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INDIAN  
HEALTH  
BOARD**

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527 SW Hall  
Suite 300  
Portland, OR 97201  
☎ (503) 228-4185  
FAX (503) 228-8182  
www.npaihb.org

**RESOLUTION #10-01-03**  
**Hold Harmless Protections at Section 192 of the Reauthorization of the Indian  
Health Care Improvement Act (S. 1790)**

**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 Idaho, Oregon, and Washington on health related issues; and

**WHEREAS**, the NPAIHB 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**, because of the absence of inpatient care facilities the Contract Health Services (CHS) budget line item is the most important budget item for CHS dependent Areas like Portland, California, Nashville, and Bemidji Areas; and

**WHEREAS**, Senator Byron Dorgan (ND) has recently introduced a bill (S.1790) to reauthorize the Indian Health Care Improvement Act (IHCIA) which includes two critical provisions that could be detrimental to CHS dependent Areas, which are:

- (1) Section 131. CHS Disbursement Formula: would require the IHS to undertake a rulemaking proceeding – using negotiated rule-making procedures – to establish a distribution formula for the Contract Health Services program within the IHS, and
- (2) Section 192. AZ, ND, and SD as statewide Contract Health Service Delivery Areas (CHSDAs): continues current law authority to make Arizona a permanent CHSDA and establishes a single CHSDA consisting of the states of North Dakota and South Dakota for the purposes of providing CHS services to members of Indian tribes located in those states;

**WHEREAS**, the legislation does not include any specific rules on how the negotiated rulemaking process would be implemented at Section 131 nor are there any protections or hold-harmless provisions for existing CHS dependent Areas when implementing the expanded CHSDAs at Section 192; and

**WHEREAS**, without specific rules or hold-harmless provisions in the legislation at Sections 131 and 192, these provisions could jeopardize the current CHS funding base for all Tribes, and risk of shifting resources away from CHS dependent Areas to those Areas like the Phoenix and Aberdeen Areas that have significantly more capacity to provide inpatient and outpatient care; and

**WHEREAS**, any concerns associated with the CHS program should not be addressed singularly by looking at the CHS program alone, but must be addressed comprehensively and systematically by reviewing and analyzing gaps in the levels of health care services provided across the Indian health system that are a result of the varying levels of IHS funding, facilities infrastructure, staffing packages, and third-party collections—the CHS program cannot be reviewed by itself and any changes in doing so will only result in perpetuating the inequities in the levels of care provided across the IHS system.

**THEREFORE BE IT RESOLVED**, that the NPAIHB strongly urge the Senate Committee on Indian Affairs to include hold-harmless provisions for currently funded CHS programs at Section 192.

**BE IT FURTHER RESOLVED**, that the NPAIHB recommend that if the Senate Committee on Indian Affairs does not include hold-harmless protections at Section 192 for existing CHS programs, than we recommend striking Section 131 from the bill.

**CERTIFICATION**

NO. 10-01-03

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 24 for, 0 against, 0 abstain on October 22, 2009.

Andrew C. Joseph Jr.  
**Chairman**

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**Date**

Stella M. Washines  
**Secretary**