



The Northwest Tribes have long recognized the need to exercise control over the design and development of health care delivery systems in their local communities. To this end, they formed the Northwest Portland Area Indian Health Board (also referred to as NPAIHB or Board) in 1972. NPAIHB is a nonprofit tribal organization that serves the forty-three federally recognized tribes of Idaho, Oregon, and Washington on health-related issues. Tribes become voting members of the Board through resolutions passed by their governing body. Each member tribe designates a delegate to serve on the NPAIHB Board of Directors.

Our Mission: Eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest tribes in delivering culturally appropriate, high-quality health programs and services.

## 2024 Legislative and Administrative Priorities

### Legislative Priorities

- **Self-Governance.** Advance legislation to expand Self-Governance authority to other HHS agencies and programs.
- **Federal Budget.** Full and Mandatory Appropriations for Indian Health
- **Purchased and Referred Care.** Ensure Indian Health Service Purchased and Referred Care (PRC) is funded at National Tribal Budget Formulation Workgroup recommended amount, which was \$9.14 billion for FY2025.
- **Special Diabetes Program for Indians.** Permanently authorize, increase funding and provide self-governance authority for the Special Diabetes Program for Indians.
- **Opioid & Fentanyl.** Support the National Tribal Opioid Summit policy recommendations.
- **Behavioral Health.** Support an act to authorize a special behavioral health program for Indians, e.g., the Native Behavioral Health Access Improvement Act of 2021.
- **Tribal Set Aside.** Create and fund 10% Tribal Set Asides across all HHS Programs.
- **Tribal Public Health Infrastructure.** Full funding in the President's Budget, active engagement with Congressional and budget appropriations leaders to achieve the investment targets.
- **Public Health.** Amend the PHHS Block Grant Program (P.L. 97-35 and P.L. 102-531) to make Tribes eligible to receive direct funding to address their own unique public health needs and challenges with innovative and community-driven methods.
- **Qualified Indian Provider Services.** Authorize Indian Health Care Providers across all states to receive Medicaid reimbursement for all mandatory and optional services described as "medical assistance" under Medicaid and all services authorized under the Indian Health Care Improvement Act.
- **Home & Community Based Services.** Support legislation that enhances Medicaid funding for home and community-based services. Specifically include a tribal initiative set aside and make the Money Follows the Person grant funding permanent.

### Administrative Priorities Supporting Healthcare Financing

- Create an option for Tribes to receive HHS funds, including Special Diabetes Program for Indians and behavioral health initiatives, directly or through their ISDEAA Contracts and Compacts.
- Create and fund 10% Tribal Set Asides across all HHS Programs.
- Ensure a fair Purchased & Referred Care (PRC) formula by moving the PRC Dependent/ Access to Care Factor in the PRC Funding Distribution Formula to the Annual Adjustment Category.
- Ensure that managed care entities (MCE) are reimbursing Indian Health Care Providers at the OMB encounter rate and prohibit MCEs from imposing timely filing limits. Require MCEs to report data specific to the OMB encounter rate paid to Indian Health Care Providers.
- Include Portland Area for any Community Health Aide Program (CHAP) education funding appropriated.

## Administrative Priorities Supporting Healthcare Financing (continued)

- Create funding and opportunities for CHAP providers.
- Increase funding within HRSA for AI/AN and tribal health providers to address chronic workforce shortage with Public Health Scholarships.
- Update Health Professional Shortage Area (HPSA) scoring to address unique provider shortages and ensure access to culturally responsive care and graduate medical residencies in the Indian Health system.
- Ensure efforts to modernize EHR meet Tribal public health surveillance needs.

### Administrative Priorities to Support Children, Families & Elders

- Coordinate a cross-agency federal response to address houselessness and substandard housing crisis across Indian Country.
- Creative partnerships to fully support and house Tribal children who are, or about to, age out of foster care.
- Increase support for long-term care services, assisted living services, hospice care, and home and community-based services, including facilities construction for AI/AN elders.
- Consult with Tribes to ensure Administration for Community Living (ACL) funding formulas are meeting the needs in Tribal communities.
- Increase flexibility of Older Americans Act (OAA) Title VI Funding.
- Simplify the process for Tribes to access Administration for Children and Families (ACF) funding for Foster Care through Title IV-E of the Social Security Act.
- Create a family wellness “477” program. A “477” program would create more flexibility in how funds are used to support families.
- Increase funding for Title VI Native American Nutrition and Supportive Services.
- HHS Office of Population Affairs update its list of effective programs to include culturally relevant programs like Healthy Native Youth.
- Re-establish the Internal ACF Tribal Affairs Workgroup.

### Administrative Priorities Supporting Behavioral Health

- Support the Boarding School Healing Initiative and work across agencies to address intergenerational trauma.
- Ensure agencies work align with the National Tribal Behavioral Health Agenda.
- Inter-agency effort to prioritize behavioral health funding and support.
- Ensure telehealth access and continued expansion.
- Increase non-competitive funding for tribal behavioral health and tribal opioid response.
- Implement National Tribal Opioid Summit Policy Recommendations.

### Administrative Priorities Supporting Public Health

- Support Data Sovereignty, development of MOU and IRB-like approval process.
- Reaffirm tribal public health authorities’ ability to access AI/AN public health data and receive training on use of national datasets.
- Focus on Public Health Capacity Building in Indian Country and expand the ideas into actionable planning through engagement and consultation with Tribes.
- Continue funding and broaden the scope of NARCH and other tribally-led research capacity for youth and workforce.
- Support the development of a Tribally led plan that addresses gaps identified in the 2019 Public Health in Indian Country Capacity Scan.

### Cross Cutting Administrative Policies

- Climate change capacity building to support Tribes collection and monitoring of their own data and use of traditional ecological knowledge.
- Encourage data collection for Missing and Murdered Indigenous Persons (MMIP) in partnership across agencies, including CDC, National Center for Health Statistics, and Operation Lady Justice.