

LEGISLATIVE SUMMARY SHEET

Tracking No. 0051-17

DATE: February 2, 2017

TITLE OF RESOLUTION: AN ACTION RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND NAABIK'ÍYÁTI'; OPPOSING DOWNSIZING OF HEALTH BOARD FOR NORTHERN NAVAJO MEDICAL CENTER IN SHIPROCK, NEW MEXICO

PURPOSE: This resolution opposes the proposed downsizing of the Health Board for the Northern Navajo Medical Center in Shiprock, New Mexico.

This written summary does not address recommended amendments as may be provided by the standing committees. The Office of Legislative Counsel requests each Council Delegate to review each proposed resolution in detail.

5-DAY BILL HOLD PERIOD: None
Website Posting Time/Date: 4:34pm 2/2/17
Posting End Date: 2/7/2017
Eligible for Action: 2/8/2017

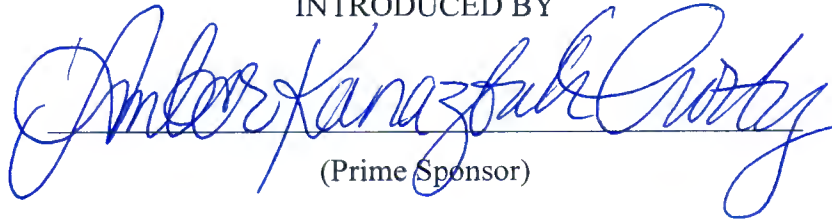
Health, Education & Human Services Committee

THENCE

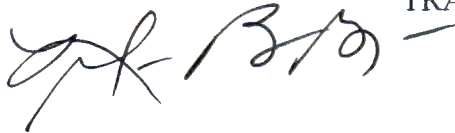
Naa'bik'íyáti' Committee

PROPOSED STANDING COMMITTEE RESOLUTION
23rd NAVAJO NATION COUNCIL -- Third Year, 2017

INTRODUCED BY


(Prime Sponsor)

TRACKING NO. 0051-17



AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND
NAABIK'ÍYÁTI'; OPPOSING DOWNSIZING OF HEALTH BOARD FOR
NORTHERN NAVAJO MEDICAL CENTER IN SHIPROCK, NEW MEXICO

WHEREAS:

A. The Navajo Nation established the Health, Education and Human Services Committee (HEHSC) as a Navajo Nation Council standing committee and as such empowered HEHSC to review and recommend resolutions regarding certain matters, including health, education and social services. 2 N.N.C. §§ 164 (A)(9), 400 (A), 401 (B)(6)(a) (2012); *see also* CO-45-12.

B. The Navajo Nation established the Naabik'íyáti' Committee as a Navajo Nation Council standing committee. A purpose of this committee is to coordinate all "testimony and appearances before non-Navajo Nation government[,] federal, state or other entities...." 2 N.N.C. § 700(A).

C. The Northern Navajo Medical Center is located in Shiprock, New Mexico, within the Navajo Nation. It is the largest service unit of the Navajo Nation. Approximately 80,837 Native Americans (mostly Navajo) are enrolled at Northern Navajo Medical Center. The inpatient load is 29 per day and the outpatient volume averages 600 per day. A variety of services are available including internal medicine, family practice, urgent and emergency

1 care, pediatrics, general surgery, women's health, mental health, respiratory therapy,
2 outpatient rehabilitation services, pharmacy, optometry, dental, public health nursing,
3 social services, health promotion/disease prevention, radiology, laboratory and benefits
4 coordination. *www.ihs.gov*.

5 D. The Northern Navajo Medical Center employs 827 full-time employees. The medical
6 staff consists of 50 physicians and 20 mid-level providers. Northern Navajo Medical
7 Staff work with a variety of other facilities both locally and nationally. Specialists are
8 consulted both within the IHS system, as well as outside. The medical center works with
9 private providers in the Four Corners region, as well as at University of New Mexico, and
10 the Brigham and Women's Hospital in Boston, Massachusetts. *www.ihs.gov*.

