# Colville Confederated Tribes Resolutions:

## Brief Description:

- These resolutions describe the Colville Confederated Tribes program updates, projects, and directives for the Health Programs
- The below resolutions NCACH staff identified as those resolutions that align with the projects that we are completing under the Medicaid Demonstration Project.
- This information is to give the Governing Board members an awareness of the major issues that our tribal partners are working on

## Resolutions:

### Affiliated Tribes of Northwest Indians (ATNI):

A regional organization comprised of American Indians/Alaska Natives (AI/AN) and tribes in the states of Washington, Idaho, Oregon, Montana, Nevada, Northern California, and Alaska.

**2017 Annual Convention Resolutions (Spokane, WA):**

- **Resolution #17 – 59:** Support for Adoption of "Center for Disease Control Guideline for Prescribing Opioids for Chronic Pain" by Indian Health Service Facilities and Tribal Health Organizations
- **Resolution #17-60:** Support for Legislation Amending Title XIX of the Social Security Act for Adult Inpatient Treatment and grant funding for AI/AN Youth Addition Treatment Facilities' Infrastructure
- **Resolution #17-62:** Support for Recommendations to Congress to Obtain Additional data on Indian Health Services (HIS) Health Care Facilities Construction Funding and Distribution Methodologies

### The National Congress of American Indians:

Established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal government.

- **Resolution #MOH-17-013:** Funding for Correctional Health Care in Tribal and BIA Facilities
- **Resolution #MOH-17-038:** Support for the Reauthorization of the Special Diabetes Program for Indians

# 2017 Annual Conference
# Spokane, WA

## RESOLUTION #17 – 59

## "SUPPORT FOR ADOPTION OF "CENTER FOR DISEASE CONTROL GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN" BY INDIAN HEALTH SERVICE FACILITIES AND TRIBAL HEALTH ORGANIZATIONS"

## 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 (AI/AN) 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,** opioid prescriptions have risen dramatically over the past 15 to 20 years and the annual incidence of opioid overdoses and deaths have also risen nationally; and

**WHEREAS,** people in rural counties are nearly twice as likely to overdose on prescription painkillers as people in big cities and many Tribal communities are located in rural areas; and

**WHEREAS,** AI/AN people are more likely to overdose on prescription painkillers; and

**WHEREAS,** AI/AN people in the Northwest (Oregon, Idaho, and Washington) are two times more likely to fatally overdose on prescription painkillers compared to non-Hispanic Whites in the region; and

**WHEREAS,** the California Public Health Department has identified that some of the highest rates of opioid overdose in the United States are in Northern California, with some counties' opioid prescription death rates 2 - 3 times higher than the national average; and

**WHEREAS,** the Centers for Disease Control and Prevention (CDC) developed and published the CDC Guideline for Prescribing Opioids for Chronic Pain, available at https://www.cdc.gov/drugoverdose/prescribing/guideline.html, to provide recommendations for the prescribing of opioid pain medication for patients 18 and older in primary care settings; and

**WHEREAS,** adoption of the CDC Guideline for Prescribing Opioids for Chronic Pain by Indian Health Service (IHS) and Tribal Health Organizations in Washington, Idaho, Oregon, Montana, Nevada, Northern California, and Alaska would improve how opioids are prescribed to AI/AN patients; and ensure that AI/AN patients have access to safer, more effective chronic pain treatment, while reducing the number of AI/AN people who abuse or overdose from these drugs; now

**THEREFORE BE IT RESOLVED,** that in the absence of any tribal-specific policy to reduce opioid addiction, overdose and death of AI/AN people, the ATNI supports adoption of the CDC Guideline for Prescribing Opioids for Chronic Pain, *available at https://www.cdc.gov/drugoverdose/prescribing/guideline.html*, by Indian Health Service and Tribal Health Organizations to reduce opioid addiction, overdose and death of AI/AN people.

