

**RESOLUTION #08-02-01**  
**Support for the Increase in Dental Services Funding in the**  
**Indian Health Service Budget**

**NORTHWEST  
PORTLAND  
AREA  
INDIAN  
HEALTH  
BOARD**

Burns-Paiute Tribe  
Chehalis Tribe  
Coeur d'Alene Tribe  
Colville Tribe  
Coos, Suislaw &  
Lower Umpqua Tribe  
Coquille Tribe  
Cow Creek Tribe  
Grand Ronde Tribe  
Hoh Tribe  
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Stillaguamish Tribe  
Suquamish Tribe  
Swinomish Tribe  
Tulalip Tribe  
Umatilla Tribe  
Upper Skagit Tribe  
Warm Springs Tribe  
Yakama Nation

**WHEREAS**, the Northwest Portland Area Indian Health Board (NPAIHB) is a tribal organization under P.L. 93-638 that represents forty-three Federally-recognized Indian Tribes in Oregon, Washington and Idaho and is dedicated to assisting and promoting the health needs and concerns of Indian people in the Northwest; and

**WHEREAS**, the Northwest Portland Area Indian Health Board is dedicated to assisting and promoting the health needs and concerns of Indian people; and

**WHEREAS**, the primary goal of the Northwest Portland Area Indian Health Board is to improve the health and quality of life of its member Tribes; and

**WHEREAS**, adequate access to health services at the Tribal level is critical to health disparities in the American Indian and Alaska Natives population; and

**WHEREAS**, the American Indian/Alaska Native populations are faced with the greatest prevalence of oral health disease of any population. According to the 1999 Oral Health survey administered by the Indian Health Service indicate

- 79% of children aged 2-4 years had a history of dental decay,
- 68% of adults and 61% of elders had untreated dental decay, and
- 59% of adults 35-44 years and 61% of elders have periodontal (gum) disease
- 78% of adults 35-44 years and 98% of elders (55 or older) have at least one tooth removed because of decay, trauma, or gum disease; and

**WHEREAS**, the number of providers identified in 1999 Oral Health report stated an average of 2800 patients per dentist in AI/AN communities compared to 1500 patients in the general population; and

**WHEREAS**, according to the most recent oral health survey in the 1999 report, also calculated the per capita spending for AI/AN on oral health at \$50 per patient per year compared to \$300 for the general population.

**NOW THEREFORE BE IT RESOLVED**, the NPAIHB supports increasing the budget in the IHS line item for dental services to be comparable to the per capita spending on American Indian/Alaska Natives to be on par with the general population.


**BE IT FURTHER RESOLVED**, the NPAIHB supports increasing all efforts to expand the dental provider workforce, including, but not limited to; loan repayment programs, enhancing scholarships for AI/AN students for dental education, and increased training of mid-level practitioner utilization.

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**CERTIFICATION**

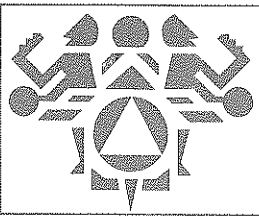
NO. 08-02-01

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 29 for, 0 against, 0 abstain on January 17, 2008.

  
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Chairman

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Secretary



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**RESOLUTION #08-02-02**  
**Northwest Tribal Registry, Seattle Indian Health Board and**  
**Seattle-Puget Sound Surveillance Epidemiology and End Results (SEER)**  
**Racial Misclassification Linkage Project**

**WHEREAS**, the Northwest Portland Area Indian Health Board (NPAIHB) is a tribal organization under P.L. 93-638 that represents forty-three Federally-recognized Indian Tribes in Oregon, Washington and Idaho and is dedicated to assisting and promoting the health needs and concerns of Indian people in the Northwest; and

**WHEREAS**, the Northwest Portland Area Indian Health Board is dedicated to assisting and promoting the health needs and concerns of Indian people; and

**WHEREAS**, the primary goal of the Northwest Portland Area Indian Health Board is to improve the health and quality of life of its member Tribes; and

