The opioid epidemic has not spared the Indian Health Service (IHS). The next administration must support the IHS position. The next administration must support the IHS position. Repayment Program tax exempt. Doing so would align these health professions scholarship programs with the National Health Service Corps and Armed Services Health Professions scholarships. IHS should fully fund these programs and their tax-exemption.

Address neonatal abstinence syndrome and substance abuse in pregnant Native women. The opioid epidemic has not spared Indian country. In some Native communities, over half of births are affected by maternal substance use. The next administration should allocate considerable funds that have been appropriated by Congress to address the opioid epidemic to help AI/AN populations, particularly pregnant women. In addition, the administration should work to prevent use of alcohol during pregnancy, an ongoing problem that often co-occurs with drug use, by identifying children with fetal alcohol spectrum disorders and addressing their documented developmental affects.

Expand access to health care services. The Purchased and Referred Care (PRC) program is a needs-based priority system for health services that are not available from IHS, Tribal, or Urban Indian Health Programs, which can often include emergency and specialty care. PRC funds are limited each fiscal year, and funding levels are not sufficient to meet the population’s needs, which means that each year the funds expire before the population accesses all needed services. IHS is in the process of implementing new regulations to update this program’s payment rates so that it pays rates that are comparable to those in the Medicare program. Previously, PRC paid whatever providers billed for outpatient and physician services, leading to substantially higher payments than Medicare or private insurance. This limited the reach of these funds. This new policy will ensure that the PRC’s limited funds can serve more of the population. The next administration should fully implement this rule, and monitor its impact to assess whether additional changes are necessary to make the program work most effectively.

Recommended Congressional Actions

Enact tax exemption for loan repayment and scholarship in the IHS. Unlike the National Health Service Corps, IHS loan repayment and scholarship are subject to taxation, which limits the reach of these critical recruitment and retention programs. Congress should implement an update to align IHS policy with other federal programs, expand the number of slots these programs can fund, and better support the placement of talented health professionals in Indian country.
Update policies to encourage expansion of Native youth in health professions. Native youth face an array of barriers to educational achievement and careers in the health professions field, including low graduation rates, poverty, and a lack of cultural support in higher education. Congress should develop legislation that removes these barriers, provides incentives to support Native youth’s pursuit of careers in the health professions, and supports their recruitment and retention so these individuals can serve the communities where they grew up.

Special Diabetes Program for Indians. The Special Diabetes Program for Indians (SDPI) is intended to address the disproportionate impact of diabetes on the AI/AN population. AI/AN adults are 2.4 times as likely as white adults to be diagnosed with diabetes. The SDPI grant program provides funds for diabetes prevention and treatment to IHS, Tribal, and Urban Indian health programs. SDPI is funded at $150 million, but its funding expires in 2017. Congress should extend the program long-term and appropriate sufficient funding to foster program stability and allow it to expand the number of individuals helped with services.

Funding Priorities

Overall funding of IHS. The administration’s proposed budget of $5.185 billion for IHS in fiscal year 2017 is an important increase, but it still leaves the agency with substantial unmet need, specifically in IHS’ ability to meet the health needs of those it serves, particularly AI/AN children. Native children face substantial health disparities, many of which are rooted in social determinants of health that stem from the historical trauma Native communities faced throughout history. It is essential that public policy support Native children by providing access to services to meet their health and developmental needs. Congress should consider the systemic savings to be garnered from greater appropriations for IHS and ensure that sufficient funds are provided to meet the population’s needs. In addition, Congress should provide advance appropriations to IHS, in order to support better fiscal stability and planning of health services and public health programs. This policy has effectively served the Veterans Health Administration, and would work well with the IHS.

About this Document

This document is an excerpt from Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future (http://aap.org/blueprint), which was produced by the American Academy of Pediatrics in September 2016 and has also been endorsed by the following organizations: the Academic Pediatric Association, the American Pediatric Society, America’s Promise Alliance, the Association of Medical School Pediatric Department Chairs, Family Voices, the National Association of Pediatric Nurse Practitioners, the Pediatric Policy Council, the Society for Adolescent Health and Medicine, the Society for Pediatric Research and ZERO TO THREE.