

RESOLUTION NO. \_\_\_\_\_

TITLE:

**Whereas**, Healthcare for American Indian people is funded at a lower per capita level than for Medicaid and VA clients ("Reauthorization of the Indian Health Care Improvement Act: Background and Issues," Henry J. Kaiser Family Foundation, October, 1999), and

**Whereas**, IHS beneficiary funding is 1,132 per year per capita versus \$3,261 for all U.S. citizens, and

**Whereas**, the trend toward insufficient resources has worsened throughout much of the 1990's, and

**Whereas**, Sovereign Nations, in response to insufficient resources and in order to best serve their membership, may see themselves as under increasing pressure to modify beneficiary access for direct or referral care services, and

**Whereas**, there is a need because of such trends to address and support Tribal sovereignty in these matters, as well as to reflect the interests of all IHS, Tribal and Urban clients under current direct and contract health eligibility guidelines, and

**Whereas**, effective study of these trends will require a national perspective, with participation of Tribal Leaders and health care professionals which will assure meaningful Tribal consultation.

**NOW THEREFORE BE IT RESOLVED**, that a National work group be established to research and make recommendations on beneficiary access issues.

CERTIFICATION

The forgoing resolution was adopted unanimously (or by a vote of \_\_\_\_\_ for and \_\_\_\_\_ against) at the National Indian Health Board meeting on \_\_\_\_\_ in \_\_\_\_\_ with a quorum present.

\_\_\_\_\_  
H. Sally Smith, Chairperson

ATTEST:

\_\_\_\_\_  
Deanna Bauman, Secretary

*S. Bauman*