**WHEREAS**, in furtherance of this goal in 1997, NPAIHB established the Northwest Tribal Epidemiology Center (*EpiCenter*) in an effort to improve the quality of American Indian and Alaska Native (AI/AN) epidemiology data; and

**WHEREAS**, racial misclassification is a problem among public health data including SEER data; and

**WHEREAS**, data linkage technology has been identified as a technique appropriate for correcting racial misclassification in datasets; and

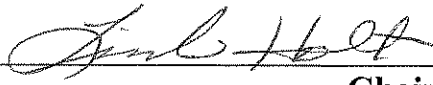
**WHEREAS**, the Seattle Indian Health Board Patient Registry is known to contain individuals that are not in the Northwest Tribal Registry.

**NOW, THEREFORE BE IT RESOLVED** that the Northwest Portland Area Indian Health Board endorses and supports an effort by staff of the *EpiCenter*, under the guidance of the Executive Director, to complete a linkage project using a combined data set of the Northwest Tribal Registry and Seattle Indian Health Board to link with the Seattle-Puget Sound SEER dataset and report misclassified cases to the SEER.

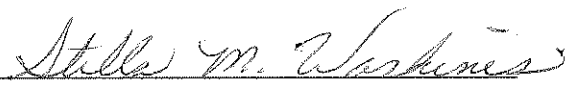
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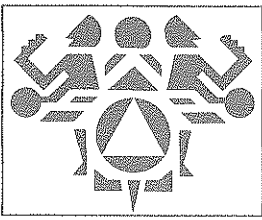
NO. 08-02-02

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 28 for, 0 against, 1 abstain on January 17, 2008.

  
Chairman

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**Resolution #08-02-03**

**Opposition to Unilateral Changes to Indirect Cost Rate  
Calculation Policies and Practices by the National Business Center.**

**WHEREAS;** the Northwest Portland Area Indian Health Board (NPAIHB) is a tribal organization under P.L. 93-638 that represents forty- three Federally recognized Indian Tribes in Oregon, Washington, and Idaho and is dedicated to assisting and promoting the health needs and concerns of Indian people in the northwest; and

**WHEREAS,** the Northwest Portland Area Indian Health Board is dedicated to assisting and promoting the health needs and concerns of Indian people; and

**WHEREAS,** the primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

**WHEREAS,** the tribal right to self government flows the inherent sovereignty of Indian Tribes and Nations and is recognized by the United States as part of the special government-to-government relationship between Indian Tribes and Nations and the United States; and

**WHEREAS,** the National Business Center (NBC) has revised, without consultation or negotiation with Indian Tribes, its policies and procedures for establishing indirect cost rates, particularly indirect costs associated with work performed by tribal councils, and for reservation infrastructure necessary for the health and safety of reservation residents; and

**WHEREAS,** the NBC acting as an agent of the Federal Government, and in particular the Indian Health Service and Bureau of Indian Affairs, should also be subject to the requirements outlined in both—the IHS and BIA Tribal Consultation Policies; and

**WHEREAS,** NBC's effort—acting as an agent of the Federal Government—to change long established reimbursement practices violates the federal policy of consultation with Indian Tribes before substantive changes are made and would undermine years of progress in the area of tribal indirect cost reimbursement; and

**WHEREAS,** in FY 2000, after tribal protests, the NBC abandoned a similar effort to stop reimbursing tribal costs when calculating indirect cost rate agreements; and

**WHEREAS,** indirect cost reimbursement are a critical component of tribal budgets as Tribes exercise their right to self-determination by taking on more responsibility for programs previously managed by the federal government, many of which arise from long-standing treaty obligations and Congress 's efforts to implement the federal trust responsibility; and

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**WHEREAS**, through self-governance compacts and under Public Law 93-638, the federal government has recognized that such services are best administered by the Tribes themselves, but this should not be used as an excuse to diminish federal support and commitment to the tribes and their members; and

**WHEREAS**, as tribal responsibilities for former federal programs increase, tribal councils have devoted an increasing share of their time and energy to administer these programs, and Tribes have undertaken more direct responsibility to develop, operate and maintain important elements of reservation infrastructure necessary for the health and safety of reservation residents, both Indian and non-Indian; and

