



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 Perce 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

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May 10, 2010

John Berry, Director
Office of Personnel Management
U.S. Office of Personnel Management
1900 E Street N.W.
Washington, D.C. 20415

Dear Mr. Berry:

The Northwest Portland Area Indian Health Board (NPAIHB) is an Indian Self-Determination and Education Assistance Act (ISDEAA; Pub.L. 93-638) Tribal organization that represents forty-three federally recognized Tribes on health care issues in the states of Idaho, Oregon, and Washington.¹

We are writing to you about a very important provision enacted in the Patient Protection and Affordable Care Act (PPACA), which was signed into law by President Obama on March 23, 2010. The PPACA included the reauthorization of the Indian Health Care Improvement Act (Pub.L. 111-148, Title X, Part III, Section 10221) which enacted into law S. 1790 to revise and extend that Act as reported by the Senate Committee on Indian Affairs in December, 2009. S. 1790 included a very important provision at *Section 409, Access to Federal Insurance*, which will allow tribes and tribal organizations operating ISDEAA programs to access the Federal Employees Health Benefits Program for their employees.

Section 409, Access to Federal Insurance, is very important for our Tribes as it has the potential to save in fringe benefit costs that are currently purchased for their employees from private sector insurers, and thereby enable ISDEAA contractors to use their federal funds more efficiently. This provision provides parity to ISDEAA contractors who take over operation of federal programs for Indians, as the costs of providing fringe benefits to federal employees are normally paid by a federal agency (such as the Indian Health Service or the Bureau of Indian Affairs) when its employees directly perform these federal Indian programs.

On behalf of our Tribes, we would like to set up a meeting with your office to discuss how we can begin to work together to implement this important provision. While we understand that the Office of Personnel Management might wish to coordinate its efforts with the Indian Health Service or the Bureau of Indian Affairs, we believe that implementation can most effectively be

¹ As defined in the Indian Self-Determination and Education Assistance Act, P.L. 93-638, 25 U.S.C. §405(b), a Tribal organization is a legally established governing body of any Indian Tribe(s) that is controlled, sanctioned, or chartered by such Indian Tribe(s).

accomplished by including representatives Tribes and Tribal organizations in the implementation planning process. It has been our experience that implementation of new authorities for Indian tribes works more efficiently when tribal representatives are directly involved.

In light of the urgency for this matter, we would like to schedule a meeting as soon as possible. Please feel free to contact Jim Roberts, Policy Analyst, to set up a meeting date/time. Otherwise, we will be in contact with your office in two weeks to schedule a meeting time.

I thank you in advance for your attention to this very important matter!

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Finkbonner". The signature is fluid and cursive, with the first name "Joe" being more prominent.

Joe Finkbonner, RPh, MHA
Executive Director

cc: Dr. Yvette Roubideaux, IHS Director
Doni Wilder, IHS Area Director, Portland Area
43 Portland Area Tribal Health Directors
Jim Roberts, NPAIHB Policy Analyst

Enclosures: S. 1790, Section 409, Access to Federal Insurance

Calendar No. 233

111TH CONGRESS
1ST SESSION

S. 1790

To amend the Indian Health Care Improvement Act to revise and extend that Act, and for other purposes.

IN THE SENATE OF THE UNITED STATES

OCTOBER 15, 2009

Mr. DORGAN (for himself, Mr. REID, Ms. MURKOWSKI, Mr. UDALL of New Mexico, Mr. WHITEHOUSE, Mr. JOHNSON, Mr. TESTER, Mr. AKAKA, Mr. CONRAD, Mr. BEGICH, Mr. FRANKEN, Mr. BURRIS, Mr. INOUE, Ms. STABENOW, Mr. UDALL of Colorado, Ms. KLOBUCHAR, Mr. BENNET, Mr. CRAPO, Mrs. MURRAY, Ms. CANTWELL, Mr. MERKLEY, and Mr. DODD) introduced the following bill; which was read twice and referred to the Committee on Indian Affairs

DECEMBER 16, 2009

Reported by Mr. DORGAN, with amendments

[Omit the part struck through and insert the part printed in *italics*]

A BILL

To amend the Indian Health Care Improvement Act to revise and extend that Act, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 of this subsection, such term shall include the health
 2 insurance program under chapter 89 of title 5,
 3 United States Code.

4 “(c) RELATED PROVISIONS.—For provisions related
 5 to nondiscrimination against providers operated by the
 6 Service, an Indian tribe, tribal organization, or urban In-
 7 dian organization, see section 1139(e) of the Social Secu-
 8 rity Act (42 U.S.C. 1320b–9(c)).”.

9 **SEC. 157. ACCESS TO FEDERAL INSURANCE.**

10 Title IV of the Indian Health Care Improvement Act
 11 (25 U.S.C. 1641 et seq.) (as amended by section 156) is
 12 amended by adding at the end the following:

13 **“SEC. 409. ACCESS TO FEDERAL INSURANCE.**

14 “Notwithstanding the provisions of title 5, United
 15 States Code, Executive order, or administrative regula-
 16 tion, an Indian tribe or tribal organization carrying out
 17 programs under the Indian Self-Determination and Edu-
 18 cation Assistance Act (25 U.S.C. 450 et seq.) or an urban
 19 Indian organization carrying out programs under title V
 20 of this Act shall be entitled to purchase coverage, rights,
 21 and benefits for the employees of such Indian tribe or trib-
 22 al organization, or urban Indian organization, under chap-
 23 ter 89 of title 5, United States Code, and chapter 87 of
 24 such title if necessary employee deductions and agency
 25 contributions in payment for the coverage, rights, and ben-

1 efits for the period of employment with such Indian tribe
 2 or tribal organization, or urban Indian organization, are
 3 currently deposited in the applicable Employee's Fund
 4 under such title.”.

5 **SEC. 158. GENERAL EXCEPTIONS.**

6 Title IV of the Indian Health Care Improvement Act
 7 (25 U.S.C. 1641 et seq.) (as amended by section 157) is
 8 amended by adding at the end the following:

9 **“SEC. 410. GENERAL EXCEPTIONS.**

10 “The requirements of this title shall not apply to any
 11 excepted benefits described in paragraph (1)(A) or (3) of
 12 section 2791(c) of the Public Health Service Act (42
 13 U.S.C. 300gg–91).”.

14 **SEC. 159. NAVAJO NATION MEDICAID AGENCY FEASIBILITY**
 15 **STUDY.**

16 *Title IV of the Indian Health Care Improvement Act*
 17 *(25 U.S.C. 1641 et seq.) (as amended by section 158) is*
 18 *amended by adding at the end the following:*

19 **“SEC. 411. NAVAJO NATION MEDICAID AGENCY FEASIBILITY**
 20 **STUDY.**

21 *“(a) STUDY.—The Secretary shall conduct a study to*
 22 *determine the feasibility of treating the Navajo Nation as*
 23 *a State for the purposes of title XIX of the Social Security*
 24 *Act, to provide services to Indians living within the bound-*
 25 *aries of the Navajo Nation through an entity established*