



**NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD**

Burns-Paiute Tribe
Chehalis Tribe
Coeur d' Alene Tribe
Confederated Tribes of Colville
Confederated Tribes of Coos, Lower
Umpqua, and Siuslaw Indians
Confederated Tribes of Grand Ronde
Confederated Tribes of Siletz
Confederated Tribes of Umatilla
Confederated Tribes of Warm Springs
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispel Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Klallam 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
Quinault Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Upper Skagit Tribe
Yakama Nation

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RESOLUTION # 19-02-02

ADVANCE APPROPRIATIONS FOR INDIAN HEALTH SERVICE

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

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act (ISDEAA) 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 United States has a unique and special relationship with American Indians and Alaska Natives (AI/ANs) to provide health care as established through the U.S. Constitution, Treaties, U.S. Supreme Court decisions and federal legislation; and

WHEREAS, although the trust relationship requires the federal government to provide for the health and welfare of tribal nations, the Indian Health Service (IHS) remains chronically underfunded and American Indians and Alaska Natives (AI/AN) suffer from among the lowest health status nationally; and

WHEREAS, IHS, an agency within the Department of Health and Human Services, administers health care to 2.2 million AI/ANs residing in tribal communities in 35 states, directly, or through contracts or compacts with tribes and tribal organizations under the ISDEAA; and

WHEREAS, in recent years, federal appropriation bills have not been enacted in a timely manner, thus hampering tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance, and construction efforts; and

WHEREAS, since Fiscal Year 1998, there has only been one year (FY2006) in which the Interior, Environment and Related Agencies Appropriations bill has been enacted before the beginning of the new fiscal year; and

WHEREAS, the budgetary solution to this failure to uphold the federal trust responsibility, and the one which does not require the Congressional appropriations committees to count Advance Appropriations against their spending cap is Advance Appropriations; and

WHEREAS, the NPAIHB believes that moving to the Advance Appropriations process protects tribes and tribal organizations and the IHS direct service units from cash flow problems that regularly occur at the start of the federal fiscal year due to delays in enactment of annual appropriations legislation; and

WHEREAS, Congress has recognized the difficulties inherent in the provision of direct health care that relies on the appropriations process and traditional funding cycle through enactment of the Veterans Health Care Budget Reform and Transparency Act of 2009 (PL 111-81), which authorized Advance Appropriations for Veterans Administration (VA) medical care programs; and

WHEREAS, the IHS should be afforded the same budgetary certainty and protections extended to the VA which is also a federally-funded provider of direct health care; and

NOW THEREFORE BE IT RESOLVED, that the NPAIHB requests that Congress amend the Indian Health Care Improvement Act to authorize Advance Appropriations for the Indian Health Service (IHS); and

BE IT FURTHER RESOLVED, that the NPAIHB requests that Congress include our recommendation for Advance Appropriations for IHS in the Budget Resolution; and

BE IT FURTHER RESOLVED, the NPAIHB requests that Congress include in the enacted appropriations bill Advance Appropriations for IHS.

CERTIFICATION

NO. 19-02-02

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 26 for, 0 against, 0 abstain on January 24, 2019.

Andrew C. Joseph Jr.

Chairman

January 24, 2019
Date

Gregory J. Abraham

Secretary