**WHEREAS**, as part of the compact and 638 contract processes, the federal government is required to negotiate indirect cost reimbursement rates which reflect the ongoing responsibilities of the federal government and Tribes; and

**WHEREAS**, long-term agreements setting pre-determined rates are encouraged by federal law to promote stability in program governance, and sudden and unilateral pronouncements from the NBC which change the indirect cost reimbursement process or reduce rates threaten to destabilize these programs and throw many tribal governments into financial crisis; and

**WHEREAS**, unilateral changes to indirect cost reimbursement rates and procedures are also inconsistent with federal government's obligation to negotiate in good faith with tribes on a government-to-government basis consistently with its trust responsibility, and are inconsistent with commitments made by the United State to the tribes in treaties, executive orders, and statutes.

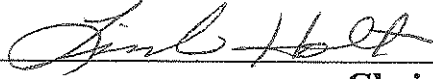
**NOW THEREFORE BE IT RESOLVED**, that the Northwest Portland Area Indian Health Board does hereby insist that the National Business Center abandon its recently announced intention to disallow costs incurred by Tribal Councils when carrying out P.L. 93-638 agreements.

**BE IT FURTHER RESOLVED**, that the Department of Interior, Indian Health Service and Bureau of Indian Affairs instruct the National Business Center to defer any rate negotiations for at least one year or until Tribal Consultation can be conducted with Tribes on this matter.


**CERTIFICATION**

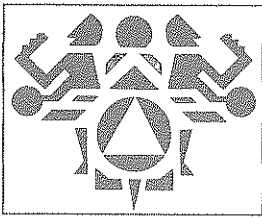
NO. 08-02-03

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 29 for, 0 against, 0 abstain on January 17, 2008.

  
Chairman

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**Resolution #08-02-04  
Social Security Eligibility for Tribal Council Members**

**WHEREAS;** the Northwest Portland Area Indian Health Board (NPAIHB) is a tribal organization under P.L. 93-638 that represents forty- three Federally recognized Indian Tribes in Oregon, Washington, and Idaho and is dedicated to assisting and promoting the health needs and concerns of Indian people in the northwest; and

**WHEREAS,** the Northwest Portland Area Indian Health Board is dedicated to assisting and promoting the health needs and concerns of Indian people; and

**WHEREAS,** the primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

**WHEREAS,** the tribal right to self government flows the inherent sovereignty of Indian tribes and nations and is recognized by the United States as part of the special government-to-government relationship between Indian Tribes and Nations and the United States; and

**WHEREAS,** NPAIHB has recently been informed that the Social Security Administration (SSA) may take the position that tribal council members may be ineligible for retirement benefits even if they have been paying into the social security system; and

**WHEREAS,** such a result in an unconscionable hardship for many council members who have worked full-time for their memberships and have paid FICA contributions to the federal government for years; and

**WHEREAS,** based on an Internal Revenue Service ruling, the SSA has suggested that instead of coverage, FICA payments made only during the past four years by and for tribal council members will be reimbursed to them, even though in many instances, payments have been made for decades; and

**WHEREAS,** council service for most tribes has progressed from a part-time activity compensated with a modest stipend, to a full-time (or more) job which precludes other employment, and the right to participate in social security program provides an essential protection to council members and their families; and

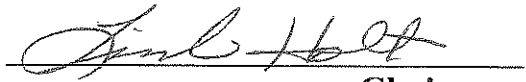
**WHEREAS,** most other contributor- funded government benefit programs permit those exempt from mandatory participation, including executives, to nonetheless opt in by making payments.

**NOW THEREFORE BE IT RESOLVED,** that NPAIHB does request that U.S. Congress quickly introduce and enact legislation that would fully credit all FICA payments previously made by Tribes and to permit Tribes to opt into and participate in the social security retirement program for council member salaries.

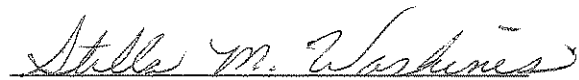
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