



RESOLUTION # 09-04-05  
NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD



RESOLUTION # 270-07-09  
CALIFORNIA RURAL INDIAN  
HEALTH BOARD

## JOINT RESOLUTION

### **In Support of Appropriate Access to IHS Held Data for IHS Funded Epidemiology Centers, Tribes and Tribal Organizations**

- 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 federal Indian Health Service (IHS) an agency of the US Department of Health and Human Services is the principal agency within the US government charged with the responsibility of providing health services and improving the health status of the American Indian and Alaska Native peoples; **AND**
- WHEREAS**, the IHS has legislative authority to establish a national network of Tribal Epidemiology under section 214(a)(1) of the Indian Health Care Improvement Act (P.L. 94-437) and has consistently funded these Tribal Epidemiology Centers to provide public health surveillance and to develop Community profiles of the Tribal communities they serve; **AND**
- WHEREAS**, in carrying out these functions on behalf of the IHS under funds appropriated to the IHS these grantees are in fact public health entities as defined in the Privacy Act and are subject to provisions of the Health Insurance Portability and Accountability Act (HIPAA); **AND**
- WHEREAS**, after fifteen years of grant funding by the IHS to Tribal Epidemiology Centers specifically to carryout these functions the IHS has yet to establish a functional process for providing

appropriate access to IHS controlled protected health information necessary to carry out these functions **AND**

**WHEREAS**, this continuing failure has limited the realization of the full potential of all Tribal Epidemiology Centers and more importantly limited the self awareness of Tribal Governments as well as individual American Indians and Alaska Native of their true health status and the health risks to which they are exposed.

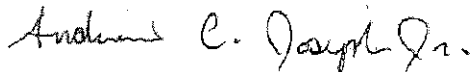
**THEREFORE BE IT RESOLVED** that we do hereby demand that the IHS address this long standing deficiency by finalizing and releasing a standardized Data Sharing Agreement that provides for routine and special access to HIPAA defined protected health information to each IHS funded Tribal Epidemiology Center and the subsequent transfer of the agreed data sets.

### **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 23<sup>rd</sup> day of July 2009 in Tulalip, WA and shall remain in full force and effect until rescinded.

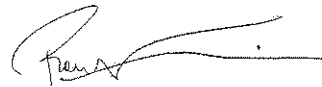
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Chairperson of the Board



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Chairperson of the Board