



RESOLUTION # 19-03-06

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

A CALL TO CONGRESS TO SUPPORT FY 2020 INDIAN HEALTH SERVICE FUNDING

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

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 (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 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 member tribes; and

WHEREAS, the President's FY 2020 Budget Request for the Indian Health Service (FY 2020 IHS Budget Request) was released on March 11, 2019 and proposes:

- Cuts funding to Community Health Representatives (CHRs) by \$39 million (funded at \$62.8 in FY 2019); and
- Eliminates funding for Health Education (funded at \$20.5 million in FY 2019); and
- Cuts funding to Urban Health of \$2.5 million (funded at \$51.3 million in FY 2019), and
- Cuts funding to Indian Health Professions by \$14 million (funded at \$57.3 million in FY 2019); and

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- Eliminates funding for Tribal Management (funded at \$2.4 million in FY 2019), and
- Cuts funding to Self-Governance of \$1 million (funded at \$5.8 million in FY 2019); and
- Cuts funding to Facilities and Environmental Support of \$647 thousand (funded at \$252 million in FY 2019); and

WHEREAS, CHRs, Health Education, Tribal Management, Urban Health, Indian Health Professions, Self-Governance, and Facilities and Environmental Support are critical programs to IHS/Tribes and must be fully funded in FY 2020; and

WHEREAS, annual funding levels to IHS fall short on funding medical inflation and population growth increases, and NPAIHB has determined that \$195 million is needed to fund medical inflation and population growth for FY 2020; and

WHEREAS, FY 2020 IHS Budget Request proposes funding for new initiatives under Clinical Services that NPAIHB supports in the amount of \$70 million, as follows:

- Electronic Health Record System (EHR) at \$25 million for activities to be determined through tribal consultation with each Area for successful EHR transformation; and
- Ending the Hepatitis C and HIV/AIDs Epidemic in Indian Country at \$25 million to provide an estimated 1,800 patients with treatment and case management services to prevent and treat Hepatitis C infection due to injection drug use and fund data collection to measure outcomes; and
- CHAP expansion at \$20 million in the lower 48 for activities to be determined through tribal consultation with each Area; and

WHEREAS, NPAIHB recommends program increases of \$410 million for FY 2020, as follows:

- Dental Services: \$20 million increase to address the growing oral health needs and dental professional shortage in Indian Country; and
- Mental Health - \$152.5 million increase:
 - \$75 million is needed to expand funding for pilot projects for aftercare services for Native youth discharged from residential substance use treatment; and
 - Funding is needed for more YRTCs and tribes to develop approaches to aftercare, recovery, and other support services for Native youth that can be used across other IHS, YRTCs and in tribal communities;
 - \$75 million is needed to expand the Special Behavioral Health Pilot Program for Indians with an option for tribal shares; and
 - \$2.5 million is needed to fund Area Health Boards/Tribal Epidemiology Centers for the provision of technical assistance to tribes and to collect and evaluate Special Behavioral Health Pilot Program; and
- Alcohol and Substance Abuse (and to address the opioid crisis) - \$152.5 million increase:
 - \$25 million is needed to expand Alcohol and Substance Abuse funding for pilot projects for aftercare services for Native youth discharged from residential substance use treatment; and

- Funding is needed for more YRTC's and tribes to develop approaches to aftercare, recovery, and other support services for Native youth that can be used across other IHS, YRTC's and in Tribal communities;
- \$75 million is needed to expand the Special Behavioral Health Pilot Program for Indians with an option for tribal shares; and
- \$2.5 million is needed to fund Area Health Boards/Tribal Epidemiology Centers for the provision of technical assistance to tribes and to collect and evaluate Special Behavioral Health Pilot Program; and
- \$50 million is needed to fund critical detoxification and recovery services; and
- Purchased and Referred Care (PRC): \$50 million increase to address the significant backlog of deferred services, the growing number of denied services, and CHEF claims; and
- Indian Health Professions: \$10 million to fully fund scholarships for all qualified applicants to the IHS Scholarship Program and to support the Loan Repayment Program to fund all physicians, nurse practitioners, physician's assistants, nurses and other direct care practitioners; and
- Small Ambulatory Program: \$25 million increase to support the new facility construction needs of smaller tribes who cannot compete in the current new facilities construction priority system; and

WHEREAS, FY 2020 IHS Budget Request is \$5.9 billion and IHS National Tribal Budget Formulation Workgroup's FY 2020 request is \$7 billion to get IHS on track for phased in full funding at \$36.8 billion in 12 years; and

WHEREAS, the federal government has a trust responsibility and treaty obligations to ensure that tribes and AI/AN communities are fully funded to meet their health care and service needs.

THEREFORE BE IT RESOLVED, NPAlHB calls on Congress to support funding for the Indian Health Service for Community Health Representatives, Health Education, Urban Health, Indian Health Professions, Tribal Management, Self-Governance and Facilities and Environmental Support in FY 2020 at no less than FY 2019 enacted levels; and

BE IT FURTHER RESOLVED, NPAlHB calls on Congress to support \$195 million for medical inflation and population growth increases for the Indian Health Service for Services and Facilities (not including Contract Support Costs which is an indefinite appropriation) for FY 2020; and

BE IT FURTHER RESOLVED, NPAlHB calls on Congress to support \$70 million in funding for new Indian Health Service initiatives as directed by Tribes and Tribal Organizations through tribal consultation, including, Indian Health Service Electronic Health Record System funding at \$25 million, expansion of the Community Health Aide Program in the lower 48 at \$20 million, and ending the Hepatitis C and HIV/AIDs Epidemic in Indian Country at \$25 million; and

BE IT FURTHER RESOLVED, NPAlHB calls on Congress to support \$410 million in program increases for FY 2020 above FY 2019 enacted level for Dental Services at \$20 million, Mental

Health at \$152.5 million, Alcohol and Substance Abuse (and to address the opioid crisis) at \$152.5 million, Purchased and Referred Care at \$50 million, Indian Health Professions at \$10 million, and Small Ambulatory Program at \$25 million; and

BE IT FURTHER RESOLVED, NPAIHB calls on Congress to fund IHS at \$7 billion in FY 2020 to get IHS on track for phased in full funding at \$36.8 billion in 12 years.

CERTIFICATION

NO: 19-03-06

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, 2019

DATE

Gregory J. Abramson

Secretary