



## **2011 Annual Conference Tulalip, Washington**

### **RESOLUTION #11 – 59**

#### **"RECOMMENDATION FOR STATES TO CONSULT WITH TRIBES IN DEVELOPMENT OF INSURANCE EXCHANGES AND TO PROVIDE RESOURCES FOR POLICY ANALYSIS ASSOCIATED WITH INTEGRATING THE INDIAN HEALTH SYSTEM INTO STATE INSURANCE EXCHANGES"**

##### **PREAMBLE**

We the members of the Affiliated Tribes of Northwest Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants rights secured under Indian Treaties, Executive Orders, and benefits to which we are entitled under the laws and constitution of the United States and several states, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise to promote the welfare of the Indian people, do hereby establish and submit the following resolution:

**WHEREAS**, the Affiliated Tribes of Northwest Indians (ATNI) are representatives of and advocates for national, regional, and specific tribal concerns; and

**WHEREAS**, ATNI is a regional organization comprised of American Indians/Alaska Natives and tribes in the states of Washington, Idaho, Oregon, Montana, Nevada, Northern California, and Alaska; and

**WHEREAS**, the health, safety, welfare, education, economic and employment opportunity, and preservation of cultural and natural resources are primary goals and objectives of the ATNI; and

**WHEREAS**, health insurance exchanges are a centerpiece of the recently enacted Health Care Reform Legislation Public Law 111–148, known as the Patient Protection and Affordable Care Act (ACA) with many states planning and designing their health Insurance exchanges with grant

funding from the federal government; and

**WHEREAS**, the U.S. Department of Health and Human Services (HHS) has issued a proposed rule for the States to establish insurance exchanges that require stakeholder consultation and input throughout the development and design of insurance exchanges with specific requirements for a State that has one or more federally-recognized tribes, as defined in the Federally Recognized Indian Tribe List Act of 1994, 25 U.S.C. §479a, located within the exchange's geographic area to engage in regular and meaningful consultation and collaboration with such tribes and their tribal officials on all Exchange policies that have tribal implications; and

**WHEREAS**, some states such as Oregon and Washington have applied and received grants in support of their efforts to design and develop insurance exchanges however have not consulted with Tribal governments about their needs in the design of insurance exchanges despite the fact that the grant solicitation (IE-HBE-11004, January 14, 2011) instructs states to establish a process for consulting with Tribes in the "start-up and ongoing operation" of an insurance exchange and provides guidance that States have the option to subcontract planning activities with Tribes under their establishment grants; and

**WHEREAS**, it is important to recognize that meaningful consultation with Tribes requires resources consistent with those provided to the States in order to conduct analysis about the complexities of establishing an exchange and how it will impact a unique and very complicated Indian health system; and

**WHEREAS**, state officials are not involved in planning exchanges as volunteers without pay, it is unrealistic to expect tribes and tribal organizations and their technical experts to volunteer their time without pay while it would appear that the federal grants for exchange planning would address this need, but the funding is not available for this purpose for Tribal governments; and

**WHEREAS**, in response to this concern raised by Tribes the HHS Secretary has sent a letter dated September 14, 2011 to State Governors clarifying the role of states to consult with Tribes in the development of insurance exchanges; and

**WHEREAS**, it is important to recognize the fact that resources are needed to assist Tribal governments to evaluate and conduct policy analysis in the design and development of insurance exchanges and how the ACA's Indian specific provisions and the Indian health system can be effectively integrated into a state's insurance exchanges; and

**WHEREAS**, states will likely not provide - or will provide an inadequate level - resources under insurance exchange establishment grants unless provided with specific guidance from the Center for Consumer Insurance Information and Oversight (CCIIO) and HHS that they should provide resources to Tribes to assist in the design and development of state insurance exchanges and that this is a necessary requisite to consulting with Tribes in development of insurance exchanges; now

**THEREFORE BE IT RESOLVED**, that ATNI does hereby request that CCIIO and HHS provide instructions to States to assist Tribes under their exchange planning grants at an adequate level to support policy development of state insurance exchanges; and

**BE IT FURTHER RESOLVED**, that ATNI request that CCIIO develop and fund a Tribal innovator exchange project that would assist HHS and the states to understand how the Indian health system can be effectively integrated into the programs and services that will be offered through insurance exchanges.

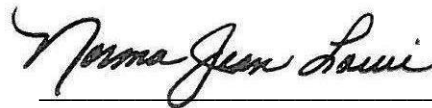
**CERTIFICATION**

The foregoing resolution was adopted at the 2011 Annual Conference of the Affiliated Tribes of Northwest Indians, held at the Tulalip Resort Casino in Tulalip, Washington, September 19-22, 2011 with a quorum present.



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Fawn Sharp, President



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Norma Jean Louie, Secretary