## 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

# 2017 Annual Convention
# Spokane, WA

## RESOLUTION #17 – 60

## "SUPPORT FOR LEGISLATION AMENDING TITLE XIX OF THE SOCIAL SECURITY ACT FOR ADULT INPATIENT TREATMENT AND GRANT FUNDING FOR AI/AN YOUTH ADDICTION TREATMENT FACILITIES' INFRASTRUCTURE"

## 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 (AI/AN) 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**, mental health and substance abuse disparities in the AI/AN population are well-documented; and

**WHEREAS**, among other issues, underage drinking increases the risk of suicide and homicide, physical and sexual assault, use and misuse of other drugs, and is a risk factor for heavy drinking later in life; and

**WHEREAS**, among adolescents ages 12 to 20, AI/ANs had the highest major depressive episode prevalence in the past year; and

**WHEREAS**, the suicide rate among AI/AN adolescents and young adults ages 15 to 34 (31 per 100,000) is 2.5 times higher than the national average for that age group (12.2 per 100,000); and

**WHEREAS**, the 2013 Youth Risk Behavior Survey reports that AI/AN youth had higher rates of drinking alcohol before age 13 compared to national rates (28.2 compared to 18.6 respectively) and data from the American Drug and Alcohol Survey administered to Native youth at 33 schools from 2009-2012 showed much higher prevalence of drug and alcohol use amongst 8th and 10th grade Native youth in comparison to national averages; and

**WHEREAS**, access to treatment facilities is critical to the well-being of AI/AN people who suffer from mental health or substance abuse issues; and

**WHEREAS**, the Medicaid Institutions for Mental Diseases (IMD) exclusion under section 1905(a)(B) of the Social Security Act, prohibits "payments with respect to care or services for any individual who has not attained 65 years of age and who is a patient in an institution for mental diseases except for inpatient psychiatric hospital services for individuals under age 21;" and

**WHEREAS**, the law defines "institutions for mental diseases" as any "hospital, nursing facility, or other institution of more than 16 beds, that is the primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care, and related services;" and

**WHEREAS**, the IMD 16-bed capacity restriction and funding limitations keep many AI/AN people from accessing needed in patient treatment services; and

**WHEREAS**, the IMD exclusion was intended to ensure that states, rather than the federal government, would have principal responsibility for funding inpatient psychiatric services; and

**WHEREAS**, legislation amending Title XIX of the Social Security Act (SSA) would provide States with an option to provide medical assistance to individuals between the ages of 22 and 64 for inpatient services to treat substance abuse at residential treatment facilities would benefit AI/AN people; and

**WHEREAS**, amending the SSA to increase the institutions for mental diseases 16-bed limit to 40 or more beds would benefit AI/AN people in need of residential treatment under the Medicaid or Children's Health Insurance Program (CHIP) program; and

**WHEREAS**, grant awards are needed to expand the infrastructure and treatment capabilities, including augmenting equipment and bed capacity, of youth addiction treatment facilities serving AI/AN at-risk youth that provide addiction and mental health treatment services to Medicaid or CHIP beneficiaries who have not attained the age of 21 and who are considered part of a medically underserved population; and

**WHEREAS,** such grant awards must allow for expanding infrastructure, staffing, and treatment capacities of existing facilities (including construction) and new facilities construction; and

**WHEREAS**, any grant awards must give priority to providing addiction treatment services to AI/AN Medicaid or CHIP beneficiaries who have not attained the age of 21; now

**THEREFORE BE IT RESOLVED,** that ATNI urges the U.S. Congress to support legislation that:

- Amends title XIX of the Social Security Act (SSA) to provide States with an option to provide medical assistance to individuals between the ages of 22 and 64 for inpatient services to treat substance abuse at residential treatment facilities under the Medicaid/CHIP program;
- Amends the SSA to increase the institutions for mental diseases 16-bed limit to 40 or more beds;
- Provides grant awards to expand the infrastructure and treatment capabilities, including augmenting equipment and bed capacity, of eligible youth addiction treatment facilities serving AI/AN at-risk youth that provide addiction and mental health treatment services to Medicaid or CHIP beneficiaries who have not attained the age of 21 and who are considered a medically underserved population;
- Provides that grant awards may be used to expand infrastructure, staffing and treatment capacities of existing facilities (including construction) and new facilities construction; and
- Appropriates at least $50,000,000 for grant awards with at least 25% of such funds to youth addiction treatment facilities serving AI/AN at-risk youth who are Medicaid or CHIP beneficiaries and who have not attained the age of 21; and with no matching funds requirements.