11 E. The Indian Health Services has stated, "[t]he Indian Health Service (IHS) and Indian
12 Tribes share the goals of eliminating the health disparities experienced by American
13 Indians and Alaska Natives (AI/AN) and ensuring that their access to critical health
14 services is maximized. To achieve these goals, it is essential that Indian Tribes and the
15 IHS engage in open, continuous, and meaningful consultation. True consultation is an
16 ongoing process that leads to information exchange, respectful dialogue, mutual
17 understanding, and informed decision making. The importance of consultation with
18 Indian Tribes was affirmed through Presidential Memoranda in 1994 and 2004, and
19 Executive Order in 2000." *Tribal Consultation Policy, IHS Circular No. 2006-01*.

20 F. The IHS has acknowledged, "[t]ribal self-government has been demonstrated to
21 improve and perpetuate the Government-to-Government relationship and strengthens
22 Tribal control over Federal funding and program management." *Id.* It emphasizes, "[o]n
23 issues relating to Tribal self-government, Tribal trust resources, or Tribal treaty and other
24 rights, the IHS should explore and, where appropriate, use consensual mechanisms for
25 developing regulations, including negotiated rulemaking." *Id.* This requirement of
26 ensuring tribal participation and seeking consensus applies to all "three levels of IHS
27 management: Headquarters, Area Offices, and service units." *Id.*

28 G. The Northern Navajo Medical Center is governed by a health board. In 2011, the
29 Navajo Area Indian Health Service (NAIHS) directed all Federal Service Chief Executive
30 Officers to downsize health board. Reasons for this action included budgetary concerns,

1 reducing operation costs and improving health care. More particularly, NAIHS states the
2 reasons for downsizing and reducing board membership as "budget rescissions,
3 sequestration and local increased P.L. 93-638 contracting and compacting activity." See
4 Exhibit "A," NAIHS correspondence dated December 28, 2016. However, none of these
5 reasons actually justify or support the immediate reduction or downsizing of health
6 boards or memberships on such health boards, including the board for Northern Navajo
7 Medical Center.

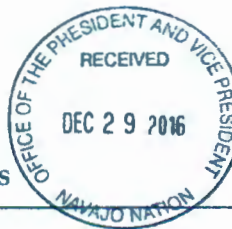
8 H. It is in the best interests of the Navajo Nation, particularly those tribal members being
9 served by the Northern Navajo Medical Center in Shiprock, New Mexico, that its Health
10 Board not be reduced or downsized. It is crucial that the size of the governing board not
11 be reduced as services will be impacted regardless costs savings, if any.

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13 **NOW THEREFORE BE IT RESOLVED THAT:**

14 The Navajo Nation opposes the reduction and downsizing of the Health Board for the
15 Northern Navajo Medical Center.
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DEPARTMENT OF HEALTH & HUMAN SERVICES



Public Health Service



DEC 28 2016

Navajo Area
Indian Health Service
P.O. Box 9020
Window Rock, Arizona 86515-9020

David John
3806 Knollcrest
Farmington, NM 87402

Dear Mr. John:

This letter is in response to your November 16, 2016 correspondence concerning an October 25, 2016 Shiprock Service Unit Health Board (SSUHB) and Dziłth-Na-O-Dith-Híle (DZHB) Health Center Health Board meeting held in Farmington, NM to discuss the Navajo Area IHS mandated health board reduction and restructuring for the Shiprock Service Unit. The letter stated current Health Board member opposition to the board reduction and provided several recommendations to avoid the required reduction and structure changes.

A brief summation of the history of the mandated health board downsize is needed in order to effectively respond to the SSUHB and DZHB recommendations. In 2011, Mr. John Hubbard, former NAIHS Area Director issued a directive to all Federal Service Unit (SU) Chief Executive Officers mandating that each SU health board be downsized and restructured in a continuing effort to reduce operation costs and improve health care services. As a result of the directive, four of the five Federal NAIHS SU health boards reduced and reorganized their membership which left the SSUHB as the last remaining health board to accomplish downsizing. In May of 2015, the SSUHB and DZHB developed two conceptual options to reduce the Health Boards; however, to date the Boards have chosen to support an option of "no Board reduction" as opposed to the "Gradual Reduction" or "All-inclusive Reduction" options. On August 24, 2016, Dr. Douglas Peter, Acting Area Director and Mr. Floyd Thompson, Area Executive Officer, issued a letter to you providing historical information concerning NAIHS health boards and further directed that the membership of the SSUHB and DZ Health Boards be restructured and downsized by December 31, 2016.

