

National Indian Health Board



Submitted via electronically

<Submit to Betty. Gould@ihs.gov by Sept. 10, 2012>

Dr. Yvette Roubideaux Indian Health Service 801 Thompson Avenue Ste. 440 Rockville, MD 20852

Re: Draft Policy on Conferring With Urban Indian Organizations

Dear Dr. Roubideaux.

On behalf of the National Indian Health Board (NIHB)¹, I submit this letter in strong opposition to the Indian Health Service Draft Policy on Conferring With Urban Indian Organizations, as published in the Federal Register on July 26, 2012.²

Congress intended that Section 514 of the Indian Health Care Improvement Act (IHCIA) would obligate the IHS to confer with Title V Urban Indian Organizations in fulfillment of the United States' Trust Responsibility to American Indians and Alaska Natives (AI/AN). This duty to confer would facilitate cooperation and coordination in the provision of health care to AI/AN people, and conferring between IHS and Title V Urban Indian Organizations would be characterized by "trust, respect, and shared responsibility."

Alarmingly, the Draft Policy released by IHS would transform the statutory duty to confer into an option to be exercised at the discretion of the IHS Director and the IHS Office of Urban Indian Health Programs. This is contrary to the intent of the statute and is detrimental to the advancement of urban Indian health.

I strongly urge you to withdraw the Draft Policy and work with the National Council of Urban Indian Health to jointly develop a Conferring Policy that is acceptable to both IHS and Title V Urban Indian Organizations.

Respectfully,

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Cathy Abramson

Chairman, National Indian Health Board

CC:

Stacy Bohlen, Executive Director, NIHB Jennifer Cooper, Legislative Director, NIHB H. Sally Smith, Chairwoman, MMPC

¹ Established 40 years ago, NIHB is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all American Indians and Alaska Natives. NIHB is governed by a Board of Directors consisting of a representative from each of the twelve Indian Health Service ("IHS") Areas. Each Area Health Board elects a representative to sit on the NIHB Board of Directors. In areas where there is no Area Health Board, Tribal governments choose a representative who communicates policy information and concerns of the Tribes in that area with NIHB. Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance Act ("ISDEAA"), or continue to also rely on IHS for delivery of some, or even most, of their health care, NIHB is their advocate.

² 77 FR 43846