Northwest Portland Area
Indian Health Board

California Rural Indian
Health Board

July 23, 2009

Dear Congressional Members:

The California Rural Indian Health Board (CRIHB) and the Northwest Portland Area Indian Health Board (NPAIHB) are P.L. 93-638 Tribal organizations that represent seventy-three federally-recognized Tribal governments on health care issues in the states of California, Idaho, Oregon, and Washington. The mission of the CRIHB and NPAIHB is to raise the health care status of all American Indian and Alaska Native (AI/AN) people by increasing access to quality health care programs.

On July 23, 2009, the CRIHB and NPAIHB conducted the 10th anniversary of our Joint Board of Directors Meeting. During our joint meeting, our Boards of Directors passed the attached resolution, "Supporting and urging Congress to pass AI/AN provisions and the Indian Health Care Improvement Act in Health Reform Legislation." The recommendations included in our joint resolution are essential to preserving and protecting the ability of over 2.2 million AI/ANs to continue to receive health care from the Indian health system and participate in benefits that will be provided in health reform.

Our joint Board of Directors and the seventy-three federally-recognized Tribes endorse an amendment that Chairman Rahall will be offering to H.R. 3200 America's Affordable Health Choices Act of 2009. We respectfully request that you support the amendment that will be offered by Chairman Rahall as well as reach out to House Leadership to support the inclusion and passage of the amendment. Specifically ask them to speak to:

- Nancy Pelosi, Speaker of the House
- Henry Waxman, Chair, Energy & Commerce Committee
- Frank Pallone, Chair, Health Subcommittee, Energy & Commerce
- George Miller, Chair, Education & Labor Committee
- Charles Rangel, Chair, Ways & Means Committee

It is imperative that the amendment be included to protect the Indian health care system as a system of health care of choice by most AI/AN people and to preserve the federal trust responsibility to Indian Tribes.

Thank you for your support!

Sincerely,

Andy Joseph, Jr.,
NPAIHB Chairman

Reno Keoni Franklin
CRIHB Chairman

RESOLUTION # 09-03-01

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

RESOLUTION #

CALIFORNIA RURAL INDIAN HEALTH BOARD

JOINT RESOLUTION

Support and urging Congress to include AI/AN provisions and the Indian Health Care Improvement Act in Health Reform Legislation

WHEREAS; the Northwest Portland Area Indian Health Board (NPAIHB) is a tribal organization under P.L. 93-638 that represents forty-three Federally-recognized Indian tribes in Oregon, Washington, and Idaho and is dedicated to assisting and promoting the health needs and concerns of Indian people in the Northwest; **AND**

WHEREAS; the California Rural Indian Health Board, Inc. (CRIHB), founded in 1969 for the purpose of bringing back health services to Indians of California; is a tribal organization in accordance with Public Law 93-638, is a statewide tribal health organization representing 36 Federally recognized tribes in 21 counties through its membership of 11 Indian Health Programs throughout California's Indian Country; **AND**

WHEREAS; the NPAIHB and CRIHB are dedicated to assisting and promoting the health needs and concerns of Indian people; **AND**

WHEREAS; the primary goal of the NPAIHB and CRIHB is to improve the health and quality of life of its member tribes; **AND**

WHEREAS; the Congress and Administration are working to reform the U.S. health care system to address rising health care costs, quality of health care issues, and the growing number of uninsured and under-insured in this Country with the ultimate goal of providing health care coverage for all Americans; **AND**

WHEREAS; any type of health reform changes will have profound effects on the Indian health system that provides care to over 2.2 million American Indian and Alaska Native (AI/AN) people and it is imperative, that any health reform changes acknowledge and take into consideration the special relationship that the United States has with Tribal governments and the duty to provide health care services, and that reform

legislation must support and strengthen the current Indian health care delivery system and must include Indian specific provisions that will improve access to health services for AI/AN people; **AND**

WHEREAS; the following policies are provided as recommendations to the Congress to include in health reform legislation so the promise of health reform and equal access to health care reaches AI/ANs across the country:

1. **Exempt AI/ANs from mandates and penalties:** AI/ANs have already paid for their health care coverage. Failure to acknowledge that Native people are different from other groups needing health care coverage will result in either an abrogation of the federal trust responsibility or denial of their right to fully participate in health reform;

2. **Tribal government exemption from employer penalties:** The employer mandate provisions must also exempt Indian tribes, as employers, from penalties. Indian tribes are sovereign nations and should not be subject to federal penalties in their roles as employers;

3. **AI/ANs should be eligible for insurance subsidies**: Permit AI/ANs to participate in subsidized insurance and explicitly permit tribes to pay premiums and cost sharing on their behalf;

4. **Portability of health care is essential**: In order to guarantee portability between health insurance and the Indian health system, include express language which allows AI/ANs to enroll in an insurance plan at any time without assessment of late enrollment penalties or other negative consequences. Without this protection Indian people may be denied options to which they are entitled as United States citizens. Indians should not be forced to choose between the Indian health system and other options; both should be available to them;

5. **Indian Health Provider Protections**: Indian health care providers, who form a crucial system of care in some of the most remote communities in the country, must be explicitly included in health reform policies so they are able to participate as network providers for health benefits plans offered through the Exchange. Indian health care providers have enormous experience with the variety of ways insurance plans seek to exclude them from networks. Without such guarantees, the Exchange plan in which an Indian is enrolled receives a windfall: it is paid a premium but does not have to pay for care that enrollees receive from an Indian health care provider, and;

6. **Exclusion of Health Benefits as Income:** Tribal governments have been trying to meet the challenge of addressing the health care needs in their communities. Some tribal governments have met this challenge by providing supplemental services above and beyond the limited IHS services while others are providing more comprehensive care through self insured funds or third-party plans. This type of universal health coverage for tribal citizens is similar to Medicare. Health

services, benefits, or coverage received by Indians should be excluded from gross income, in the same manner as Medicare - another government benefit health plan that is not viewed as taxable.

WHEREAS; Congress when enacting health reform legislation should make every effort to reauthorize the Indian Health Care Improvement Act (IHCIA) as a conforming amendment since the IHCIA updates and modernizes the Indian health care delivery system and will improve access and quality of health care provided to AI/AN people.

NOW THEREFORE BE IT RESOLVED; the Northwest Portland Area Indian Health Board and California Rural Indian Health Board urge Congress and the Administration to include the aforementioned recommendations when it passes health reform legislation in the 111th Congress.

BE IT FURTHER RESOLVED; that the Northwest Portland Area Indian Health Board and California Rural Indian Health Board supports the Tribal Amendments provided to Congress on July 2, 2009 by the National Indian Health Board, the National Congress of American Indians, and the National Council on Urban Indian Health.

CERTIFICATION

The foregoing joint resolution was adopted at a duly called regular joint meeting of the Board of Director's of Northwest Portland Area Indian Health Board and California Rural Indian Health Board ***NPAIHB*** *vote* _____ *For and* _____ *Against and* _____ *Abstain;* ***CRIHB*** *vote* _____ *For and* _____ *Against and* _____ *Abstain* this 23rd day of July 2009 in Tulalip WA and shall remain in full force and effect until rescinded.

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Andrew C. Joseph
Chairperson of the Board

Stella M. Washines
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Yolanda Gilson
Secretary