



Resolution No.:13-01-03

**"EXEMPT IHS & BIA APPROPRIATIONS FROM SEQUESTRATION
REQUIRED UNDER THE BUDGET CONTROL ACT OF 2011"**

**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 Percé Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshone Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinalt 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

WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the NPAIHB is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; 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, the Balanced Budget Control Act of 2011 (P.L. 112-25) provides for sequestration of federal discretionary funds to in order to reduce the federal deficit by \$1.2 trillion over ten years unless Congress passes and the President signs legislation to appeal the Budget Control Act; and

WHEREAS, the Office of Management and Budget (OMB) has issued, "OMB Sequestration Update Report to the President and Congress for Fiscal Year 2013," in which it reports that the impact of sequestration and the Indian Health Service (IHS) funds would be subject to full sequestration which OMB estimates to be 8.2%; and that the Special Diabetes Program for Indians funds would be subject to 2%, which would result in an overall reduction of \$355 million in FY 2013; and

WHEREAS, the IHS is only funded at approximately 60% of its level of need¹ and a budget reduction of \$355 million would have a serious effect on the ability of the IHS to provide health care services to American Indian and Alaska Native and the IHS Budget Formulation

¹ The IHS Federal Disparity Index (FDI) is used to cite the level of funding for the Indian health system relative to its total need. The FDI compares actual health care costs for an IHS beneficiary to those costs of a beneficiary served in mainstream America. The FDI uses actuarial methods that control for age, sex, and health status to price health benefits for Indian people using the Federal Employee Health Benefits plan, which is then used to make per capita health expenditure comparisons. It is estimated by the FDI, that the IHS system is funded at less than 60 percent of its total need. See: Level of Need Workgroup Report, Indian Health Service, available: www.ihs.gov.

Workgroup has estimated that at least \$1.4 billion is needed by the IHS to meet the current health care need for AI/AN people²; and

WHEREAS, the Balanced Budget Control Act of 2011 includes references to requirements to the Balanced Budget and Emergency Control Act of 1985 (BBECA or P.L. 99-177), which at Section 256 “Exceptions, Limitations, and Special Rules,” establishes limitations on the amount of funds that can be sequestered for certain programs (Subsection 256(k)) and includes IHS health services and facilities funds that can be sequestered at no more than 2 percent; and

WHEREAS, the BBECA also included Section 255, “Exempt Programs and Activities”, which included a number of programs that were exempt from sequestration; and

WHEREAS, the sequestration under the BBECA to the Indian Health Service was limited to 2 percent because of the language contained in Section 256; and

WHEREAS, Tribal leaders throughout Indian Country believe that the IHS and BIA appropriations should be exempt from the requirements of the Balanced Budget Control Act of 2011 Congress; and at the very least should limited to the 2 percent sequestration reduction consistent with Section 256 of the BBECA; and

WHEREAS, while deficit reduction may be targeted at discretionary spending and recognizing that IHS and BIA appropriations fall within this classification, this funding is not “discretionary” by its mere nature, and is provided in fulfillment of the United States federal trust obligations to fulfill treaty obligations.

NOW THEREFORE BE IT RESOLVED, that NPAIHB does hereby request that the President and Congress exempt the IHS and BIA appropriations from the requirements of the Balanced Budget Control Act of 2011 since this funding is provided in fulfillment of the United States federal trust obligations. NPAIHB recognizes that there is precedent for this exemption pursuant to Section 255 of the Balanced Budget and Emergency Control Act of 1985.

BE IT FURTHER RESOLVED that NPAIHB further recommends that the Administration and Congress grant this request in fulfillment of the Indian Health Care Improvement Act’s, Declaration of National Indian Health Policy, in which the Congress declares that it is the policy of the United States—in fulfillment of its special trust responsibilities and legal obligations to Indians—to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy.

² IHS FY 2013 Budget Formulation Workgroup Recommendations: “Fulfilling U.S. Treaty and Constitutional Obligations: Honoring Promises of Justice, Health and Prosperity.”

CERTIFICATION

NO. 13-01-03

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 30 for, 0 against, 0 abstain on Oct 18, 2012.

Andrew C. Joseph Jr.
Chairman

10-18-12
Date

Brenda N. [Signature]
Secretary