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

SPONSOR Lente **ORIGINAL DATE** 2/12/17 **LAST UPDATED** **HJM** 13

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

ANALYST Boerner

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY17	FY18	FY19	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		NFI	NFI	NFI		

(Parenthesis ( ) Indicate Expenditure Decreases)

Nearly identical to SJM23

SOURCES OF INFORMATION
LFC Files

Responses Received From
Indian Affairs Department (IAD)

SUMMARY

Synopsis of Bill

House Joint Memorial 13 (HJM 13) requests the New Mexico Legislature to call upon the U.S. Congress to protect the federal Indian Health Care Improvement Act (IHCIA) and urge the New Mexico congressional delegation to support measures to protect IHCIA.

FISCAL IMPLICATIONS
None noted.

SIGNIFICANT ISSUES

According to the federal Indian Health Service, the Indian Health Care Improvement Act (IHCIA) provides the legal authority for the provision of health care to American Indians and Alaska Natives. The original version was passed by Congress in 1976 and was made permanent when President Obama signed the bill March 23, 2010 as part of the Patient Protection and Affordable Care Act (ACA). In 2000, the authorization of appropriations for the IHCIA had expired and tribes and tribal organizations had strongly advocated for the update and reenactment of the IHCIA. Since the enactment of ACA in 2010, the Act has no expiration date.

The version of the IHCIA signed into law in 2010 differs in several respects from the original version passed by Congress in 1976. It includes many major changes and improvements to facilitate the delivery of health care services, such as:

• Enhancement of the authorities of the IHS Director, including the responsibility to facilitate advocacy and promote consultation on matters relating to Indian health within the Department of Health and Human Services.

• Provides authorization for hospice, assisted living, long-term, and home- and community-based care.

• Extends the ability to recover costs from third parties to tribally operated facilities.

• Updates current law regarding collection of reimbursements from Medicare, Medicaid, and CHIP (Children's Health Insurance Program) by Indian health facilities.

• Allows tribes and tribal organizations to purchase health benefits coverage for IHS beneficiaries.

• Authorizes IHS to enter into arrangements with the Departments of Veterans Affairs and Defense to share medical facilities and services.

• Allows a tribe or tribal organization carrying out a program under the Indian Self-Determination and Education Assistance Act and an urban Indian organization carrying out a program under Title V of IHCIA to purchase coverage for its employees from the Federal Employees Health Benefits Program.

• Authorizes the establishment of a Community Health Representative program for urban Indian organizations to train and employ Indians to provide health care services.

• Directs the IHS to establish comprehensive behavioral health, prevention, and treatment programs for Indians.

The provision of health services to members of federally-recognized tribes has grown out of a government-to-government relationship between the federal government and Indian tribes first established in 1787, based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders. The Indian Health Service (HIS) is the principal federal health care provider and health advocate for Indian people, and its stated goal is to raise their health status to the highest possible level. IHS administers a comprehensive health service delivery system for approximately 2.2 million American Indians and Alaska Natives who belong to 567 federally recognized tribes.

CB/al/jle