primary and Secondary Care Services
- IV. Chronic Tertiary Care Services
- V. Excluded Services

## Area Allocation

### Contract Health Services -- Allocation by Area

SERVICES	FY 2007 Enacted	FY 2008 Enacted	FY 2009 Estimate
Aberdeen	61,862,196	64,240,876	65,450,212
Alaska	58,328,195	58,055,245	59,148,136
Albuquerque	26,180,121	27,180,365	27,692,036
Bemidji	36,965,837	37,975,832	38,690,728
Billings	46,714,154	47,051,006	47,936,743
California	26,667,050	27,762,039	28,284,661
Nashville	23,203,588	22,451,926	22,874,584
Navajo	62,075,461	63,568,337	64,765,013
Oklahoma	68,242,971	68,490,272	69,779,603
Phoenix	46,076,121	47,464,522	48,358,043
Portland	63,409,424	63,638,208	64,836,199
Tucson	13,227,555	14,060,039	14,324,720
Headquarters	10,146,327	10,816,698	11,020,323
Undistributed Funds - CHEF	0	26,578,800	25,000,000
<b>Total, CHS</b>	<b>543,099,000</b>	<b>579,334,166</b>	<b>588,161,000</b>

**Congressional  
Process**

**Two year Term  
called "Sessions"**

**Budget Goals:  
Revenue v. Outlay**

**Resolution  
Reconciliation**

**Authorization:**

**"437" – IH CIA**

**"638" – Self Determination**

**SCHIP**

**1 to 10 years**

**Appropriation:  
Annual Cycle**

**11 Spending Vehicles**

**Supplementals**

**Continuing Resolution**

**Omnibus Spending**

## **Recent 2008 Legislative Initiatives**

- **S1200/HR1328 Indian Health Care** Improvement act Reauthorization (not enacted into law)
- **Global Aids Relief** (PL 110-293) – Indian Health and Safety Provisions
- **Special Diabetes** for Indian Program (PL 110-275 Medicare Improvements act
- Medicare Improvements – includes Mental Health Grants for Low Income, Rural & Veterans (PL 110-275)

## GLOBAL AIDS RELIEF – INDIAN HEALTH PROVISIONS:

The Senate provisions resulted in conveying \$2 billion over a five year period for:

(f) *Emergency Plan.*--Not later than 1 year after the date of enactment of this Act, the Attorney General, the Secretary of the Interior, and the Secretary of Health and Human Services, in consultation with Indian tribes (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)), shall jointly establish an **emergency plan that** addresses law enforcement and water **and health care** needs of Indian tribes under which, for each of fiscal years 2010 through 2019, of amounts in the Fund--

\* \* \* \* \*

(B) use 50 percent to implement requirements of Indian water settlement agreements that are approved by Congress (or the legislation to implement such an agreement) under which the United States shall plan, design, rehabilitate, or construct, or provide financial assistance for the planning, design, rehabilitation, or construction of, **water supply or delivery infrastructure that will serve an Indian tribe** (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)); and

(3) the Secretary of Health and Human Services, acting through the Director of the Indian Health Service, shall use **12.5 percent** to provide directly or through contracts or compacts with Indian tribes under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)--

(A) **contract health services;**

(B) construction, rehabilitation, and replacement of Indian health facilities; and

(C) domestic and community sanitation facilities serving members of Indian tribes (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)) pursuant to section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a).

S.1200 Senate Passed Version of the IHCIA – Title II, Cancer Screening

tions, di-  
rchase of  
on of nec-

ARY.—

shall, to

with In-  
ns regard-  
reatment,

ce a reg-  
track the  
plications

l in each  
d related  
dissemi-  
ect to ap-

-  
7 may es-  
a Office a  
to coordi-  
that Area  
reatment,  
Secretary  
is section  
h Service

activity  
of officer  
subject of  
dian Self-  
tance Act  
nds made  
ity, shall  
Act.

ONG-TERM

standing  
secretary,  
orized to  
tracts or  
etermina-  
(25 U.S.C.  
Tribal Or-  
long-term  
es associ-  
in a facil-  
shall pro-  
r services  
alth Pro-  
d facility  
through a  
dian Self-

formance of the health service responsibil-  
ities of Indian Health Programs.

“(b) COORDINATION OF RESOURCES AND AC-  
TIVITIES.—The Secretary shall also, to the  
maximum extent practicable, coordinate de-  
partmental research resources and activities  
to address relevant Indian Health Program  
research needs.

