

**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  
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  
Quinault 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

**RESOLUTION #09-01-02**  
**Recommend the IHS Director Reconvene the  
LNF Workgroup to Revise the Level of Need 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 Level of Need Funded (LNF) Workgroup (comprised of Indian Health Service (IHS) and Tribal representatives) was established in September 1998 in response to a Congressional directive to work with tribes to determine a methodology for funding federal Indian health programs equitably; and

**WHEREAS**, in 2001 the LNF Workgroup developed a funding method called, "Level of Need Funded Cost Model – Indian Health Service," that detailed methods and data for calculating the level of health need for American Indian and Alaska Natives (AI/AN); and

**WHEREAS**, when Congress appropriates funding for the Indian Health Care Improvement Fund (IHCIF) the LNF cost model is applied to the funding to determine funding allocations to Tribes. The IHCIF directs funding to those health operating units that have the greatest deficiencies and are funded below a national average. The LNF is also used for other types of funding distributions that impact Tribes (alcohol and substance abuse funding, contract support costs, etc); and

**WHEREAS**, when the LNF Workgroup developed its cost model it did not include funding for "infrastructure" such as sanitation and health facilities construction, staffing packages, and the benefits that go along with funding this type of infrastructure; and

**WHEREAS**, the LNF cost model is flawed with respect that it does not include all funding that Tribes may receive and could result in providing more funding to Tribes that might actually be funded at a higher average than what the LNF might project; and

**WHEREAS**, one of the recommendations by the LNF workgroup was to evaluate and make improvements to the LNF formula as needed and when data might change in order to improve its application.


**NOW THEREFORE BE IT RESOLVED**, that the Northwest Portland Area Indian Health Board recommends that the Indian Health Service reconvene the LNF Workgroup to revisit the LNF formula and make revisions as needed.

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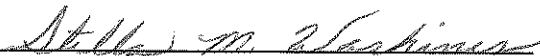
**CERTIFICATION**

NO. 09-01-02

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