As noted in meetings and written correspondence over the past several years, the need to reduce and restructure NAIHS health boards must occur for a number of reasons; however, perhaps most importantly are budgetary concerns. In recent years, the NAIHS has faced numerous financial challenges; specifically, those associated with budget rescissions, sequestration and local increased P.L. 93-638 contracting and compacting activity, all of which have resulted in less funding for the NAIHS Federal healthcare system. As you may already be aware, this reduction in Federal healthcare system funds not only resulted in the NAIHS Area Health Board's downsize and reorganization in recent years, but also led to the Navajo Area Office downsizing and reorganization in 2014.

As the Acting Area Director for the NAIHS Federal healthcare system, one of my responsibilities is to ensure that Federal Service Units requirements and mandates are consistently applied in carrying out the Federal healthcare mission. As change is implemented throughout the healthcare system, it is imperative that all Federal service units, including Shiprock, be treated as equitably as possible to instill a sense of fairness throughout the system. In reviewing your November 16 letter and considering the four recommendations presented by the Health Boards, I am unable to support or approve your request to not reduce the Board membership as the mandated SSUHB reduction needs to move forward in a manner that is reasonably consistent and equitable with the other NAIHS SU health board reductions. I have reviewed the SSUHB Reduction Options 1 and 2, and find Option 2 to be well thought out and reasonably consistent with other SU health board reductions and restructuring.

As noted in the August 24, 2016 letter from Dr. Douglas Peter, former Acting Area Director, on January 1, 2017, the SSUHB and DZHB will be merged into one Shiprock Health Board. Ms. Fannessa Comer, SSU CEO, will be assigned to begin the restructuring process, including recruitment of health board members, amendment of health board bylaws and other tasks to achieve the revised SSUHB membership. Mr. Ervin Chavez, you and I are presently scheduled to meet tomorrow morning at 9:30 a.m. at the Navajo Area Office. I'm available to discuss this issue further if you'd like by phone or in-person as presently scheduled. Thank you for your patience and understanding on this important issue.

Sincerely,



Brian K. Johnson, REHS, MPH
USPHS, CAPT
Acting Director
Navajo Area Indian Health Service

Cc: Fannessa Comer, CEO, NNMC
Alva Tom, Director, OISD
Paula Mora, M.D., Acting CMO



NORTHERN NAVAJO AGENCY COUNCIL RESOLUTION

NNAC-42-121616 A

OPPOSING THE DOWNSIZING OF THE SHIPROCK AGENCY SERVICE UNIT HEALTH BOARD

DEC 29 2016

WHEREAS:

1. The Northern Navajo Agency Council is a recognized political subdivision of the Navajo Nation and has authority to advocate and make appropriate recommendations on behalf of the 20 Northern Navajo Agency chapters to the Navajo Nation Government, Federal, State, and local entities for appropriate action; and,
2. The Indian Health Service (I HS), an agency within the Department of Health and Human Services, under the United State Federal Government is responsible for providing federal health services to American Indians and Alaska Natives; and,
3. The provision of health services to members of federally recognized tribes grew out of the special government to government relationship between the feral government and Indian tribes; and,
4. This relationship, established in 1787, is based on Articles I Section 8 of the Constitution, and has been given from and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders; and
5. The I HS is the principal federal health care provided and health advocate for American Indian People, and its goal is to raise health status to the highest possible level; and
6. The Snyder Act of 1921 (25 USC13) and the permanent reauthorization of the Indian Health care improvement Act (enacted in 2010 as part of the Patient Protection and Affordable care of (P.L.111-148) provide specific legislative authority of Congress to appropriate funds specifically for the Health care of Indian people; and
7. There still exists a belief that American Indians and Alaska Native are not citizens of their states and are not eligible for state programs and benefits. American Indians and Alaska Natives, as citizens of the United States, are eligible to participate in all public, private, and state health programs available to the general papulation and they also have treaty rights to federal health care services thought the Department of Health and Human Services. The federal trust responsibility to uphold the treaty responsibility for health care to Indians is accomplished by consulting with Indian Tribes and then actively advocating for policy, legislative, and budgetary planning for Indian health care; and
8. The involvement of the tribal governments in activities of the Indian Health Service (I HS) is mandated by law through tribal consultation; and
9. The Indian Health Services (I HS) Tribal Self-Government Program recognizes that tribal leaders and members are in the best position to understand the health care needs and priorities of their communities.