“(c) AVAILABILITY.—Tribal Health Pro-  
grams shall be given an equal opportunity to  
compete for, and receive, research funds  
under this section.

“(d) USE OF FUNDS.—This funding may be  
used for both clinical and nonclinical re-  
search.

“(e) EVALUATION AND DISSEMINATION.—The  
Secretary shall periodically—

“(1) evaluate the impact of research con-  
ducted under this section; and

“(2) disseminate to Tribal Health Pro-  
grams information regarding that research  
as the Secretary determines to be appro-  
priate.

**\*SEC. 207. MAMMOGRAPHY AND OTHER CANCER  
SCREENING.**

“The Secretary, acting through the Ser-  
vice or Tribal Health Programs, shall provide  
for screening as follows:

“(1) Screening mammography (as defined  
in section 1861(jj) of the Social Security Act)  
for Indian women at a frequency appropriate  
to such women under accepted and appro-  
priate national standards, and under such  
terms and conditions as are consistent with  
standards established by the Secretary to en-  
sure the safety and accuracy of screening  
mammography under part B of title XVIII of  
such Act.

“(2) Other cancer screening that receives  
an A or B rating as recommended by the  
United States Preventive Services Task  
Force established under section 915(a)(1) of  
the Public Health Service Act (42 U.S.C.  
299b-4(a)(1)). The Secretary shall ensure that  
screening provided for under this paragraph  
complies with the recommendations of the  
Task Force with respect to—

“(A) frequency;

“(B) the population to be served;

“(C) the procedure or technology to be  
used;

“(D) evidence of effectiveness; and

“(E) other matters that the Secretary de-  
termines appropriate.

**\*SEC. 208. PATIENT TRAVEL COSTS.**

ment Act Amendments of 2008 may be oper-  
ated under a grant authorized by subsection  
(d), but funding under such a grant shall not  
be divisible.

“(b) FUNCTIONS OF CENTERS.—In consulta-  
tion with and upon the request of Indian  
Tribes, Tribal Organizations, and Urban In-  
dian communities, each Service Area epi-  
demiology center established under this sec-  
tion shall, with respect to such Service  
Area—

“(1) collect data relating to, and monitor  
progress made toward meeting, each of the  
health status objectives of the Service, the  
Indian Tribes, Tribal Organizations, and  
Urban Indian communities in the Service  
Area;

“(2) evaluate existing delivery systems,  
data systems, and other systems that impact  
the improvement of Indian health;

“(3) assist Indian Tribes, Tribal Organiza-  
tions, and Urban Indian Organizations in  
identifying their highest priority health sta-  
tus objectives and the services needed to  
achieve such objectives, based on epidemio-  
logical data;

“(4) make recommendations for the tar-  
geting of services needed by the populations  
served;

“(5) make recommendations to improve  
health care delivery systems for Indians and  
Urban Indians;

“(6) provide requested technical assistance  
to Indian Tribes, Tribal Organizations, and  
Urban Indian Organizations in the develop-  
ment of local health service priorities and  
incidence and prevalence rates of disease and  
other illness in the community; and

“(7) provide disease surveillance and assist  
Indian Tribes, Tribal Organizations, and  
Urban Indian communities to promote public  
health.

“(c) TECHNICAL ASSISTANCE.—The Director  
of the Centers for Disease Control and Pre-  
vention shall provide technical assistance to  
the centers in carrying out the requirements  
of this section.

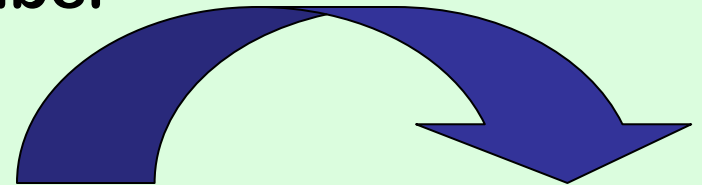
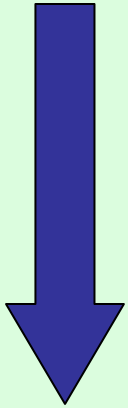
“(d) GRANTS FOR STUDIES.—

“(1) IN GENERAL.—The Secretary may make  
grants to Indian Tribes, Tribal Organiza-  
tions, Indian organizations, and eligible  
intertribal consortia to conduct epidemio-  
logical studies of Indian communities.

