

Statement of Senator Gordon H. Smith
The American Indian Veteran Health Care Improvement Act
October 4, 2007

Mr. SMITH. Mr. President, I rise today to introduce the American Indian Veteran Health Care Improvement Act, along with Senators Johnson and Dorgan. This legislation would encourage collaborations between the Department of Health and Human Services (HHS) and the Department of Veterans Affairs (VA) which would result in greater access to health care services for American Indian and Alaska Native (AI/AN) veterans of federally-recognized tribes. This legislation also would ensure that these AI/AN veterans eligible for VA health care benefits delivered by the Indian Health Service (IHS), an Indian tribe, or tribal organizations will not be liable for any out of pocket expenses.

American Indians and Alaska Natives have a long history of exemplary military service to the United States. They have volunteered to serve their country at a higher percentage in all of Americas' wars and conflicts than any other ethnic group on a per capita basis. As a result, they have a wide range of combat related health care needs. AI/AN veterans may be eligible for health care from Veterans Health Administration (VHA) or from IHS or both. Despite this dual eligibility, AI/AN veterans report the highest rate of unmet health care needs among veterans and exhibit high rates of disease risk factors.

On February 25, 2003, the HHS and the VA entered into a Memorandum of Understanding (MOU) to encourage cooperation and resource sharing between the IHS and the VHA. The goal of the MOU is to use the strengths and expertise of both organizations to increase access, deliver quality health care services and enhance the health status of AI/AN veterans. These collaborations are designed to improve communication between the agencies and Tribal governments, and to create opportunities to develop strategies for sharing information services and technology. The technology sharing includes the VA's electronic medical record system, bar code medication administration and telemedicine. Also, the VA and the IHS cosponsor continuing medical training for their health care staffs. The MOU encourages VA, Tribal, and IHS programs to collaborate in numerous ways at the local level. These services may include referrals for specialty care at a VA facility, prescriptions offered by the VA, and testing not offered by IHS.

At the local level, many partnerships are being formed among the IHS, VA, and Tribal governments to identify local needs and develop local solutions. These local needs may include VA enrollment, initial screenings, and other health care services. The anticipated product of these collaborations is to ensure that quality health care is provided to all eligible AI/AN veterans. In my state, the Portland VA Medical Center and the Portland Area Office-IHS are working on a local MOU for the purpose of improving access to VA health care services for eligible AI/AN veterans. The Warm Springs Confederated Tribes have been instrumental in developing this agreement based on the needs of and by AI veterans on the Warm Springs Reservation. These veterans often are eligible for health benefits from both VA and IHS and it is their intended purpose to make care more seamless, thereby improving access and quality.

Based on the federal government's trust responsibility for Indian tribes, eligible Indians receive free IHS health services regardless of their ability to pay. Unlike the IHS, the VA imposes cost-sharing on certain beneficiaries. This bill would alleviate eligible AI/AN veterans' responsibility for any VA-related expenses when care is delivered through the IHS.

In November 2001, President George W. Bush proclaimed National American Indian Heritage Month by celebrating the role of the indigenous peoples of North America in shaping our Nation's history and culture. He said, "American Indian and Alaska Native cultures have made remarkable contributions to our national identity. Their unique spiritual, artistic, and literary contributions, together with their vibrant customs and celebrations, enliven and enrich our land."

An important part of the overall contribution of AI/AN peoples to our Nation is the part they play in protecting and preserving our freedoms. Their contributions to our armed forces have been made throughout our history. I am hopeful that the VA and the IHS will continue to work together to deliver health care services to our nation's AI/AN veterans that they so deserve. I look forward to hearing about more of these partnership projects, and to learn of their successes.

I look forward to working with my colleagues, Senator Johnson and Senator Dorgan, and I urge my colleagues to join us in support of this legislation.



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S.2145

American Indian Veteran Health Care Improvement Act (Introduced in Senate)

S 2145 IS1S

(Star Print)

110th CONGRESS

1st Session

S. 2145

To amend the Indian Health Care Improvement Act to ensure that Indian veterans are not liable for certain health care payments.

IN THE SENATE OF THE UNITED STATES

October 4, 2007

Mr. SMITH (for himself, Mr. JOHNSON, and Mr. DORGAN) introduced the following bill; which was read twice and referred to the Committee on Indian Affairs

A BILL

To amend the Indian Health Care Improvement Act to ensure that Indian veterans are not liable for certain health care payments.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the `American Indian Veteran Health Care Improvement Act'.

SEC. 2. HEALTH AND HUMAN SERVICES-VETERANS AFFAIRS COLLABORATIONS.

(a) Findings; Purpose-

(1) FINDINGS- Congress finds that--

(A) collaborations between the Secretary of Health and Human Services and the Secretary of Veterans Affairs regarding the treatment of Indian veterans at facilities of the Indian Health Service should be encouraged to the maximum extent practicable; and

(B) increased enrollment for services of the Department of Veterans Affairs by veterans who are members of federally recognized Indian tribes should be encouraged to the maximum extent practicable.

(2) PURPOSE- The purpose of the amendment made by subsection (b) is to reaffirm the goals stated in the document entitled 'Memorandum of Understanding Between the VA/Veterans Health Administration And HHS/Indian Health Service' and dated February 25, 2003 (relating to cooperation and resource sharing between the Veterans Health Administration and Indian Health Service).

(b) Amendment- Title IV of the Indian Health Care Improvement Act (25 U.S.C. 1641 et seq.) is amended--

(1) by redesignating section 407 as section 408; and

(2) by inserting after section 406 the following:

SEC. 407. ELIGIBLE INDIAN VETERAN SERVICES.

(a) Definitions- In this section:

(1) ELIGIBLE INDIAN VETERAN- The term 'eligible Indian veteran' means an Indian or Alaska Native veteran who receives any medical service that is--

(A) authorized under the laws administered by the Secretary of Veterans Affairs; and

(B) administered at a facility of the Service (including a facility operated by an Indian tribe or tribal organization through a contract or compact with the Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) pursuant to a local memorandum of understanding.

(2) LOCAL MEMORANDUM OF UNDERSTANDING- The term 'local memorandum of understanding' means a memorandum of understanding between the Secretary (or a designee, including the director of any Area Office of the Service) and the Secretary of Veterans Affairs (or a designee) to implement the document entitled 'Memorandum of Understanding Between the VA/Veterans Health Administration And HHS/Indian Health Service' and dated February 25, 2003 (relating to cooperation and resource sharing between the Veterans Health Administration and Indian Health Service).

(b) Eligible Indian Veterans' Expenses-

`(1) IN GENERAL- Notwithstanding any other provision of law, the Secretary shall provide for veteran-related expenses incurred by eligible Indian veterans as described in subsection (a)(1)(B).

`(2) METHOD OF PAYMENT- The Secretary shall establish such guidelines as the Secretary determines to be appropriate regarding the method of payments to the Secretary of Veterans Affairs under paragraph (1).

`(c) Tribal Approval of Memoranda- In negotiating a local memorandum of understanding with the Secretary of Veterans Affairs regarding the provision of services to eligible Indian veterans, the Secretary shall consult with each Indian tribe that would be affected by the local memorandum of understanding.

`(d) Funding-

`(1) TREATMENT- Expenses incurred by the Secretary in carrying out subsection (b)(1) shall not be considered to be Contract Health Service expenses.

`(2) USE OF FUNDS- Of funds made available to the Secretary in appropriations Acts for the Service (excluding funds made available for facilities, the Contract Health Service, or contract support costs), the Secretary shall use such sums as are necessary to carry out this section.'.

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