



TRANSMITTED VIA EMAIL: consultation@IHS.gov

January 15, 2019

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PORTLAND
AREA
INDIAN
HEALTH
BOARD**

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RADM Michael D. Weahkee
Principal Deputy Director
Indian Health Service
5600 Fishers Lane, Mail Stop 08E86
Rockville, MD 20857

Re: *Comments on Arizona State-wide PRCDA Study Tribal Consultation*

Dear RADM Weahkee:

The Northwest Portland Area Indian Health Board (NPAIHB) submits the following comments on the Dear Tribal Leader Letter, dated November 20, 2018, on the Arizona State-wide Purchased and Referred Care Delivery Area (PRCDA) Study. Established in 1972, the NPAIHB is a non-profit, Tribal organization under the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638, advocating on behalf of the 43 federally-recognized Indian Tribes in Idaho, Oregon, and Washington on specific healthcare issues. NPAIHB operates a variety of important health programs on behalf of our member tribes, including the Northwest Tribal Epidemiology Center¹, and works closely with the IHS Portland Area Office. Thank you for the opportunity to provide comments on the Arizona State-wide PRCDA Study.

We understand that IHS is conducting the in depth study to analyze the potential impact on purchasing health care services and the feasibility for expansion of the State of Arizona as a Statewide PRCDA for the purpose of providing health care services for members of tribes in Arizona. IHS states that the agency is attempting to assure that that the appropriated funds available through the PRC program are spent on the purposes authorized and that it does not negatively impact beneficiaries currently receiving care through the PRC program.

While we understand that IHS is conducting this statewide PRCDA study in Arizona to determine the potential impact on PRC program funds and the ability to purchase comprehensive health care services for Indians throughout the State of Arizona, we are concerned that the increase of the user population related to a statewide PRCDA in Arizona will have longer term impacts on PRC-dependent areas like Portland.

General Comments

The PRC program is one of the most important health services for tribes and tribal clinics in the Portland IHS Area as it allows AI/ANs to access inpatient, outpatient, and specialty care services. Portland Area has no IHS or Tribal hospitals and relies on PRC funding to provide critical services to AI/AN people in the Northwest. Rationing and erosion of service has been a constant problem, particularly for our PRC programs.

¹ A "tribal organization" is recognized under the Indian Self-Determination Education Assistance Act (P.L. 93-638; 25 U.S.C. § 450b(1)) as follows: "[T]he recognized governing body of any Indian tribe; 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."

PRC is the most important budget line item for Northwest Tribes. In the Portland Area, the PRC line item represents over 30% of the total Portland Area Office allowance. Inequitably, the IHS agency's distribution of PRC program funds varies across the 12 Areas in the United States. According to the Government Accountability Office (GAO), funding has ranged from \$17 million in one Area to more than \$95 million in another Area. The Portland Area supports distribution of PRC funding that recognizes that some areas are strongly dependent on this funding source.

The importance of PRC to the Portland Area is reflected in the budget formulation process. Portland Area Tribes recommend significant increases annually to PRC funding. For example, in FY 2019, our Area recommended an \$861 million dollar increase; and in FY 2020, our Area recommended over one billion dollar increase to the PRC line item. NPAIHB determined that at a minimum, a \$64 million dollar increase was needed in order to maintain current services over FY 2017 level.

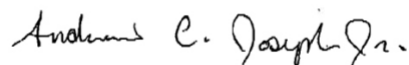
Although IHS will receive and consider recommendations on this subject with tribes, IHS is ultimately responsible for authorizing the policies that result in the distribution of PRC resources across IHS Areas. In any decision that is made, NPAIHB recommends that IHS first consider the glaring service deficiencies and funding inequities in the IHS delivery system that tribes face in the Portland Area that are PRC-dependent and without IHS/Tribal hospitals.

NPAIHB also recommends and requests that IHS: (1) look at the long-term impact, both direct and indirect, on PRC-dependent areas without IHS/Tribal hospitals as to an Arizona State-wide PRCDA; (2) include IHS areas without IHS/Tribal hospitals involved in the analysis and discussion on Arizona State-wide PRCDA Study; and (3) conduct tribal consultation with IHS areas without IHS/Tribal hospitals as to the proposed Study and impacts on IHS areas without IHS/Tribal hospitals.

Conclusion

We appreciate the opportunity to provide comments on the Arizona State-wide PRCDA Study, and thank you for considering our written comments. For additional information please contact NPAIHB's Director of Government Affairs/Health Policy Analyst, Laura Platero at (503) 407-4082 or lplatero@npaihb.org.

Sincerely,



Andrew C. Joseph, Jr.
NPAIHB Chair
Colville Business Council Vice Chair