For Immediate Release

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Friday, December 8, 2006

ENZI, McCAIN INTRODUCE INDIAN HEALTH CARE IMPROVEMENT ACT

Washington, D.C. – U.S. Senator Mike Enzi (R-WY), Chairman of the Senate Committee on Health, Education, Labor and Pensions issued the following statement today following the introduction of the "Indian Health Care Improvement Act Amendments of 2006:"

"Mr. President, today my good colleague Senator McCain and I are reintroducing the Indian Health Care Improvement Act Amendments of 2006. This legislation is a reflection of our dedication to the health care of American Indians and Alaskan Natives. It also is a reflection of the work that has been done by members and the many stakeholders to move this legislation forward.

"I want to thank Chairman McCain and his staff, as well as Senator Dorgan and the rest of the members of the Indian Affairs Committee and their staffs for their effort and commitment to the health care and well being of every American Indian and Alaskan Native. Their hard work has not gone unnoticed.

"The Indian Health Care Improvement Act is the fundamental statutory framework for the delivery of health care services to American Indians and Alaskan Natives. Since 1992, this law has been expired. This means that for the past 14 years there has been no comprehensive change to the federal government's approach to delivering health care to approximately 1.8 million American Indians and Alaskan Natives.

"This troubles me. When I talk to members of the Northern Arapaho tribe and Eastern Shoshone tribe from my home state of Wyoming, they tell me that quality health care is a top priority for them. For me, as Chairman of the Committee on Health, Education, Labor and Pensions, I believe that our health care systems should grow as science and technologies grow and that our federal government programs also should be kept current in line with today's health care quality standards in the private sector.

"Last spring, Chairman McCain and I held a joint hearing about this legislation, at which time Mr. Richard Brannan, the Chairman of the Northern Arapaho Business Council of Fort Washakie testified about the problems those living on reservations face. He spoke about how they rely on these health care services. He also discussed the progress that has been made in reducing health disparities experienced by American Indians, and how this legislation can support such progress.

"Since 1992, there have been many advances made in health care, especially in mental health. In the past 14 years we have come to better understand how to prevent, diagnose, and treat individuals with a behavioral health problem. We have learned that individuals have the best chance of recovery when a comprehensive, integrated approach is taken. This legislation authorizes programs to provide such services. This is especially important as we better understand the interconnectedness of alcohol, substance abuse, child welfare and suicide prevention.

"This legislation also recognizes the alarming suicide rates among Indian youth. According to the Centers for Disease Control and Prevention, American Indian and Alaskan Native suicide rates in some areas are five to seven times higher than the overall United States rates. This is not acceptable. This legislation aims to change that by encouraging more Indian people to enter into the psychology profession. Through such provisions youth have access to culturally competent professionals in a familiar environment.

"Recruiting and retaining qualified health professionals—Indian health professionals, in particular—to work in Indian communities is difficult. Secretary Michael Leavitt of the Department of Health and Human Services recognizes this challenge. Thanks to his efforts, this bill ensures that tribes can better rely on the services of health care professionals. Currently, a health care professional who receives a scholarship through the Indian Health Service may provide their services equal to the number of terms they received a scholarship. Thus some health care professional are only required to work in a service area for one term. Most people understand it usually takes an individual anywhere from 3 months to one year to become accustomed to a job. Thus, it is not fair to those tribal communities to have a health care professional leave as soon as they become acclimated. This legislation would ensure that individuals serve a length of time that will allow their services to be depended on. Health care professionals will be more reliably available in areas where such professionals are scarce.

"There are many other recommendations that the Department of Health and Human Services has made that I think will strengthen this legislation and improve the quality of care provided through the Indian Health Service. I look forward to working with Secretary Leavitt next Congress.

"I believe that by the working together along with other members of the HELP Committee, the Indian Affairs Committee, the tribal community and any others interested in this legislation, we can maximize the funds available to the Indian Health Service and

coordinate resources at the local and state level to provide tribes the tools they need to be self sufficient.

"I would also like to thank the Department of Justice for their tireless work on this bill. This is truly a reflection of their commitment to ensuring every Native American and Alaskan Native who is an employee of the Indian Health Service is held to a high standard, and thus every individual who receives services through this program receives quality care.

"I hope that this legislation can be a starting point next Congress. I also strongly encourage my colleagues to continue to work to get this invaluable piece of legislation signed into law."

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