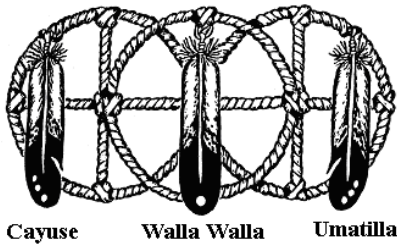


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March 16, 2017

Representative Mitch Greenlick
Oregon State Legislature
Via Email: Rep.MitchGreenlick@state.or.us

Re: Changes to House Bill 2122

Dear Rep. Greenlick:

The Northwest Portland Area Indian Health Board (NPAIHB) is a Public Law 93-638 Tribal organization that advocates on health care issues for the nine federally recognized Tribes in Oregon, as well the Tribes in Idaho and Washington. We appreciate the opportunity to provide proposed revisions to House Bill 2122.

The nine federally recognized Tribes in Oregon have been providing health care services to their Tribal members for decades and have well-established health systems in place. American Indian Tribes are not an ethnic/racial group but have political status as established by federal law and enjoy a government-to-government relationship with both the federal government and the state. Tribes have been working with the Oregon Health Authority (OHA), in an ongoing basis, to ensure that they are included in all aspects of health care transformation in the state, including the 1115 waiver. Tribes made a request to OHA that they be included on the CCOs governing boards and were told that this has to be done by statute. Hence, this request for tribal representation on the CCO governing bodies. The Tribes are located within several of the CCOs geographic areas and are asking for representation on the CCOs governing bodies as tribal governments.

The proposed changes to House Bill 2122 were made to ensure that the Tribes located within the geographic areas of the CCOs are included on the CCO governing bodies. The other edits are being proposed to ensure that CCOs have the competency to work with the Tribes, which also includes a requirement that the CCOs participate in OHA trainings on tribal sovereignty and on working with American Indians/Alaska Natives in the state.

The requested changes are highlighted in red and italicized below:

SECTION 1

Requested edit:

(1)(c) Members from the community at large, who must constitute at least 50 percent of the membership and include the chairperson of the community advisory council *and tribal representation from each federally-recognized Tribe in the state (Tribe) located within the geographic area served by the coordinated care organization.*

SECTION 7.

Add new subsections:

(1)(g) Working with Tribal governments and the Indian Health Service, Tribal and urban Indian health programs.

(1)(o)(F) At least one Tribal representative from each Tribe located within the geographic area served by the coordinated care organization and appointed by the Tribe to serve in this role.

SECTION 8.

(7) Each coordinated care organization shall work to provide assistance that is culturally and linguistically appropriate to the needs of the member to access appropriate services and participate in processes affecting the member's care and services. *Each coordinated care organizations will also participate in trainings made available by the Oregon Health Authority on Tribal sovereignty and on working with American Indians/Alaska Natives in the State.*

Please contact Laura Platero, Director of Government Affairs, if you have any questions at 503-407-4082 or via email at lplatero@npaihb.org.

Sincerely,

Shawna M. Gavin

Shawna Gavin, Chair
CTUIR Tribal Health Commission