Northwest Portland Area Indian Health Board
Transition Statement & Recommendations

Abbreviated Version

December 9, 2008

The Northwest Portland Area Indian Health Board (NPAIHB) is a tribal organization that represents health-related issues of federally-recognized Tribes in Washington, Oregon, and Idaho. The following provides our recommendations for the new Administration to address the significant health disparities of American Indian (AI/AN) people and chronic under-funding of the Indian health system.

Presidential Transition Recommendations:

1. **Affirmation of the Administration’s Policy on Indian Health**

   By Executive Order or HHS Secretarial directive, the new Administration should re-affirm the special relationship between the United States and Indian Tribes which maintains the on-going trust responsibility toward Indian people regarding health care. This action should affirm that the trust responsibility, and laws enacted pursuant thereto, provides ample authority for the Secretary—whether acting through the IHS, CMS, or other HHS agency personnel—to take pro-active efforts to achieve the Indian health objectives articulated by Congress, especially the goal of eliminating the alarming AI/AN health disparities. President elect Obama should also re-affirm Executive Order 13175, “Consultation, and Coordination with Indian Tribal Governments.”

2. **Restore Lost IHS Funding**

   The new Administration must work to restore funding that is sufficient to meet the needs of the Indian health system. For Tribal governments, the ultimate policy document on the Federal trust relationship is the Administration’s budget. The Administration’s budget is a statement of its principles on the federal trust responsibility. It is recommended that at least a $250 million increase be provided to the Contract Health Service program to address the backlog of denied and deferred services over the last four years.

3. **Contract Support Costs**

   The new Administration must address this issue in the FY 2009 and FY 2010 budgets by increasing or lifting the existing "caps" on IHS and BIA funding for CSCs. The Administration should also instruct the Office of Management and Budget (OMB) and HHS Secretary to include adequate CSC funding in the Department’s annual budget request for IHS.

4. **National Business Center 50% Rule**

   The Secretary of the Interior should reverse the DOI National Business Center’s (NBC) unilateral 2007 decision to eliminate the longstanding indirect cost rule placing 50% of Tribal government costs in Tribal indirect cost pools, a change which has adversely impacted Tribal governments because their indirect cost rates are set by the NBC. The 50% rule has previously been determined by federal agencies to represent a fair and reasonable estimate of time spent by elected officials when administering federal programs, and has remained in place for three decades. If anything, the
50% rule underestimates Tribal government costs of administering federal programs, due to the unique nature of assuming federal programs, services, functions, and activities under the ISDEAA.

5. **Continue Funding P.L. 477 Program:**

The new Administration should act immediately to direct that DOI continues funding the 477 Program through transfers in Self-Governance agreements and to direct that DOI, HHS, and the Department of Labor (DOL) engage the Self-Governance Tribes in government-to-government consultations on the implementation of the program.

6. **Elevation of the IHS Director**

The Administration should prioritize elevating the position of the IHS Director to the level of Assistant Secretary for Indian Health.

7. **Legislative Priorities**

**Title VI Demonstration Project**

In 2000, Congress added Title VI to the ISDEAA, directing DHHS to study the feasibility of expanding Self-Governance to non-IHS agencies within DHHS. The study concluded that expanding Self-Governance was feasible and identified several candidate programs and in 2003, a Tribal bill that would have authorized a demonstration project was reported out of the Senate Committee on Indian Affairs (SCIA), but died at the end of the session. The proposed legislation has been opposed by the Administration during President Bush’s second term. The new Administration should help move this important legislation forward during the 111th Congress.

**Title V Diabetes Amendment**

Since 1997, Congress has provided significant funding—$150 million in FY 2009—for a Special Diabetes Program for Indians (SDPI). The program is administered by the DHHS grants office, not the IHS, and thus is not subject to the ISDEAA. This has created burdensome administrative complications for Tribes carrying out programs under ISDEAA. The problem can be solved by an amendment to section 505(b) of Title V of the ISDEAA, adding SDPI funds and associated activities to Title V agreements. This amendment would extend Self-Governance by enhancing control over program design, increasing accountability to Tribal communities, and converting a grantee relationship with the DHHS grants office into a government-to-government relationship with the Secretary.

**Reauthorization of the Indian Health Care Improvement Act**

Since its passage in 1976, the Indian Health Care Improvement Act (IHCIA) has provided the programmatic and legal framework for carrying out the federal government’s trust responsibility for Indian health. It has been 16 years since the Congress last performed a comprehensive review of the IHCIA (since 1992). The reauthorization of the IHCIA will modernize and improve Indian health care services and delivery, allow for programs to address the behavioral and mental health and well-being of Indian communities and allow for in-home care for the Indian elderly population. Most importantly it will address the health disparities such as infant mortality, diabetes, alcoholism, suicide, and the inequity in health care expenditures for Indians compared to other citizens of the United States. IHCIA reauthorization proposals have been introduced in the last five Congresses, but, none have passed. We request that the new Administration joins this effort and support this as a top priority for all of Indian Country.