

National Indian Health Board



National Indian Health Board Resolution 11 - 03

Support for Alternative Funding Options

WHEREAS, the National Indian Health Board (NIHB), established in 1972, serves all Federally recognized American Indian/Alaska Native (AI/AN) Tribal governments by advocating for the improvement of health care delivery to AI/ANs and for the fulfillment of the Federal government's trust responsibility to AI/AN Tribal governments; and

WHEREAS, the Federal government of the United States has a unique and special relationship with AI/ANs to provide health care as established through the U.S. Constitution, Treaties with Indian Tribes, U.S. Supreme Court decisions and Federal legislation; and

WHEREAS, the Federal government carries out its trust responsibility to provide health care and other Federal benefits through a government to government relationship with Indian Tribes as established by Presidential Executive Order 13175; and

WHEREAS, the Indian Health Service (IHS), an agency within the Department of Health and Human Services, administers health care to 1.9 million AI/ANs residing in Tribal communities in 35 states, directly, or through contracts or compacts with Tribes and Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA); and

WHEREAS, approximately 50% of the Indian health programs are operated by Tribes or Tribal organizations under the ISDEAA; and

WHEREAS, in recent years, Federal appropriation bills have not been enacted in a timely manner, thus hampering Tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance, and construction efforts; and

WHEREAS, NIHB believes that there are three (3) options from which IHS could choose, which include the following: a two-year funding cycle, advance appropriations, or forward funding; and

WHEREAS, NIHB believes that moving to any one of these alternative funding options will help protect the Tribes from cash flow problems that regularly occur at the start of the Federal fiscal year due to delays in enactment of annual appropriations legislation.



NOW THEREFORE BE IT RESOLVED, that the NIHB requests that Congress amend the Indian Health Care Improvement Act to allow for a two-year funding cycle, advance appropriations or forward funding; and

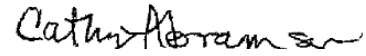
BE IT RESOLVED, that the NIHB requests that Congress include our recommendation for a two-year funding cycle, advance appropriations, or forward funding into the Budget Resolution; and

BE IT RESOLVED, that the NIHB requests that Congress include in the enacted appropriations bill a two-year funding cycle, advance appropriations or forward funding; and

BE IT FINALLY RESOLVED, that the NIHB requests that IHS change their funding to either a two-year cycle, an advance appropriations cycle, or a forward funding cycle, as any of these options will stabilize and advance the ability to provide services through IHS compact or contract.

CERTIFICATION

The foregoing resolution was adopted by the Board, with quorum present, on the 25th day of September, 2011.



Chairperson, Cathy Abramson

ATTEST:



Secretary, H. Sally Smith