- Met w/ CAPT Johnson
Acting AD.

NOW, THEREFORE BE IT RESOLVED THAT:

1. The Northern Navajo Agency Council elected Official and its membership hereby opposes the downsizing of the Northern Navajo Medical Center Health Board; and
2. Governing boards of Health care organizations has the overall responsibility for the quality of care delivered at their organization and they serve as our community leadership spokesperson; and

3. The Health Board leadership is held responsible and accountable for quality of hospital Conditions of Participation (CoP), which included the Quality Assessment and Performance Improvement Program (QAPI); QAPI CoP sets forth a standard, title "Executive Responsibilities," which emphasizes the role of the hospital's governing body, medical staff, and administrative officials in the establishing a culture of safety and quality and defining the importance of QAPI activities throughout the healthcare institution
4. Hospitals governing body sets expectations for safety and to allocate adequate resources for measuring assessing, improving, and sustaining the hospital's performance and for reducing risks to patients.
5. These defined responsibilities are just one aspect of the hospital governing boards' general oversight duty to ensure that the hospital's QAPI reflects the complexity of the hospital's organization and services, involves all hospitals departments and services focuses on indicators related to improvement of health outcomes and the prevention and reduction of medical errors.
6. The Northern Navajo Agency Council understands the sequestration of the Federal Government funding but the health care leadership (Board) needs to continue.

CERTIFICATION

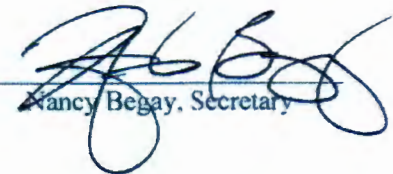
We hereby certify that the foregoing resolution was duly considered by the members of the Northern Navajo Agency Council at a duly called meeting at Nenahnezad Chapter, Nenahnezad, New Mexico at which a quorum was present and that the same was passed by a vote of 39 in favor, 00 opposed, and 01 abstained this 16th day of December 2016.

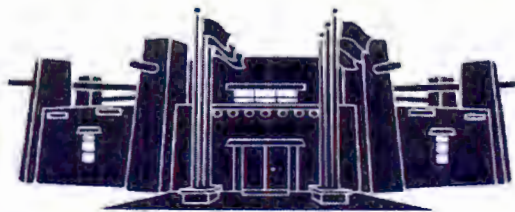
Motioned by: Irving Gleason

Seconded by: Louise Charley


David John, Chairperson



Lee J. Zhonnie, Vice Chairperson


Nancy Begay, Secretary



MEMORANDUM

To : Hon. Amber Crotty, Council Delegate
Navajo Nation Council

From : 

Ron Haven, Attorney
Office of Legislative Counsel

Date : February 2, 2017

Re : AN ACTION RELATING TO HEALTH, EDUCATION AND HUMAN
SERVICES AND NAABIK'ÍYÁTTI; OPPOSING DOWNSIZING OF
HEALTH BOARD FOR NORTHERN NAVAJO MEDICAL CENTER IN
SHIPROCK, NEW MEXICO

As requested, I have prepared the above-referenced proposed resolution and associated legislative summary sheet pursuant to your request for legislative drafting. The resolution drafted is legally sufficient, although, as with all legislation, challenges are possible in the courts. You are advised and encouraged to review the proposed resolution to ensure that it is drafted to your satisfaction. If you are satisfied with the proposed resolution, please sign it as "sponsor" and submit it to the Office of Legislative Services where it will be given a tracking number and sent to the Office of the Speaker for assignment. As you may be aware, the Speaker is authorized to refer this proposed resolution to other committees than those stated in the title.

If the proposed resolution is unacceptable to you, please contact me at the Office of Legislative Counsel and advise me of the changes you would like made to the proposed resolution. Ahéhee'.

OLC # 17-54-1

THE NAVAJO NATION
LEGISLATIVE BRANCH
INTERNET PUBLIC REVIEW PUBLICATION



LEGISLATION NO: _0051-17_____

SPONSOR: Amber Crotty

**TITLE: An Action Relating To Health, Education And Human Services And Naabik'iyati';
Opposing Downsizing Of Health Board For Northern Navajo Medical Center In Shiprock,
New Mexico**

Date posted: February 2, 2017 at 4:36pm

Digital comments may be e-mailed to comments@navajo-nsn.gov

Written comments may be mailed to:

Executive Director
Office of Legislative Services
P.O. Box 3390
Window Rock, AZ 86515
(928) 871-7590

Comments may be made in the form of chapter resolutions, letters, position papers, etc. Please include your name, position title, address for written comments; a valid e-mail address is required. Anonymous comments will not be included in the Legislation packet.

