



2017 Annual Convention Spokane, WA

RESOLUTION #17 – 62

“SUPPORT FOR RECOMMENDATIONS TO CONGRESS TO OBTAIN ADDITIONAL DATA ON INDIAN HEALTH SERVICES (IHS) HEALTH CARE FACILITIES CONSTRUCTION FUNDING AND DISTRIBUTION METHODOLOGIES”

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 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 ATNI; and

WHEREAS, the Indian Health Care Improvement Act (IHCIA) is the legislative embodiment of the federal trust and treaty responsibilities to American Indian and Alaska Natives (AI/AN) for healthcare; and

WHEREAS, the IHCIA was first enacted in 1976 and then permanently enacted in 2010 as part of the Patient Protection and Affordable Care Act (ACA) (P.L. 111-148); and

WHEREAS, the IHCIA requires the Health and Human Services (HHS) Secretary to submit a report to Congress that describes the comprehensive, national, ranked list of all health care facilities' needs for the Indian Health Service (IHS), Indian Tribes, and Tribal Organizations carrying out health programs under the IHCIA, initially by March 23, 2011, and thereafter update the report every five years¹; and

WHEREAS, the IHCIA also requires the IHS to maintain a health care facility priority system which is to be developed in consultation with Indian Tribes and Tribal Organizations and serve as the basis for the HHS Secretary to submit the above referenced report to Congress²; and

WHEREAS, the initial report submitted to Congress estimated facilities needs and costs based on unfunded projects in the existing Health Care Facilities Construction Priority List (Priority List), in addition to those projects identified in Area Health Services and Facilities Master Plans (Masters Plans) developed in FY 2005 with their costs estimated by using the health care facility priority system; and

WHEREAS, ATNI, Northwest Portland Area Indian Health Board (NPAIHB), and many other Tribes and Tribal organizations do not believe that the report submitted to Congress was adequate to identify a national comprehensive list of facilities needs in light of the fact that the Priority List has been locked since approximately 1991 and Tribes and Tribal Organizations have not had an equitable opportunity to compete for funding in order to be placed on the list; and

WHEREAS, the 2005 Area Master Planning process included inconsistent planning criteria (and the necessary resources to complete thorough and comparable master plans) across the entire IHS system, and neither of these two processes incorporated new authorities for health services or facility types authorized in the 2010 amendments to the IHCIA; and

WHEREAS, the 2016 IHS/Tribal Health Care Facilities' Needs Assessment Report to Congress stated that the current Priority List will not be complete until 2041 and at the current rate of construction appropriations and the replacement timeline, a new 2016 facility would not be replaced for 400 years; and

WHEREAS, many Tribes and Tribal organizations have had to assume substantial debt to build or renovate clinics for Indian people to receive IHS-funded health care; now

THEREFORE BE IT RESOLVED, that ATNI urges the U.S. Congress to instruct the Government Accountability Office to review and issue a report on the IHS Facilities Construction Priority System, including historical and current funding distribution inequities; and

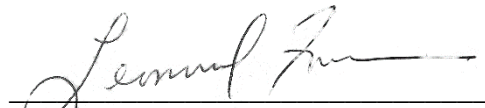
¹ 25 USC § 1631(c)(2)(A)(ii)(I).

² See "Report to Congress on Estimated Need For Tribal and Indian Health Service Health Care Facilities," submitted by the Indian Health Service, circa March 2011.

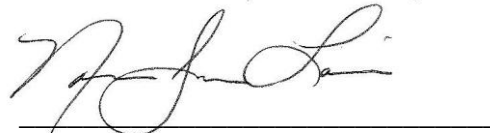
BE IT FINALLY RESOLVED, that based on results of the requested Government Accountability Office report, ATNI urges the U.S. Congress to increase funding to the Indian Health Facilities account in the IHS budget to provide construction, repair and improvement, equipment, and environmental health and facilities support for all IHS Areas equitably, and for Tribal governments through self-determination contracts and self-governance compacts.

CERTIFICATION

The foregoing resolution was adopted at the 2017 Annual Convention of the Affiliated Tribes of Northwest Indians, held at the Davenport Grand Hotel, Spokane, Washington on September 18-21, 2017, with a quorum present.



Leonard Forsman, President



Norma Jean Louie, Secretary