



RESOLUTION # 09-04-04
NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD



RESOLUTION # 269-07-09
CALIFORNIA RURAL INDIAN
HEALTH BOARD

JOINT RESOLUTION

Support for an Area Distribution Fund in the new HFCPS and Recommend the IHS Director to Implement the new Priority System

- WHEREAS,** the Northwest Portland Area Indian Health Board (NPAIHB) is a tribal organization under P.L. 93-638 that represents 43 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 California Rural Indian Health Board, Inc. (CRIHB), founded in 1969 for the purpose of bringing back health services to Indians of California; is a tribal organization in accordance with Public Law 93-638, is a statewide tribal health organization representing 36 Federally recognized tribes in 21 counties through its membership of 11 Indian Health Programs throughout California's Indian Country; **AND**
- WHEREAS,** the NPAIHB and CRIHB are dedicated to assisting and promoting the health needs and concerns of Indian people; **AND**
- WHEREAS,** the primary goal of the NPAIHB and CRIHB is to improve the health and quality of life of its member tribes; **AND**
- WHEREAS,** the American Indian and Alaska Native population benefit from a unique trust relationship with the United States government as established in the US Constitution and Federal Court decisions federal law and government to government treaties; **AND**
- WHEREAS,** the Indian Health Service (IHS) Health Facilities Construction Priority System has been locked since 1991, and is not supported by many Tribes because it allocates a disproportionate share of resources to a select few Tribal communities that perpetuates gaps in the level of health services provided across the IHS system; **AND**
- WHEREAS,** staffing requirements associated bringing new facilities online is a concern for Tribes nationally because it removes funds necessary to maintain current services (pay costs, inflation, and population growth) from the IHS budget increase, which then become recurring appropriations; **AND**
- WHEREAS,** staffing packages that come with new facilities allow health care systems to provide increased levels of care and also generate additional third party reimbursements from Medicare, Medicaid, and private insurance, that are used to provide additional health care services; **AND**
- WHEREAS,** the FY 2000 Interior Appropriations Act directed the IHS to work closely with the tribes and the Administration to revise the Health Facilities Construction Priority System (HFCPS) so that the health facilities construction needs of all American Indian and Alaska Native communities could be address, which was completed on February 2, 2007, however the new system has yet to be implemented; **AND**
- WHEREAS,** one of the recommendations for the new priority system was the establishment of an Area Distribution Fund for facilities construction projects within each IHS Area to be

annually funded by the Congress and would provide a staffing and equipment package similar to those projects that are built under the current HFCPS; **AND**

WHEREAS, the Area Distribution Fund was unanimously supported by all twelve of the FAAB representatives that worked to develop the new priority system and would bring a level of equity to the manner in which health facilities construction resources are allocated within the IHS system so that those Areas that do not benefit under the current construction priority system may receive valuable resources to address construction projects in their respective Area; **AND**

WHEREAS, funding for an Area Distribution Fund was supported by all twelve of the IHS Areas in the FY 2010 and FY 2011 IHS budget recommendations; **AND**

WHEREAS, the establishment of an Area Distribution Fund is supported by the Alaska, Bemidji, California, Nashville, Oklahoma, and Portland Areas and by the National Indian Health Board, the Tribal Self-Governance Advisory Committee, and the National Council on Urban Indian Health; the entities combined represent over 400 federally recognized Tribes and span over 40 different states; **AND**

WHEREAS, the HFCPS and facilities construction issues have become controversial to the reauthorization of the Indian Health Care Improvement Act (IHCIA) in the 110th Congress and are in part a consequence of the IHS' indecisiveness to respond to the Congressional directive and finalize the new priority system.

THEREFORE BE IT RESOLVED: CRIHB and the NPAIHB urge the IHS Director to include an Area Distribution Methodology as a component of the new Health Facilities Construction Priority System (HFCPS).

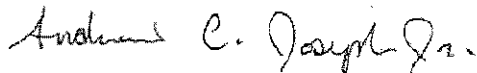
BE IT FURTHER RESOLVED, that is has been over nine years since the Congress directed the IHS to revise its facilities construction priority system; and over two years since the FAAB submitted their recommendations to the IHS Director. CRIHB and the NPAIHB strongly urge the IHS Director to make a decision to finalize the HFCPS as soon as possible so that it does not disrupt the passage of the IHCIA in the 111th Congress.

CERTIFICATION

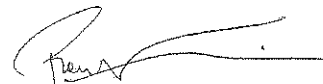
The foregoing joint resolution was adopted at a duly called regular joint meeting of the Board of Directors of Northwest Portland Area Indian Health Board and California Rural Indian Health Board (**NPAIHB** vote 32 For and 0 Against and 0 Abstain; **CRIHB** vote 13 For and 0 Against and 0 Abstain held this 23rd day of July 2009 in Tulalip, WA and shall remain in full force and effect until rescinded.

**NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD**
527 SW Hall, Suite 300
Portland, OR 97201
(503) 228-4185

**CALIFORNIA RURAL
INDIAN HEALTH BOARD**
4400 Auburn Blvd; 2nd Floor
Sacramento, CA. 95841
(916) 929-9761



Chairperson of the Board



Chairperson of the Board