Please note: This digital copy is being provided for the benefit of the Nav, ajo Nation chapters and public use. Any political use is prohibited. All written comments received become the property of the Navajo Nation and will be forwarded to the assigned Navajo Nation Council standing committee(s) and/or the Navajo Nation Council for review. Any tampering with public records are punishable by Navajo Nation law pursuant to 17 N.N.C. §374 *et. seq.*

**THE NAVAJO NATION
LEGISLATIVE BRANCH
INTERNET PUBLIC REVIEW SUMMARY**

LEGISLATION NO.: 0051-17

SPONSOR: Honorable Amber K. Crotty


TITLE: An Action Relating To Health, Education And Human Services And Naabik'ivati'; Opposing Downsizing Of Health Board For Northern Navajo Medical Center In Shiprock, New Mexico

Posted: February 2, 2017 at 4:36 PM

5 DAY Comment Period Ended: February 7, 2017

Digital Comments received:

Comments Supporting	<i>None</i>
Comments Opposing	<i>None</i>
Inclusive Comments	<i>None</i>



**Policy Analyst
Office of Legislative Services**



Date/Time

Committee Report

THE HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE OF THE NAVAJO
NATION COUNCIL to who has been assigned;

LEGISLATION NO. 0051-17

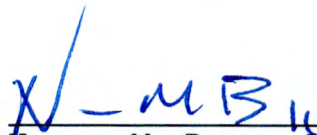
AN ACTION RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND
NAABIK'IYATI'; OPPOSING DOWNSIZING OF HEALTH BOARD FOR NORTHERN NAVAJO
MEDICAL CENTER IN SHIPROCK, NEW MEXICO

Sponsor: *Honorable Amber Kanazbah Crotty*

Amendment One (1): To add 4 Resolutions: Shiprock Agency Service Unit
Health Board Resolution Opposing The Downsizing of the Shiprock Agency
Service Unit Health Board; Toadlena /Two Grey Hills Chapter Resolution
TDLA/TGH-17-01-08-11; Nenahnezad Chapter Resolution NZC-17-17; Mexican
Water Chapter Resolution MWCAPR12-073 as Exhibit.

Has had under consideration and report the same with the recommendation
that Legislation 0051-17 PASS with one (1) amendment and no directive;
And therefore referred the same to the NAABIK'IYATI' COMMITTEE OF THE
NAVAJO NATION COUNCIL

Respectfully Submitted,



Norman M. Begay, Vice-Chairperson
Health, Education and Human Services Committee

Dated: February 27, 2017

Amendment One (1) Motion

Motion by: Honorable Nelson BeGaye

Seconded by: Honorable Peterson B. Yazzie

Vote: 3 in favor; 0 Opposed; Vice-Chairperson Not Voting

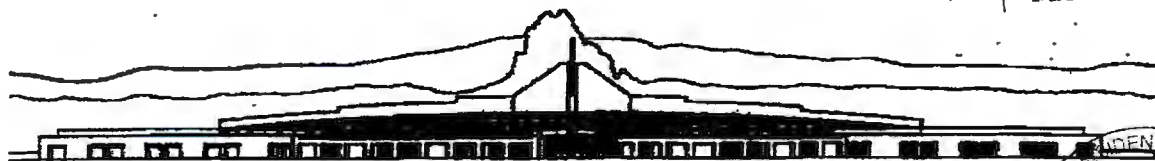
Main Motion

Motion by: Honorable Peterson Yazzie

Seconded by: Honorable Nelson BeGaye

Vote: 3 in favor; 0 Opposed; Vice-Chairperson Not Voting

DEC 29 2016

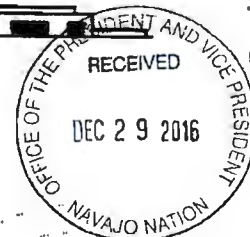


SHIPROCK SERVICE UNIT

Hwy 491 North - P.O. Box 160

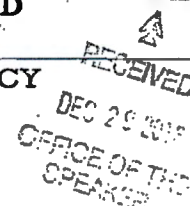
Shiprock, NM 87420

OFFICE: (505) 368-6005 - FAX: 505-368-6260



RESOLUTION OF THE SHIPROCK AGENCY SERVICE UNIT HEALTH BOARD

OPPOSING THE DOWNSIZING OF THE SHIPROCK AGENCY SERVICE UNIT HEALTH BOARD



Whereas:

