

**NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD**

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Chehalis Tribe
Coeur d' Alene Tribe
Colville Tribe
Coos, Suislaw &
Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispel Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshoni Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinalt Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Siletz Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

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RESOLUTION #09-01-01

**Recommend the IHS Director Reconvene the
CHS Workgroup to Revise the Contract Health Service Formula**

WHEREAS, the Northwest Portland Area Indian Health Board (NPAIHB) is a Tribal organization under P.L. 93-638 that represents forty-three federally recognized Tribes in Idaho, Oregon, and Washington and is dedicated to assisting to 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 Contract Health Services (CHS) is the most important budget line item for Portland Area Tribes and other Indian Health Service (IHS) Areas (California, Nashville, Bemidji) that do not have inpatient care and must purchase specialty care from the private sector; and

WHEREAS, in 2002 a CHS Workgroup appointed by the IHS Director developed a new CHS formula that requires (1) Congressional earmarks, new Tribes funding, and CHEF requirements must be met first; (2) any remaining amount is used to fund CHS inflation requirements, and; (3) if there is a balance after funding inflation, it is to be distributed using the new formula recommendations; and

WHEREAS, the former CHS distribution methodology was made up of three components with a percentage appropriated to each as follows: (1) Workload and Cost – 20 percent; (2) Years of Productive Life Loss – 40 percent, and; (3) CHS dependency – 40 percent. The former methodology carried a greater weight for CHS dependency than the new formula, which resulted in more funding for CHS-dependent Areas.

WHEREAS, the new CHS dependence component was adopted because it was felt that the former component was not related to the population being served, did not recognize that all Areas have some degree of CHS dependence, did not consistently measure for CHS dependence, and was distorted when applied to the operating unit level data; and

WHEREAS, the new formula component results in significantly less funding for CHS dependent Areas due to the fact that there is less weighted value given to the new variable to measure CHS dependence; and

WHEREAS, the new formula requires that inflation be funded prior to allocating any remaining funds under its requirements and if an inadequate inflation factor is used, it can create a superficial surplus of CHS funds to be allocated under the new formula. It is not fair for any Tribe to receive less funding than what is needed to fund true inflation; and


WHEREAS, one of the recommendations by the CHS Workgroup was the IHS Director should revisit the formula to evaluate its implementation following several years of implementation and make adjustments as needed and recommended by Tribal leaders in order to improve its application.

NOW THEREFORE BE IT RESOLVED, that the Northwest Portland Area Indian Health Board recommends that the IHS Director reconvene the CHS Workgroup to revisit the new CHS formula as recommended by the 2002 CHS Workgroup Report.

CERTIFICATION

NO. 09-01-01

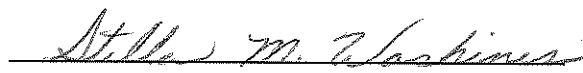
The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 29 for, 0 against, 0 abstain on October 16, 2008.



Chairman

10-16-08

Date



Secretary