

## COMMITTEE REPORT

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### HEALTH COMMITTEE

Affiliated Tribes of Northwest Indians -  
2024 Midyear Convention

Canyonville, OR

#### DISCUSSION

Monday, May 20, 2024

Committee Chair Nickolaus Lewis (Lummi) called the meeting to order at 3:35 p.m.

We started off the meeting with an opening prayer by ATNI Board 3<sup>rd</sup> Vice-President Andy Joseph Jr (Colville).

Healthcare Reimbursement Agreement Program (RAP) was led by Kara Hawthorne, Program Manager, I/T/U RAP. She provided an updated on the Veterans Affairs administration of the Reimbursement Agreement Program.

There are two sessions on VA Reimbursement Agreement transition sessions on May 23<sup>rd</sup> and May 30<sup>th</sup>.

Legislative and Policy Update was led by NPAIHB staff. They presented information on FY2024 Appropriations for IHS and HHS and rescissions; FY2025 president's budget; Senate and House IHS and HHS Appropriations; and FY 2026 IHS budget formulation. Additionally, administrative, and regulatory updates were provided for Centers for Medicare and Medicaid Services (CMS), Substance Abuse and Mental Health Services Administration (SAMHSA), and Indian Health Services (IHS). Furthermore, tribal consultations, such as the *Tribal Consultation and Urban Confer Health IT Modernization Program series*, and regional and national meetings were highlighted. Finally, Tribal Advisory Committee (TAC) meetings and vacancies were shared.

A committee member asked about the ACF Portland Area representative and how to get an item on the ACF TAC agenda.

Regional Specialty Referral Center Update was provided by Portland Area Indian Health Services representative. He shared the Portland Area Regional Specialty Care Demonstration Project's purpose is to demonstrate the positive impact of increasing access to specialty care. This would be the first stand-alone specialty care center in IHS providing specialty care services determined to be most needed in the Portland Area. The Project funding is in jeopardy due special congressional authority, in which HHS places unobligated expired discretionary funds in the Nonrecurring Expenses Fund (NEF) for mission critical IT and facilities acquisitions. IHS was recently notified that unobligated NEF funds are under scrutiny, and likely will not be available after the FY2024 ends on September 30, 2024. A potential solution includes executing a P.L. 638 construction contact or agreement by September 30, 2024. This would obligate the funds to the project and retain them beyond FY24 for design and construction. A Tribe or Tribal Organization supported by Portland Area Tribes (via Tribal Resolutions) would then need to develop a

project proposal to complete the project and enter a contract with IHS before September 30, 2024.

A committee member asked why it took so longer for Portland Area IHS to inform tribes about the funding recession of the HHS nonrecurring expense fund impacting the first regional specialty center in the FY 2024 appropriations bill. Portland Area IHS representative shared that the late enactment of the bill and analysis of impacted projects was only realized in the last month. The Portland Area Facilities Advisory Committee (PAFAC) was informed right away. NPAIHB staff talked about server ways the funds could potentially be protected. A resolution was prepared related to protect the funds.

A committee member asked why it has taken so long to obligate the funds for the center. Funding was awarded for the center in June 2022. PAFAC meetings and planning documents need to be revised. At the moment, Portland Area still needs to do the design and construction procurement for the center and that is estimated to take up to two (2) years.

NPAIHB staff emphasized the updates about the Portland Area Community Health Aide Program. Such as the Behavioral Health Aide Program, Dental Health Aide Program, and opportunities for NW tribal individuals to enroll in such educational programs. The Program is still seeking resolutions to take over the administrative function of the Portland Area Community Health Aide Program from the Portland Area IHS office.

A committee member asked about NPAIHB helping to get traditional healing reimbursed.

In conclusion, the Wednesday meeting will help strategize on moving fentanyl asks at the state level.

We then recessed until Wednesday, May 22 at 8:45 a.m.

#### Wednesday, May 22, 2024

The committee started with introductions, and then proceeded to recap the Monday health committee agenda items.

A fruitful discussion began regarding the Health Committee's resolution on the regional specialty referral center. The conversation ended with highlighting the plans to ensure that the funds were protected for the center.

NPAIHB staff then presented on how the Stafford Act could potentially aid tribes with the opioid/fentanyl epidemic. The Sandy Recovery Improvement Act in 2013 included a provision amending the Stafford Act to provide federally recognized tribal governments the option to seek Stafford Act assistance independent of a state if they chose to do so. The Tribal Chief Executive or State Governor may request an emergency declaration through the appropriate Regional Administrator. The President can declare an emergency for any occasion or instance when the President determines federal assistance is needed. Emergency declarations may supplement tribal government efforts in providing emergency services, such as public health, and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

The committee concluded with comments about NPAIHB *potentially* new facility in Portland, Oregon.

**ADOPTED AND RECOMMENDED TO GENERAL ASSEMBLY**

**Resolution # & Call on Congress, the Department of Health and Human Services (HHS), and Indian Health Service (IHS) to Protect HHS Nonrecurring Expense Fund Funding for the IHS Regional Specialty Referral Center Demonstration Project in Fife, WA from Recission:**

Motion to move to ATNI General Assembly (Grand Ronde), seconded (Colville), and passed unanimously.

**COMMITTEE - TABLED**

Resolution # & Title:

Minutes/Report submitted by: Nickolaus Lewis  
Committee Chair