1. Pursuant to 26 N.N.C. Section 102 (B) which permits Shiprock Agency Service Unit Health Board to exercise local governance authorities contained with 26 N.N.C. Section 103, with the exception of land administration authority pursuant 26 N.N.C. Section (D) (1);
2. The Indian Health Service (I.H.S.), an agency within the Department of Health and Human Services, under the United States Federal Government, is responsible for providing federal health services to American Indians and Alaskan Natives; and
3. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes; and
4. This relationship, established in 1787, is based on Article 1, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions and Executive Orders; and
5. The I.H.S. is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level; and
6. The Snyder Act of 1921 (25 USC 13) and the permanent reauthorization of the Indian Health Center Improvement Act (enacted in 2010 as part of the Patient Protection and Affordable Care Act (P.L. 111-148)) provide specific legislative authority for Congress to appropriate funds specifically for the health care of Indian people; and
7. There still exists a belief that American Indians and Alaska Natives are not citizens of their states and are not eligible for state programs and benefits. American Indians and Alaska Natives, as citizens of the United States, are eligible to participate in all public, private, and state health programs available to the general population and they also have treaty rights to federal health care services through the Department of Health and Human Services. The federal trust responsibility to uphold the treaty responsibility for health care to Indians is accomplished by consulting with Indian Tribes and then actively advocating for policy, legislative and budgetary planning for Indian health care; and
8. The involvement of tribal governments in activities of the Indian Health Service (I.H.S.) is mandated by law through tribal consultations; and

9. The Indian Health Service (I.H.S.) Tribal Self-Governance Program recognizes that tribal leaders and members are in the best position to understand the health care needs and priorities of their Chapter communities.

NOW THEREFORE BE IT RESOLVED THAT:

1. The Shiprock Agency Service Unit Health Board hereby opposes the downsizing of the its membership; and
2. Governing boards of health care organizations has the overall responsibility for the quality of care delivered at their organizations and they serve as our community leadership spokesperson; and
- ~~3. The Health Board leadership is held responsible and accountable for quality of~~ the hospital Conditions of Participation (CoP), which includes the Quality Assessment and Performance Improvement Program (OAPI); OAPI CoP sets forth a standard, titled "Executive Responsibilities," which emphasizes the role of the hospital's governing body, medical staff, and administrative officials in establishing a culture of safety and quality and defining the importance of QAPI activities throughout the healthcare institution; and
4. Hospitals set expectations for safety and to allocate adequate resources for measuring, assessing, improving, and sustaining the hospital's performance and for reducing risks to patients; and
5. These defined responsibilities are just one aspect of the hospital governing board's general oversight duty to ensure that the hospital's OAPI reflects the complexity of the hospital's organization and services involves all hospitals departments and services, focuses on indicators related to improvement of health outcomes, and the prevention and reduction of medical errors; and
6. The Shiprock Agency Service Unit Health Board understands the sequestration of the Federal Government funding but the health care leadership (Board) needs to continue; and
7. On Tuesday, October 25, 2016 during the Shiprock Service Unit Health Board Work Session at San Juan College, Farmington, New Mexico, the Shiprock Agency Service Unit Health Board and Dziłth-Na-O-Dith-Hle Health Center Health Boardmembers unanimously opposed reducing health board membership.

CERTIFICATION

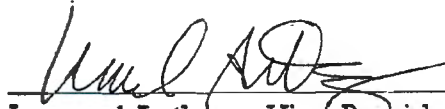
We certify that the foregoing Resolution was duly considered by the Shiprock Agency Service Unit Health Board at a duly called Health Board Meeting at Northern Navajo Medical Center, Shiprock, New Mexico, at which a quorum was present and that same was passed by a vote of 14 in favor, 00 opposed, and 01 abstained, this 6th day of December, 2016.