## 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

# 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 years[1]; 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 Congress[2]; 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

**NCAI HEADQUARTERS**
1516 P Street, N.W.
Washington, DC 20005
202.466.7767
202.466.7797 fax
www.ncai.org

# The National Congress of American Indians
# Resolution #MOH-17-013

**TITLE: Funding for Correctional Health Care in Tribal and BIA Facilities**

**WHEREAS,** we, the members of the National Congress of American 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 the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States and the United Nations Declaration on the Rights of Indigenous Peoples, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

**WHEREAS,** the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal governments; and

**WHEREAS,** the Bureau of Indian Affairs (BIA has oversight of all corrections facilities in Indian Country and the inmates that are incarcerated in them, whether they are operated directly by the BIA or by the tribe pursuant to a 638 contract or self-governance compact; and

**WHEREAS,** the BIA has no correctional health care budget, and as a result generally does not provide health care personnel or services in its detention facilities; and

**WHEREAS,** the absence of medical staff in tribal jails compromises the health and safety of inmates and detention personnel because inmates often are not given a medical evaluation when they are taken into custody, which in one instance, resulted in a serious tuberculosis outbreak in a newly constructed tribal jail that effected over 40 inmates and staff; and

**WHEREAS,** correctional officers must transfer inmates to their local Indian Health Service (IHS) or tribal 638 healthcare provider for all medical services (i.e. emergency, primary, dental, mental and behavioral health); and

**WHEREAS,** tribes are using significant portions of their BIA corrections allocations to transport and supervise inmates receiving health care – a single inmate with diabetes may need to be transported three times a week for dialysis and be supervised at the health facility for 3 hours each visit; and

**WHEREAS,** the federal government provides health care in Bureau of Prisons (BOP) and Immigration and Customs Enforcement (ICE) detention facilities through the use of Public Health Service Commissioned Corps Officers, but none of these personnel are working in BIA jails; and

**WHEREAS,** the Indian Health Service is chronically underfunded and tribal health facilities increasingly rely on Medicaid reimbursements to partially make up the severe shortfall in Indian health care appropriations; and

**WHEREAS,** Medicaid has an exclusion for outpatient health services for inmates based on the rationale that Congress already directly appropriates funds to pay for the healthcare costs of federal prisoners and that state and local jurisdictions do the same; and

**WHEREAS,** the Indian Health Service has no correctional health care budget; and

**WHEREAS,** Medicaid's "inmate exclusion" combined with the lack of funding for correctional health care at either BIA or IHS jeopardizes the financial sustainability of tribal healthcare facilities, forcing IHS and 638 tribal healthcare facilities to absorb, on average, $1.5 million in annual uncompensated cost when a new tribal jail opens in their service area; and

**WHEREAS,** there is uncertainty about the extent to which a non-Indian inmate sentenced in tribal court pursuant to VAWA 2013 would be able to receive health care at a local IHS facility; and

**WHEREAS,** a number of tribes report that they need clear guidance from the IHS and BIA about how health care will be provided to non-Indian inmates and how the costs of that care will be covered before they implement Special Domestic Violence Criminal Jurisdiction over non-Indians; and

**WHEREAS,** the federal government's failure to budget and pay for tribal correctional healthcare places additional strain on inadequate tribal corrections and health care budgets, exacerbates the already challenging problem of health disparities for American Indians, undermines successful inmate re-entry, and contributes to recidivism.

