



2016 Executive Board Meeting ATNI Offices, Portland, OR

RESOLUTION #16-59

**“PRESERVED THE LAW SO THE INDIAN HEALTH SYSTEM CAN CONTINUE TO OPERATE
UNDER A FRAMEWORK APPROPRIATE FOR 21ST CENTURY HEALTHCARE DELIVERY
AND HONORS THE UNITED STATES’ TRUST RESPONSIBILITY TO PROVIDE
HEALTHCARE TO AMERICAN INDIANS AND ALASKA NATIVES”**

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, enacted in 1976, the Indian Healthcare Improvement Act (IHCIA) is the legislative embodiment of the federal trust and treaty responsibilities to American Indian and Alaska Native people for healthcare; and

WHEREAS, IHCIA was permanently enacted in 2010 as part of the ACA (Section 10221) in an effort to pass this long-stalled legislation and serves as the backbone legislation for the Indian Health Service (IHS)/Tribal/ and Urban Indian (collectively known as the I/T/U) health system which provides healthcare services for AI/ANs in fulfillment of the federal government's trust responsibility for health that is derived from statutes, treaties, and executive orders; and

WHEREAS, IHCIA states that "it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians -- to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy" and reaffirms a system for the federal government to do so; and

WHEREAS, the law provides the foundational authority for the Indian Health Service to be reimbursed by Medicare, Medicaid and third party insurers, to make grants to Indian Tribes and Tribal organizations, and to run programs designed to address specific, critical health concerns for AI/ANs such as substance abuse, diabetes and suicide; and

WHEREAS, six years later, IHCIA has provided significant progress in the I/T/U system, as it updates and modernizes health delivery services, such as cancer screenings, home and community based services, hospice care, and long-term care for the elderly and disabled; and

WHEREAS, the IHCIA establishes a continuum of care through integrated behavioral health programs (both prevention and treatment) to address alcohol/substance abuse problems and the social service and mental health needs of Indian people; and

WHEREAS, in addition, the IHCIA provides many essential cost-saving provisions for IHS and Tribes, such as the authority for I/T/U health providers to be licensed in any state and practice at an I/T/U facility and the ability for Tribes to access the Federal Employee Health Benefits (FEHB) system, while also authorizing IHS and Tribes to enter into arrangements with the Department of Veterans Affairs and Department of Defense to share medical facilities and services which increases government efficiency and ensures that American Indian and Alaska Native Veterans (who serve at a higher percentage than any other group) are taken care of; and

WHEREAS, the IHCIA allows I/T/U providers to be eligible for participation in any federal healthcare program and for reimbursement from 3rd party payers which is critical to bring in additional resources into the I/T/U system; and

WHEREAS, other provisions also exist within the ACA, separate from IHCIA that we strongly believe must be preserved to ensure that the Indian health delivery system remain viable as they are also unrelated to the overall healthcare reform legislation, and, they are as follows:

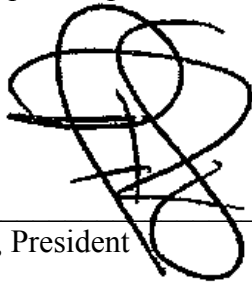
- Section 2901 which states that any I/T/U must be the payer of last resort for services provided notwithstanding any Federal, State, or local law to the contrary,
- Section 2902 which grants I/T/U providers permanent authority to collect reimbursements for all Medicare Part B services,
- Section 9021 ensures that any health benefits provided by a Tribe to its members are not included as taxable income,
- Medicaid Benefits for AI/ANs. Under current law, the federal government reimburses States for 100 percent of the cost of providing Medicaid services to AI/ANs. Any plan to change the manner in which State Medicaid costs are reimbursed by the federal government must include a carve out for services provided to AI/ANs so that the federal government's trust responsibility is not shifted to the States; now

THEREFORE BE IT RESOLVED, repealing these provisions and the IHCIA now would have disastrous consequences for the Indian health system as I/T/Us would lose critical 3rd party revenue, legal authorities, and life-saving programs, and

BE IT FURTHER RESOLVED, as you consider a path forward on healthcare reform, we urge you to ensure that this law is preserved so the Indian health system can continue to operate under a framework appropriate for 21st century healthcare delivery and honors the United States' trust responsibility to provide healthcare to American Indians and Alaska Natives.

CERTIFICATION

The foregoing resolution was adopted by the ATNI Executive Board on December 23, 2016 with a quorum present.



Fawn Sharp, President



Norma Jean Louie, Secretary