Motion: Sterling Manuelito

Second: Rannita Henderson



David John, President
Shiprock Agency Service Unit Health Boar



Leonard Anthony, Vice President
Shiprock Agency Service Unit Health Boar



Lovena Lee, Secretary
Shiprock Agency Service Unit Health Boar

CC: Office of the Navajo Nation President and Vice-President
Health Education and Human Service Committee
Office of the Speaker, Navajo Nation Council
Navajo Nation Council



TOADLENA / TWO GREY HILLS CHAPTER

P.O. Box 7894, Newcomb, New Mexico 87455 • Phone 505-789-3100 • Fax 505-789-3101

"HOME OF THE FAMOUS TWO GREY HILLS RUGS"

**RESOLUTION
TDLA/TGH-17-01-08-11**

**OPPOSING THE DOWNSIZING OF THE SHIPROCK AGENCY SERVICE UNIT HEALTH
BOARD**

WHEREAS:

1. Pursuant to 26 N.N.C. Section 102 (B) which permit Toadlena/Two Grey Hills Chapter and the Shiprock Agency Service Unit Health Board to exercise local governance authorities contained with 26 N.N.C. Section 103, with the exception of Land Administration authority pursuant 26 N.N.C. Section (D)(1); AND
2. The Indian Health Service (I.H.S), an Agency within the Department of Health & Human Services, under the United States Federal Government is responsible for providing Federal health services to American Indians & Alaska Natives; AND
3. The provision of health services to members of Federally recognized Tribe grew out of the Special Government-to-Government Relationship between the Government & Indian Tribes; AND
4. This relationship, established in 1787, based on Article One, Section 8 of the Constitution and has been given form & substance by numerous Treaties, Laws, Supreme Court decision & Executive Orders; AND
5. The Indian Health Service is the principal Federal health care provider & health advocate for Indian people and its goal is to raise their health status to the highest possible level; AND
6. The Synder Act of 1921 (25 USC 13) and the permanent Reauthorization of Indian Health Center Improvement Act {enacted in 2010 as part of the Patient Protection & Affordable Care Act (P.L. 111-148)} provide specific Legislative Authority for Congress to appropriate funds specifically for the Health Care of Indian people; AND
7. There still exists a belief that American Indian & Alaska Natives are not Citizens of their States and are not eligible for State program & benefits. American Indian & Alaska Natives, as Citizens of the United States are eligible to participate in all public, private & State health programs available to the general population and they also have Treaty rights to Federal Health Care Services through the Department of Health & Human Services. The Federal Trust responsibility to uphold the Treaty responsibility for Health Care to Indians is accomplished by consulting with Indian Tribes and then actively advocate for policy, legislative & budgetary planning for Indian Health Care; AND



8. The involvement of Tribal Government in activities of the Indian Health Service is mandated by Law through Tribal Consultation; AND
9. The Indian Health Service Tribal Self-Governance Program recognizes that Tribal Leaders & Members are in the best position to understand the Health Care need & priorities of their Chapter communities.

NOW, THEREFORE BE IT RESOLVED THAT:

1. The Toadlena/Two Grey Hills Chapter & the Shiprock Agency Service Unit Health Board hereby opposes the downsizing of its Membership; AND
2. The Governing Board of Health Care Organization has the overall responsibility for the quality of care delivered at their organization and they serve as our Community Leadership Spokesperson; AND;
3. The Health Board Leadership is held responsible & accountable for quality of the Hospital Condition of Participation (COP) which include the Quality Assessment & Performance Improvement Program (QAPI); QAPI Condition of Participation sets forth a standard, title "Executive Responsibilities" which emphasize the role of Governing Body, Medical Staff & Administrative Officials in establishing a Culture of Safety, Quality & defining the importance of QAPI activities throughout the Health Care Institution; AND
4. The Hospital set expectations for safety & to allocate adequate resources for measuring, assessing, improving & sustaining the Hospital's performance and for reducing risks to patients; AND
5. These defined responsibilities are just one aspect of the Hospital's Governing Board general oversight duty to ensure that the Hospital's QAPI reflects the complexity of the Hospital's organization & services involve all Hospital's department & services, focuses on indicators related to improvement of Health outcomes and the prevention & reduction of Medical errors; AND
6. The Shiprock Agency Service Unit Health Board understand the sequestration of the Federal Government funding but the Health Care Leadership (Board) needs to continue; AND
7. On Tuesday, October 25, 2016 during Shiprock Agency Service Unit Health Board Work Session at San Juan College in Farmington, NM, the Shiprock Agency Service Unite Health Board & Dzilth-Na-O-Dilthe Health Center Health Board members unanimously opposed reducing the Health Board membership; AND
8. The Toadlena/Two Grey Hills Chapter further request the elected Chapter Officials to support fully the intent & purpose of this Chapter Resolution for the Health in the Toadlena/Two Grey Hills Chapter area.

