



## OKLAHOMA CITY AREA INTER TRIBAL HEALTH BOARD

*Serving Tribes and Indian Organizations within the service area of the  
Oklahoma City Area Indian Health Service since 1972*

### RESOLUTION NO. 2016-<sup>5</sup>10

**PURPOSE: A RESOLUTION IN SUPPORT OF THE INDIAN HEALTH SERVICE TO PURCHASE HEALTH INSURANCE FOR ELIGIBLE PATIENTS ON THE HEALTH INSURANCE MARKETPLACE**

- Whereas** the Oklahoma City Area Inter 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** American Indian/Alaska Native (AI/AN) people suffer greater health disparities than others living in Oklahoma. The top leading causes of death among AI/ANs 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. The delivery of care is substantially complicated when the direct services system is at such an inadequate level of funding.
- Whereas,** this legislation seeks to increase access and improve quality of care by enabling pharmacists to provide patient care services as consistent with their education, training and license. Enabling pharmacists to practice at the top of their education and training, and get better integrated into the patient's health care team, will improve health outcomes and greatly benefit our populations; and
- Whereas,** even considering a significant increase in Purchased Referred Care, the Oklahoma City Area still ranks last of the twelve Indian Health Service (IHS) Areas based on per capita funding and therefore only able to address referred needs on medical necessary priorities. In fact, the historical data indicates a majority of the current base funding is used for Priority I (life and limb) which impacts the ability of IHS to meet its Mission of raising the health status of the AI/AN people to the highest possible level.

**Whereas,** Tribes are authorized under Public Law 93-638 to purchase health insurance for their tribal members. This choice is not limited as they may purchase any group policy they wish, or they can purchase on behalf of individuals. These plans would include health insurance purchased through the Health Insurance Marketplace.

Whereas, Tribes who operate their health program under Public Law 93-638 may choose to use tribal funds or IHS appropriated funds to purchase health insurance for their tribal members. Direct Service Tribes can certainly use tribal funds to purchase insurance for their tribal members, but IHS cannot purchase insurance on behalf of their tribal members.

Whereas, with the inadequate funding of Purchased Referred Care, if Indian Health Service could purchase insurance from the Health Insurance Marketplace for patients needing contract care, more Purchased Referred Care funding would be available for patients who are not meet the eligibility requirements for the Health Insurance Marketplace.

Whereas, the ability to purchase insurance plans for individuals would allow Indian Health Service to leverage the limited Purchased Referred Care funding received each year and would directly improve the health of some of our more seriously ill or injured patients. These patients could be enrolled in a plan, obtain the care they need, and then cancel the policy, as AI/AN patients can enroll and dis-enroll on a monthly basis. Once their medical condition was addressed, the plan could be cancelled unless the patient wanted to continue at their own expense.

Whereas, Indians are not required to meet a deductible or have a co-pay, so the premium, which in many cases would be subsidized, would be the only expense.

**Therefore Let It Be Resolved,** <sup>OCA</sup> the ~~Southern Plains~~ Tribal Health Board requests the Indian Health Service to reconsider their position and allow their service units to purchase health insurance for their eligible patients on the health insurance exchange to further their limited resources.

**Therefore Be It Further Resolved,** <sup>OCA</sup> the ~~Southern Plains~~ Tribal Health Board that this resolution hereby affirms our support of the IHS to purchase health insurance for their eligible patients on the Health Insurance Marketplace.

Voted on and affirmed this 6 day of OCT, 201<sup>15</sup>~~6~~ with the following voting  
FOR: 7 and AGAINST: ~~7~~<sub>0</sub> and ABSTAIN: 6.

**ATTESTED BY:**

Marty Wafford 1/12/16  
Chair Date

Conrad Jackson 1/12/16  
Vice-Chair Date

Nicola Barton 1/12/16  
Secretary Date

Am 1/12/16  
Treasurer Date