2012 Annual Convention
Pendleton, OR

RESOLUTION #12 – 47

"EXEMPT IHS & BIA APPROPRIATIONS FROM SEQUESTRATION REQUIRED UNDER THE BUDGET CONTROL ACT OF 2011"

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, the Balanced Budget Control Act of 2011 (P.L. 112-25) provides for sequestration of federal discretionary funds in order to reduce the federal deficit by $1.2 trillion over ten years unless Congress passes and the President signs legislation to appeal the Budget Control Act; and

WHEREAS, the Office of Management and Budget (OMB) has issued, "OMB Sequestration Update Report to the President and Congress for Fiscal Year 2013," in which it reports that the impact of sequestration and the Indian Health Service (IHS) funds would be subject to full sequestration which OMB estimates to be 8.2%; and that the Special Diabetes Program for Indians funds would be subject to 2%, which would result in an overall reduction of $355 million in FY 2013; and

WHEREAS, the IHS is only funded at approximately 60% of its level of need[1] and a budget reduction of $355 million would have a serious effect on the ability of the IHS to provide health care services to American Indian and Alaska Native and the IHS Budget Formulation Workgroup has estimated that at least $1.4 billion is needed by the IHS to meet the current health care need for AI/AN people[2]; and

WHEREAS, the Balanced Budget Control Act of 2011 includes references to requirements to the Balanced Budget and Emergency Control Act of 1985 (BBECA or P.L. 99-177), which at Section 256 "Exceptions, Limitations, and Special Rules," establishes limitations on the amount of funds that can be sequestered for certain programs (Subsection 256(k)) and includes IHS health services and facilities funds that can be sequestered at no more than 2 percent; and

WHEREAS, the BBECA also included Section 255, "Exempt Programs and Activities," which included a number of programs that were ***exempt*** from sequestration; and

WHEREAS, the sequestration under the BBECA to the Indian Health Service was limited to 2 percent because of the language contained in Section 256; and

WHEREAS, Tribal leaders throughout Indian Country believe that the IHS and BIA appropriations should be exempt from the requirements of the Balanced Budget Control Act of 2011 Congress; and

WHEREAS, while deficit reduction may be targeted at discretionary spending and recognizing that IHS and BIA appropriations fall within this classification, this funding is not "discretionary" by its mere nature, and is provided in fulfillment of the United States federal trust obligations to fulfill treaty obligations; now

[1] The IHS Federal Disparity Index (FDI) is used to cite the level of funding for the Indian health system relative to its total need. The FDI compares actual health care costs for an IHS beneficiary to those costs of a beneficiary served in mainstream America. The FDI uses actuarial methods that control for age, sex, and health status to price health benefits for Indian people using the Federal Employee Health Benefits plan, which is then used to make per capita health expenditure comparisons. It is estimated by the FDI, that the IHS system is funded at less than 60 percent of its total need. See: Level of Need Workgroup Report, Indian Health Service, available: www.ihs.gov.

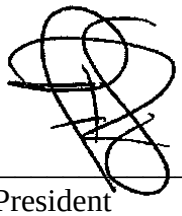
[2] IHS FY 2013 Budget Formulation Workgroup Recommendations: "Fulfilling U.S. Treaty and Constitutional Obligations: Honoring Promises of Justice, Health and Prosperity.

THEREFORE BE IT RESOLVED, that ATNI does hereby request that the President and Congress exempt the IHS and BIA appropriations from the requirements of the Balanced Budget Control Act of 2011 since this funding is provided in fulfillment of the United States federal trust obligations. ATNI recognizes that there is precedent for this exemption pursuant to Section 255 of the Balanced Budget and Emergency Control Act of 1985; and

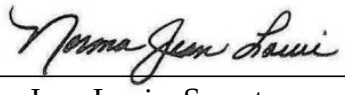
BE IT FURTHER RESOLVED, that ATNI further recommends that the Administration and Congress grant this request in fulfillment of the Indian Health Care Improvement Act's Declaration of National Indian Health Policy, in which the Congress declares that it is the policy of the United States—in fulfillment of its special trust responsibilities and legal obligations to Indians—to ensure the highest possible health status for Indians and to provide all resources necessary to effect that policy.

CERTIFICATION

The foregoing resolution was adopted at the 2012 Annual Convention of the Affiliated Tribes of Northwest Indians, held at the Wildhorse Resort & Casino in Pendleton, Oregon September 24 – 27, 2012 with a quorum present.



Fawn Sharp, President



Norma Jean Louie, Secretary