“(2) ELIGIBLE INTERTRIBAL CONSORTIA.—An  
intertribal consortium or Indian organiza-  
tion is eligible to receive a grant under this  
subsection if

# Process

- Bill is Introduced
- Referred to Committee
- In Committee,
  - Referred to Subcommittee
- Subcommittee Hearing/ Markup
- Committee Markup
- Floor Debate
- Whole House Passage
- Referral to Second Chamber
- Process Repeated.



# House Committee Jurisdiction on Indian Health Legislation

HR1328 Reauthorize  
Indian Health Care  
Improvement Act

Committee on  
Natural Resources

No Subcommittee

Committee on  
Energy  
& Commerce

Subcommittee on  
Health

Committee on Ways  
and Means

Subcommittee on  
Health

# Senate Committee On Indian Affairs

## 110<sup>th</sup> Congress – Member Listing

### Committee on Indian Affairs

<http://indian.senate.gov/>

Majority Members:	8
Minority Members:	6
Total Members:	14
Subcommittees:	0

#### Members:

Dorgan, Byron (ND) , Chairman  
Inouye, Daniel (HI)  
Conrad, Kent (ND)  
Akaka, Daniel (HI)  
Johnson, Tim (SD)  
Cantwell, Maria (WA)  
McCaskill, Claire (MO)  
Tester, Jon (MT)

#### Members:

McCain, John (AZ)  
Murkowski, Lisa (AK)  
Coburn, Tom (OK)  
Domenici, Pete (NM)  
Smith, Gordon (OR)  
Burr, Richard (NC)

# House Committee On Natural Resources

## 110<sup>th</sup> Congress – Member Listing

26

### NATURAL RESOURCES

Ratio 27/22

- |  |                                       |
|--|---------------------------------------|
| 1. Nick J. Rahall II, WV, Chairman       | 1. <i>Don Young, AK</i>               |
| 2. Dale E. Kildee, MI                    | 2. <i>Jim Saxton, NJ</i>              |
| 3. <b>Eni F. H. Faleomavaega, AS</b>     | 3. <i>Elton Gallegly, CA</i>          |
| 4. Neil Abercrombie, HI                  | 4. <i>John J. Duncan, Jr., TN</i>     |
| 5. Solomon P. Ortiz, TX                  | 5. <i>Wayne T. Gilchrest, MD</i>      |
| 6. Frank Pallone, Jr., NJ                | 6. <i>Chris Cannon, UT</i>            |
| 7. <b>Donna M. Christensen, VI</b>       | 7. <i>Thomas G. Tancredo, CO</i>      |
| 8. Grace F. Napolitano, CA               | 8. <b>Jeff Flake, AZ</b>              |
| 9. Rush D. Holt, NJ                      | 9. <b>Stevan Pearce, NM</b>           |
| 10. <b>Raúl M. Grijalva, AZ</b>          | 10. <i>Henry E. Brown, Jr., SC</i>    |
| 11. <b>Madeleine Z. Bordallo, GU</b>     | 11. <i>Luis G. Fortuño, PR</i>        |
| 12. Jim Costa, CA                        | 12. <i>Cathy McMorris Rodgers, WA</i> |
| 13. <b>Dan Boren, OK</b>                 | 13. <i>Bobby Jindal, LA</i>           |
| 14. John P. Sarbanes, MD                 | 14. <i>Louie Gohmert, TX</i>          |
| 15. George Miller, CA                    | 15. <b>Tom Cole, OK</b>               |
| 16. Edward J. Markey, MA                 | 16. <i>Rob Bishop, UT</i>             |
| 17. Peter A. DeFazio, OR                 | 17. <i>Bill Shuster, PA</i>           |
| 18. Maurice D. Hinchey, NY               | 18. <i>Dean Heller, NV</i>            |
| 19. Patrick J. Kennedy, RI               | 19. <i>Bill Sali, ID</i>              |
| 20. Ron Kind, WI                         | 20. <i>Doug Lamborn, CO</i>           |
| 21. Lois Capps, CA                       | 21. <b>Mary Fallin, OK</b>            |
| 22. <b>Jay Inslee, WA</b>                | 22. <i>Kevin McCarthy, CA</i>         |
| 23. Mark Udall, CO                       |                                       |
| 24. Joe Baca, CA                         |                                       |
| 25. Hilda L. Solis, CA                   |                                       |
| 26. <b>Stephanie Herseth Sandlin, SD</b> |                                       |
| 27. Heath Shuler, NC                     |                                       |