



**RESOLUTION # 19-04-10
NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD**



**RESOLUTION # 342-08-19
CALIFORNIA RURAL INDIAN
HEALTH BOARD**

JOINT RESOLUTION

**A CALL TO INDIAN HEALTH SERVICE TO MOVE THE PURCHASED/REFERRED CARE (PRC)
DEPENDENT FACTOR IN THE PRC FUNDING FORMULA TO
THE ANNUAL ADJUSTMENT CATEGORY**

- 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 under P.L. 93-638 that represents 52 federally-recognized Tribes through its membership of 16 Tribal Health Programs in California and is committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California; **AND**
- 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 American Indian/Alaska Native (AI/AN) people in the Northwest; **AND**
- WHEREAS,** the NPAIHB and CRIHB are dedicated to assisting and promoting the health needs and concerns of AI/AN 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 Indian Health Service (IHS), an agency within the Department of Health and Human Services, administers health care to 2.6 million AI/ANs residing in Tribal communities across the United States, directly or through contracts or compacts with Tribes and Tribal organizations under the Indian Self-Determination and Education Assistance Act; **AND**
- WHEREAS,** the IHS received a \$5.8 billion appropriation in Fiscal Year (FY) 2019, yet the National Tribal Budget Formulation Workgroup recommends that the amount necessary to fully fund IHS is \$37.61 billion pursuant to their FY 2021 recommendation; **AND**
- WHEREAS,** of the 12 IHS Areas, four are formally designated PRC Dependent (California, Portland, Bemidji, and Nashville) because they have limited or no access to IHS/Tribal hospitals; **AND**
- WHEREAS,** the Tribal health clinics in PRC Dependent Areas must use their extremely limited PRC funding to cover the costs of placing patients in non-IHS/Tribal hospitals and/or buying other specialty care services; **AND**

WHEREAS, the extremely limited PRC funding is often depleted before the end of each fiscal year, leading to the denial or rationing of inpatient and other specialty care; **AND**

WHEREAS, the remaining eight IHS areas have IHS/Tribal hospitals funded through the IHS and also receive PRC funding which further assists these areas in strengthening the system of care they provide; **AND**

WHEREAS, the June 2012 Government Accountability Office Report entitled, *Action Needed to Ensure Equitable Allocation of Resources for the Contract Health Service Program (PRC)*, notes that the distribution of PRC funding varies widely across IHS Areas and recommends IHS “improve the equity of how it allocates program increase funds to Areas through improvements in its implementation of the PRC Allocation Formula [by refining, among other factors,]...the access to care factor to account for differences in available health care services at IHS and Tribally operated facilities”; **AND**

WHEREAS, a critically important need exists to move the PRC Dependent/Access to Care Factor from the Program Increases category to the Annual Adjustment category in the PRC Funding Distribution Formula to assist in eliminating inequities in funding for PRC programs; **AND**

WHEREAS, 40 House lawmakers issued a letter to IHS on June 17, 2019, outlining this issue for the agency and inquiring if IHS will implement this change; **AND**

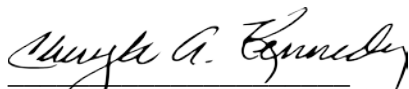
NOW THEREFORE BE IT RESOLVED, that the CRIHB and NPAIHB urge IHS to move the PRC Dependent/Access to Care Factor in the PRC Funding Distribution Formula to the Annual Adjustment category in FY 2020.

CERTIFICATION

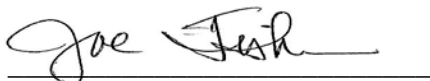
The foregoing joint resolution was adopted at a duly called regular joint meeting of the Board of Directors of NPAIHB and CRIHB (**NPAIHB** vote 26 For and 0 Against and 0 Abstain; **CRIHB** vote --- For and 0 Against and 2 Abstain) held this 18th day of July 2019, in Lincoln, CA and shall remain in full force and effect until rescinded.

**NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD**

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Chairperson of the Board



Attest

**CALIFORNIA RURAL
INDIAN HEALTH BOARD, INC.**

1020 Sundown Way
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Chairperson of the Board



Attest