



**RESOLUTION # 11-04-08
NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD**



**RESOLUTION # 292-07-11
CALIFORNIA RURAL INDIAN
HEALTH BOARD**

JOINT RESOLUTION

**Recommendation for IHS Director to finalize decision on the
IHCIF Consultation and that all federal resources be used in
calculating the federal disparity index of IHS Operating Units**

- 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 31 Federally recognized tribes in 21 counties through its membership of 12 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 IHCIF was established to determine the overall level of need funded for Federal, Tribal, or Tribal organization health care facilities; **AND**
- WHEREAS,** on December 30, 2010, the IHS Director initiated a Tribal Consultation on the Indian Health Care Improvement Fund (IHCIF) and its formula; **AND**
- WHEREAS,** a technical data workgroup was also appointed by the IHS Director to review the IHCIF methodology and make recommendations to refine the formula. The workgroup made a number of recommendations to address user counts, the cost benchmark, health status, facility differences, data procedures and alternate resources; **AND**
- WHEREAS,** the Affordable Care Act included the reauthorization of the Indian Health Care Improvement Act (IHCIA), which includes a provision at Sec. 121 to establish the IHCIF, and specifically states that for the purpose of measuring resources deficiencies that all "available resources" available to an Indian tribe or tribal organization must be factored and include resources provided by the Service as well as resources used by the Indian tribe or tribal organization that are financed by any Federal programs such as Medicare, Medicaid, and private insurance. **AND**

WHEREAS, Sec. 121 also directs the HHS Secretary to establish a process for any Indian Tribe or tribal organization to review of any determination of the extent of the health status and resource deficiency of such Indian tribe or tribal organization.; **AND**

WHEREAS, the President's FY 2011 and FY 2012 budgets have requested approximately \$100 million over a two year period. The longer a decision is delayed on making refinements to the IHCIF or addressing the clear statutory intent to include available resources—which include Medicare, Medicaid, and private insurance collections—is inefficient and ineffectively addresses resource equity, which is the very purpose of the IHCIF.

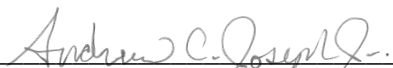
THEREFORE BE IT RESOLVED, we do hereby urge the IHS Director to make a decision as soon as possible regarding the Indian Health Care Improvement Fund and complete the consultation initiated on December 10, 2010.

BE IT FURTHER RESOLVED, we do hereby recommend that the IHS Director must include all available federal resources which include Medicare, Medicaid, and CHIP in calculating the federal disparity index of IHS and Tribal health programs consistent with the statutory intent of Sec. 121 of the IHCA.

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 25 For and 0 Against and 0 Abstain; **CRIHB** vote 20 For and 0 Against and 0 Abstain) held this 21st day of July 2011 in Lincoln, CA 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

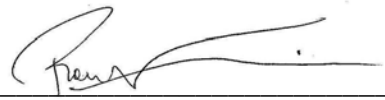


Chairperson of the Board

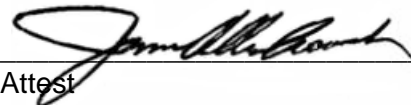


Attest

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



Chairperson of the Board



Attest