



## RESOLUTION # 19-03-05

### 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

### A CALL TO CONGRESS TO SUPPORT AN INDEFINITE APPROPRIATION FOR THE INDIAN HEALTH SERVICE TO FUND SECTION 105(I) LEASE OBLIGATIONS UNDER THE INDIAN SELF-DETERMINATION AND ASSISTANCE ACT

**WHEREAS**, the Northwest Portland Area Indian Health Board {hereinafter "NPAIHB" or "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 (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 ISDEAA at 25 USC §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 American Indian/Alaska Native (AI/AN) people; and

**WHEREAS**, the primary goal of the NPAIHB is to improve the health and quality of life of its AI/AN people; and

**WHEREAS**, Section 105(I) of ISDEAA requires IHS, upon tribal request, to enter into a lease for a facility owned or leased by the tribe or tribal organization and used to carry out its ISDEAA agreement; and

**WHEREAS**, as established in the *Maniilaq* case, IHS must compensate the tribe or tribal organization fully for its reasonable facility expenses under Section 105(I); and

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**WHEREAS**, on July 10, 2018, IHS sent a Dear Tribal Leader Letter (DTLL) proposing to fund a \$13 million FY 2018 shortfall of Section 105(I) ISDEAA lease costs by reprogramming funding from IHS unallocated inflation increases; and

**WHEREAS**, on July 25, 2018, NPAIHB sent a letter to IHS asking it to seek and obtain a supplemental appropriation of \$13 million from Congress; and

**WHEREAS**, on September 14, 2018, IHS sent a follow-up DTLL informing tribes that it had decided that in order to meet FY 2018 105(I) lease funding requirements it had reprogrammed \$25 million from the \$70.4 million increase identified for inflation; and

**WHEREAS**, on March 2, 2019, IHS issued another DTLL that stated that:

- IHS has received 100 105(I) lease proposals from tribes and tribal organizations, totaling approximately \$39 million, for FY 2019; and
- In addition to an initial \$5 million that the IHS identified in the base services appropriation, Congress provided an IHS increase of \$25 million for tribal clinic operational costs in FY 2019; and
- Base IHS appropriation increases IHS's capacity to address the anticipated FY 2019 funding need, but full FY 2019 need remains unknown; and
- FY 2018 reprogramming was done on a one-time basis in the hopes that other options might become available in FY 2019; and
- Due to the continued need for resources beyond those identified for Tribal clinic operational costs in FY 2019, IHS is legally required to use a portion of the funds included in the IHS appropriation (to fund 105(I) leases); and

**WHEREAS**, tribes and tribal organizations rely on program increases to keep pace with the cost of living; and

**WHEREAS**, unless additional funding is provided in the IHS appropriation, then the additional funds required to fund 105(I) leases will come at the expense of the overall health program and result in cuts in services for both direct service and self-governance tribes as 105(I) lease costs increase; and

**WHEREAS**, National Tribal Budget Formulation Workgroup requested that in FY 2021 that IHS take adequate steps to fully address 105(I) leasing obligations and work proactively with Congress to ensure its full payment as an indefinite appropriation.

**NOW THEREFORE BE IT RESOLVED**, that Northwest Portland Area Indian Health Board (NPAIHB) calls on Congress to fully fund Section 105(I) Indian Self-Determination and Assistance Act (ISDEAA) lease obligations to tribes and tribal organizations to ensure they are fully funded, a duty which requires an indefinite appropriation every year for such sums as are necessary, and not paid for through cuts to Indian Health Service (IHS) program budget or annual inflation increases.

**CERTIFICATION**

NO: 19-03-05

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 33 for, 0 against, abstain on April 18, 2019.

*Andrew C. Joseph Jr.*

Chairman

April 18<sup>th</sup>, 2019

DATE

*Luz J. Abraham*

Secretary