

HEADLINE: IHS DIRECTOR GRIM CONGRATULATES BIPARTISAN PASSAGE OF MEDICARE BILL; "BILL BENEFITS ALL AMERICANS AND HAS SPECIFIC BENEFITS FOR INDIAN COUNTRY," DIRECTOR SAYS

Washington, D.C. – "The President's leadership, Health and Human Services Secretary Tommy G. Thompson's support, and tribal advocacy ensured that the bill signed yesterday by the President contained provisions that will benefit all Americans," said Indian Health Service (IHS) Director Charles W. Grim, D.D.S.

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 signed by President Bush contains the most sweeping changes to the Medicare and Medicaid programs in almost 40 years. The Medicare Bill also contains benefits for American Indian and Alaska Native people receiving health services from the IHS and tribal health programs and for those receiving services from urban Indian health programs.

"It is particularly gratifying to note the specific references throughout the bill to the Indian Health Care Improvement Act and the numerous clarification statements referencing the IHS, tribal, and urban Indian health programs," stated Dr. Grim. "An intent of this bipartisan bill was clearly to ensure that the challenges that Indian health programs and rural and reservation America face are included and addressed in the development of future regulations, policies, and programs based on this legislation."

Items particularly important to the IHS, tribal, and urban Indian health programs include:

• a provision that will increase reimbursement rates for rural ambulance services, which will benefit numerous isolated tribal ambulance programs throughout Indian country;

• a provision authorizing reimbursement to IHS and tribal health facilities for emergency services provided to undocumented aliens, which is particularly important for IHS and tribal facilities in remote border locations of the U.S.;

• a provision that requires Medicare participating hospitals that provide inpatient hospital services to accept Medicare-like rates as payment in full when providing services to IHS beneficiaries referred for services;

• a 5-year authorization of reimbursement for increased Medicare Part B services provided by a hospital or ambulatory care clinic operated by the IHS or tribe;

• changes in Critical Access Hospital reimbursement rates and other provisions made available to rural hospitals, which will assist tribal and IHS operated hospitals respond to the escalating need for care by the increasing Indian elderly, youth, and infant population.

Provisions of the bill also support health promotion and disease prevention efforts. Under the bipartisan agreement, beginning in 2004, all newly enrolled Medicare beneficiaries will be covered for an initial physical examination, electrocardiogram, and cardiovascular screen blood tests, and those at risk will be covered for a diabetes screening test.

The IHS operates a comprehensive health service delivery system for approximately 1.6 million American Indians and Alaska Natives who belong to more than 560 federally recognized tribes in 35 states. The IHS provides about 11 million inpatient, outpatient, and dental services each year. The IHS is a national program composed of 12 regional offices and a system of 49 hospitals, 221 health centers, 120 health stations, 170Alaska village clinics, and 34 urban projects.



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