The National Congress of American Indians

Resolution #REN-19-039

TITLE: Continued Support for the Community Health Representatives (CHR) Program and Support for the Community Health Aide Program (CHAP) Expansion

WHEREAS, we, the members of the National Congress of American Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States and the United Nations Declaration on the Rights of Indigenous Peoples, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

WHEREAS, the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal governments; and

WHEREAS, there is much concern and confusion about separate but related policy actions by the Indian Health Service (IHS) on the Community Health Representative (CHR) Program and Community Health Aide Program (CHAP); and

WHEREAS, the administration indicated its intent to transition CHRIs into CHAP; and

WHEREAS, tribal nations have not had the opportunity to consult on any decisions that could potentially fund CHAP expansion; and

WHEREAS, tribal nations have made clear their opposition to reducing any CHR program funding; and

WHEREAS, the CHR Program was established in 1968, under the authority of the 1921 Snyder Act, 25 U.S.C. § 13, and is a program of IHS; and

WHEREAS, a CHR is a trusted member of the community who is well aware of cultural sensitivities and traditions and provides health care, health promotion, and disease prevention services; and

WHEREAS, CHRIs provide services like in-home patient assessment of medical conditions, provide glucose testing or blood pressure tests to determine if the patient should seek further care, provide transportation for medical care, and help interpret prescriptions which is critical to patient safety; and
WHEREAS, by providing health education and reducing hospital readmissions, CHRs have contributed to lowering mortality rates; and in short, CHRs are a part of the direct provision of health services, especially for the most vulnerable AI/ANs; and

WHEREAS, the CHR program is funded through contracts, grants, or cooperative agreements based on the Indian Self-Determination and Education Assistance Act (ISDEAA) (P.L. 93-638), and serves as the largest tribally contracted and compacted program, with more than 95 percent of CHR programs being directly operated by tribal nations under ISDEAA, as amended; and

WHEREAS, there are more than 1,600 CHRs serving more than 250 tribal nations in all 12 IHS Areas; and

WHEREAS, the Alaska CHAP has been in existence since 1964 as a program of IHS; and

WHEREAS, CHAP has been an effective method for diminishing the health disparities of Alaska Natives by providing frontline access to health services for Alaska Natives residing in rural and remote communities; and

WHEREAS, CHAP grows providers from within tribal communities who provide patient-centered quality care and understand the histories, cultures, and languages of their patients; and

WHEREAS, CHAP provides routine, preventative, and emergent health care through Community Health Aides (CHA/Ps), Behavioral Health Aides (BHA/Ps), and Dental Health Aide Providers (DHA/Ts); and

WHEREAS, CHAP providers provide continuity of care in communities that face chronic recruitment and retention challenges; and

WHEREAS, the FY 2019 President’s budget proposed elimination of the CHR program, which Congress rejected after vocal and unified pushback from the tribal nations; and

WHEREAS, the FY 2020 President’s budget request proposed reducing the CHR budget appropriation by $39 million and creating a new appropriation for CHAP expansion of $20 million; and

WHEREAS, CHRs and CHAP providers are different and serve separate and distinct purposes, and have different roles, scopes, and responsibilities; and

WHEREAS, CHRs and CHAP providers are complementary programs that together support the health of our communities; and

WHEREAS, the IHS issued a Dear Tribal Leader Letter on May 8, 2019 to initiate Tribal Consultation on the draft IHS Policy to implement, outline, and define a National CHAP; and

WHEREAS, the purpose of the draft IHS policy to implement, outline, and define a National CHAP does not and should not affect the CHR program; and
WHEREAS, tribal nations overwhelmingly support the CHR program; and

WHEREAS, loss of the CHR program would create permanent loss of capacity and ability to care for the unique set of health needs of Tribal members in their community; and

WHEREAS, tribal nations would benefit from expansion of the CHAP outside of Alaska at their sovereign choice and discretion; and

WHEREAS, the National Indian Health Board and tribal nations support the expansion of the CHAP outside of Alaska.

NOW THEREFORE BE IT RESOLVED, that the National Congress of American Indians (NCAI) calls on the federal government to ensure that efforts to expand and nationalize CHAP must hold harmless the support and continuation of the CHR program; and

BE IT FURTHER RESOLVED, that any appropriation given to nationalize CHAP should come as a supplement and not supplant the CHR or any related program; and

BE IT FURTHER RESOLVED, that NCAI calls on IHS to continue to fully support the CHR program and expand CHAP outside of Alaska; and

BE IT FINALLY RESOLVED, that this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution.

CERTIFICATION

The foregoing resolution was adopted by the General Assembly at the 2019 Mid-Year Session of the National Congress of American Indians, held at the Nugget Casino Resort, June 24-27, 2019, with a quorum present.

Jefferson Keel, President

ATTEST:

Juana Majel Dixon, Recording Secretary