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INDIAN
HEALTH
BOARD**

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Swinomish Tribe
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Yakama Nation

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SUBMITTED VIA ELECTRONIC MAIL

December 3, 2019

Michael D. Weahkee, RADM
Principal Deputy Director
Indian Health Service
5600 Fishers Lane
Rockville, MD 20857

***Re: Inclusion of Federally Operated Facilities (Direct Service Tribes) in
Community Health Aide Program (CHAP) Expansion***

Dear RADM Weahkee,

On behalf of the Northwest Portland Area Indian Health Board (NPAIHB), I write this letter in response to IHS's delay in allowing federally operated facilities to utilize Community Health Aide Program (CHAP) providers. NPAIHB is a Public Law 93-638 Tribal organization that advocates on specific health care issues for the forty-three federally-recognized Tribes in Idaho, Oregon, and Washington. NPAIHB is in full support of expanding health care opportunities under the new draft policy for CHAP, and strongly supports the inclusion of the Dental Health Aide/Therapists (DHA/T), Behavioral Health Aides/Practitioners (BHA/P) and Community Health Aides/Practitioners (CHA/P) as part of the expansion.

NPAIHB has deep concerns that federally operated facilities have been left out of CHAP expansion. There are six federally operated service units (includes five direct service tribes) in the Portland Area, and they all deserve immediate access to these culturally competent, high quality, primary health and oral health healthcare providers from their communities. Tribes like the Confederated Tribes of the Colville Reservation have invested in their tribal citizens to receive the education necessary to become a DHAT, but DHATs are currently unable to work in their IHS facility where the need is greatest. This is unacceptable and constitutes an unnecessary barrier to care for these communities and blocks access to culturally competent, high quality, primary care for tribal citizens receiving care at federally operated facilities.

Unlike other Areas, Portland Area has secured significant amounts of private funding for CHAP expansion and our member tribes have contributed financially to the work of expanding CHAP. We have documented and laid much of the infrastructure, created materials, and are successfully designing and implementing education programs for DHATs and BHAs. Portland Area Tribes are adding CHAPs to their dental, medical, and behavioral health staffing packages. The robust implementation in the Portland Area is available to all 43 federally

RADM Michael Weahkee

December 3, 2019

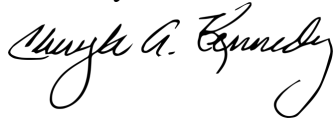
Page 2

recognized tribes, the only impediment for expansion to our federally operated facilities is IHS's lack of federal administrative infrastructure for these facilities.

Therefore, NPAIHB requests IHS create an immediate interim solution to the series and classification of position descriptions issue so that CHAP be available to federally operated facilities at the same time it is made available to other tribally run health programs. NPAIHB also requests that HHS, IHS, and other federal agencies expedite work with the Office of Personnel Management (OPM) to create a permanent series and classification of position descriptions for DHA/Ts and CHA/Ps.

We thank you for leadership on CHAP expansion and welcome further discussions with you. If you have any questions or would like to discuss this further, please contact Laura Platero, Director of Government Affairs/Health Policy at lplatero@npaihb.org or Christina Peters, Tribal Community Health Provider Project Director, at cpeters@npaihb.org.

Sincerely,

A handwritten signature in black ink that reads "Cheryle A. Kennedy". The signature is written in a cursive style with a large, looping initial "C".

Cheryle A. Kennedy

Acting Chair, Northwest Portland Area Indian Health Board
Chairwoman, Confederated Tribes of Grand Ronde.