



SOUTHERN PLAINS TRIBAL HEALTH BOARD

Serving Tribes and Indian Organizations throughout Kansas, Oklahoma, and Texas since 1972

RESOLUTION NO. 2016- 13

PURPOSE: A RESOLUTION IN SUPPORT OF THE INDIAN HEALTH SERVICE AND DEPARTMENT OF VETERANS AFFAIRS MEMORANDUM OF UNDERSTANDING AND OBJECTION TO THE CONSOLIDATION OF THE INDIAN HEALTH SERVICE AND TRIBAL REIMBURSEMENT PROGRAM INTO ONE STANDARD PROGRAM

- Whereas,** the Southern Plains Tribal Health Board since 1972 serves as a unified voice for health related interests of 43 federally recognized Tribes situated in the Oklahoma City Area Indian Health Services region encompassing the states of Kansas, Oklahoma, and a portion of Texas, and;
- Whereas,** the SPTHB recognizes that American Indian people suffer greater health disparities than others living in Oklahoma. The top leading causes of death among Indians in Oklahoma are heart disease, cancer, unintentional injuries and diabetes.
- Whereas,** the historic allocations of resources appropriated to all Indian health systems have created a disparity and underfunding for the Oklahoma Area compared to all other Areas in the United States. The Oklahoma Area has been in the bottom 25% of all Indian Health Areas and consistently rates as one of the lowest funded Areas within the IHS system.
- Whereas,** American Indian and Alaska Natives (AI/AN) have the highest level of participation in the armed forces compared to any other population; and
- Whereas,** American Indian and Alaska Native Veterans are also more likely to lack health insurance and to have a disability, service-connected or otherwise, than Veterans of other races; and
- Whereas,** American Indian and Alaska Native Veterans are eligible for healthcare services from both the Indian Health Service and the Department of Veterans Affairs; and
- Whereas,** The Indian Health Service (IHS) and the Department of Veterans Affairs (VA) have entered into a Memorandum of Understanding (MOU) to establish

coordination, collaboration, and resource-sharing between the VA and the IHS to improve the health status of AI/ANs; and

Whereas, the goal of the MOU is to foster an environment that brings together the strengths and expertise of each organization to actively improve the care and services provided by both; and

Whereas, it is the intent of the MOU to facilitate collaboration between the IHS and VA, and not limit initiatives, projects, or interactions between the agencies in any way; and

Whereas, Section 405(c) of the Indian Health Care Improvement Act, as amended and enacted by the Patient Protection and Affordable Care Act, requires the VA to reimburse the IHS, an Indian Tribe, or a Tribal organization for services provided to beneficiaries eligible for services from either Department; and

Whereas, the agreements that have been implemented between the IHS and Tribal health care facilities and the VA have proven beneficial; and

Whereas, American Indian and Alaska Native Veterans have been able to receive quality health care services at local IHS and Tribal health care facilities, which are often much more accessible and conveniently located than the nearest VA facilities; and

Whereas, the Department of Veterans Affairs recently initiated Tribal consultation on consolidating its health care programs, including its IHS and Tribal Health Program Reimbursement Agreement Program into one standard program, using a standard reimbursement rate; and

Therefore, Let It Be Resolved, that consolidating the IHS and Tribal Health Program Reimbursement Program, into one standard program would cause unnecessary pre-approvals, obstruct the continuity of care for AI/AN Veterans and infringe on IHS and Tribal authority under the Indian Health Care Improvement Act; and

Therefore, Be It Further Resolved, the **Southern Plains Tribal Health Board** recommends that the VA not consider altering the MOU with the IHS and consolidating its IHS and Tribal Health Program Reimbursement Program, into one standard program because to do so infringes on Tribal sovereignty and the United States' Trust responsibility to provide health care to all AI/ANs.

Voted on and affirmed this 4 day of October, 2016 with the following voting
FOR: 8 and AGAINST: 0 and ABSTAIN: 0.

ATTESTED BY:

Marty Wofford 10/4/16
Chair Date

[Signature] 10-4-16
Vice-Chair Date

[Signature] 10/4/16
Secretary Date

[Signature] 10/4/16
Treasurer Date