February 8, 2007

The Honorable John D. Dingell
Chair
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

The Honorable Joe Barton
Ranking Republican Member
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

Dear Chairman Dingell and Representative Barton:

In these early days of the 110th Congress, as you take action on the many issues of importance to the nation, I urge you to consider an issue of importance to particularly vulnerable Americans: The Indian Health Care Improvement Act (IHCIA).

The U.S. federal government bears a unique relationship to American Indians and Alaska Natives founded on history, sovereignty and culture. This relationship creates a duty on the part of Congress to America’s native peoples. Timely reauthorization of the IHCIA is part of that duty. Congress must provide leadership and guidance in this area of public health and public trust. However, for six years the Act has lacked a full reauthorization and has existed on continuing resolutions.

As a result, the IHCIA authorized programs have remained substantially the same since their creation in 1976, although the state and quality of health care in the United States has changed dramatically. Comprehensive mental health, behavioral health and substance abuse treatment have progressed significantly, as have home and community-based care principles and medical information and communication technology. Programs reflecting modern practices and advances in patient care management have not been available to groups reliant upon the Act for their health care needs.

American Indians and Alaska Natives continue to experience dramatic health disparities and high mortality rates compared to the rest of the American population. For instance, the mortality rate from diabetes for American Indians and Alaska Natives is 420 percent higher than that for the general population; from accidents, 280 percent; from suicide, 190 percent; and from alcoholism, 770 percent higher. These communities face serious public health issues that should be addressed with the best modern methods and techniques tailored to their needs.
While efforts to reauthorize the Act progressed in the last Congress, neither chamber completed action by the end of the term. Prompt consideration of this important legislation by this Congress will allow time for deliberation and enactment. I urge you to move forward with all deliberate speed on this reauthorization.

Thank you for considering the views of the ABA on this important matter.

Sincerely,

Robert D. Evans

cc: Members of the House Committee on Energy and Commerce