



**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.*

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Chairman

January 24, 2019  
Date

*Gregory J. Abraham*

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Secretary