**NOW THEREFORE BE IT RESOLVED,** that BIA should partner with the U.S. Public Health Service through a Memorandum of Agreement to get Commission Corps Officers assigned to tribal jails just as they are already assigned to FBOP and ICE detention facilities; and

**BE IT FURTHER RESOLVED,** that BIA should include a correctional healthcare line item in its annual budget to fund Commission Corps Officers in tribal jails; and Congress should appropriate funds for Commission Corps Officers to be assigned to tribal jails; and

**BE IT FURTHER RESOLVED,** that Congress should amend Medicaid to allow reimbursement for outpatient services that are provided to individuals who are incarcerated in Indian Country detention facilities; and

**BE IT FURTHER RESOLVED,** that Congress should create a catastrophic inmate health care fund that can be used if an inmate sentenced in tribal court needs major medical care; and

**BE IT FURTHER RESOLVED,** that the Bureau of Prisons (BOP) pilot program that allowed certain inmates to serve their sentence in BOP rather than BIA facilities be reauthorized; and

**BE IT FINALLY RESOLVED,** that this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution.

## CERTIFICATION

The foregoing resolution was adopted by the General Assembly at the 2017 Midyear Session of the National Congress of American Indians, held at the Mohegan Sun Convention Center, June 12 to June 15, 2017, with a quorum present.

Brian Cladoosby, President

**ATTEST:**

Aaron Payment, Recording Secretary

**NCAI HEADQUARTERS**
1516 P Street, N.W.
Washington, DC 20005
202.466.7767
202.466.7797 fax
www.ncai.org

# The National Congress of American Indians
# Resolution #MOH-17-038

## TITLE: Support for Reauthorization of the Special Diabetes Program for Indians

**WHEREAS,** we, the members of the National Congress of American 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 the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

**WHEREAS,** the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal governments; and

**WHEREAS,** AI/AN adults are 2.3 times more likely to have diagnosed diabetes compared with non-Hispanic whites; and

**WHEREAS,** the death rate due to diabetes for AI/ANs is 1.6 times higher than the general U.S. population; and

**WHEREAS,** the Balanced Budget Act of 1997 established the Special Diabetes Program for Indians (SDPI) for "the prevention and treatment of diabetes in American Indians and Alaska Natives (AI/AN) for five years; and

**WHEREAS,** Congress reauthorized SDPI for one to three year periods from 2002 to 2015; and

**WHEREAS,** the current renewal of SDPI expires in September, 2017; and

**WHEREAS,** SDPI provides grants for diabetes treatment and prevention services to over 330 IHS, Tribal, and Urban Indian health programs in 35 states and funds Community Directed Grant Programs; and

**WHEREAS,** SDPI has had positive clinical and community outcomes, including: the average blood sugar level (A1c) decreased from 9.0% in 1996 to 8.1% in 2010; the average LDL ("bad" cholesterol) declined from 118 mg/dL in 1998 to 95 mg/dL in 2010; and more than 80% of SDPI grant programs now use recommended public health strategies to provide diabetes prevention activities and serves for AI/AN children and youth; and

**WHEREAS,** Tribes have successful SDPI programs with consistent positive clinical and community outcomes; and

**WHEREAS,** Tribes' support permanent reauthorization of SDPI at $200 million per year with medical inflation rate increases annually or, in the alternative, reauthorization of SDPI for 2018 to 2024 at $150 million in 2018 with medical inflation rate increases annually thereafter.

**NOW THEREFORE BE IT RESOLVED,** that the National Congress of American Indians (NCAI) supports permanent reauthorization of SDPI at $200 million per year with medical inflation rate increases annually or, in the alternative, reauthorization of SDPI for 2018 to 2024 at $150 million per year in 2018 with medical inflation rate increases annually thereafter; and

**BE IT FURTHER RESOLVED,** that this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution.

**CERTIFICATION**

The foregoing resolution was adopted by the General Assembly at the 2017 Midyear Session of the National Congress of American Indians, held at the Mohegan Sun Convention Center, June 12 to June 15, 2017, with a quorum present.

Brian Cladoosby, President

**ATTEST:**

Aaron Payment, Recording Secretary