

Statement of Ben Nighthorse Campbell  
Chairman, Committee on Indian Affairs  
Legislative Hearing

On S.299, to Elevate the Position of IHS Director to Assistant Secretary, and  
On S.406, to Amend the Indian Health Care Improvement Act

August 4, 1999

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Every year, Congress deliberates on how best to raise the standard of health care for all Americans. Yet, in nearly every debate, the health care needs of Indian people are ignored.

More than 1.3 million Indian people are served every year by the Indian Health Service, which is the principal advocate for Indian health care both on the reservation and for urban populations. Under the current structure the Indian Health Service Director's authority to set and implement health policy for American Indians is limited.

At its current capacity, the Indian Health Service estimates that it can only meet 62 percent of tribal health care needs. The Indian Health Service will continue to be challenged by a growing Indian population as well as an increasing disparity between the health status of Indian people as compared to other Americans. Thousands of Indian people continue to suffer from the worst imaginable health care conditions at a rate that exceeds other segments of our society.

Key legislation we will consider today, S. 299, will elevate the Indian Health Service Director to the Assistant Secretary for Indian Health. This bill is to establish the Office of the Assistant Secretary for Indian Health within the Department of Health and Human Services (HHS). This elevation is necessary to facilitate advocacy for the development of appropriate Indian health policy, and promote consultation on matters related to Indian health care.

Another bill, S. 406, is an expansion of a current demonstration project that includes two tribes and two Alaska tribal organizations. This demonstration program dramatically increases collections for Medicare and Medicaid services, significantly reduced the turn-around time between billing and the receipt of payment for Medicare and Medicaid services, and increased the administrative efficiency of the participating health facilities. All of the participants in the demonstration program --- as well as the Department of Health and Human Service and the Indian Health Service --- report that the program is a great success.

S. 406 will make permanent the demonstration program and will end much of the red tape and bureaucracy for Indian Health Service facilities involved with Medicare and Medicaid reimbursement. The bottom line is that it will mean more Medicaid and Medicare dollars to Indian health care facilities to use for improving health care for their citizens.

I am hopeful that these two bills will be enacted into law in this session of Congress.