C E R T I F I C A T I O N


We hereby certify that the foregoing resolution was duly considered by the Toadlena/Two Grey Hills Chapter at a duly called meeting at Two Grey Hills, Navajo Nation, New Mexico, at which a quorum was present and that same was passed by a vote of *17* in favor, *00* oppose and *03* abstained on this *08th* day of *January, 2017*.

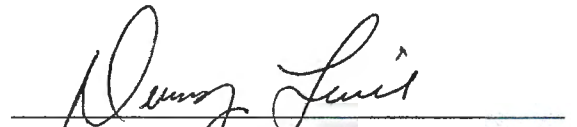
Motioned by: *Patricia Franklin*

Seconded by: *Gary Johnhat*


Stanley Hardy, Chapter President

UNAVAILABLE FOR SIGNATURE
Andrew Deschenie, Chapter Vice-President


Lolita Spencer, Chapter Secretary/Treasurer


Derry Lewis, Chapter Grazing Official



Lorenzo Bates
Council Delegate

NENAHNEZAD CHAPTER

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Norman C. Begaye
President

Lucinda Y. Bernalley
Vice President

Juanita Begay
Secretary/Treasurer

Harold Dodge
Grazing Committee Member

Tracy Raymond
Farm Board Member

NZC-17-17

SUPPORTING THE SHIPROCK AGENCY SERVICE UNIT HEALTH BOARD IN OPPOSING THE DOWNSIZING THE SHIPROCK UNIT HEALTH BOARD MEMBERSHIP AND TO RETAIN THE REPRESENTATION OF ALL THE CHAPTERS IN THE AGENCY

WHEREAS:

1. Pursuant to 26 N.N.C. §-(A), the Nenahnezad Chapter was certified on November 10, 1955 as a chapter of the Navajo Nation as listed and under 11 N.N.C. Part 1, §(B), the Nenahnezad Chapter is delegated the governmental authority to make decisions over local matters consistent with Navajo Laws including custom, tradition, and fiscal matters; and
2. The Nenahnezad Chapter has been informed that the Health Board leadership is held responsible and accountable for quality of the hospital Conditions of Participation (CoP), which includes the Quality Assessment and Performance Improvement Program (QAPI); OAPI CoP sets forth a standard, titled "Executive Responsibilities," which emphasizes the role of the hospital's governing body, medical staff, and administrative officials in establish a culture of safety and quality and defining the importance of QAPI activities throughout the healthcare institution; and
3. The Nenahnezad Chapter realizes the importance of the representation of each chapter in the Shiprock Agency and supports the full membership of the board.

NOW, THEREFORE BE IT RESOLVED THAT:

1. The Nenahnezad Chapter supports the Shiprock Agency Service Unit Health Board in Opposing the downsizing the Shiprock Unit Health Board Membership and to retain the representation of all the chapter of the agency.
2. The Nenahnezad Chapter directs the Community Coordinator, Chapter Officials, and the Council Delegate to do all things necessary to carry out the full intent of this resolution.

CERTIFICATION

We hereby certify that the foregoing resolution was duly considered by the Nenahnezad Chapter at a duly called meeting at Nenahnezad (New Mexico) Navajo Nation. A motion was made by Larry Lowe and seconded by Mae Atcitty and the same was passed by a vote of 38 in favor, 00 opposed, and 01 abstained, this 9th day of January 2017.

CONCURRED:

LoRenzo Bates, Council Delegate

Norman Begaye
Norman Begaye, President

Lucinda Y. Bernalley
Lucinda Yellowman Bernalley, Vice President

Juanita Begay
Juanita Begay, Secretary/Treasurer



MEXICAN WATER CHAPTER



Red Mesa TP#1019, HC 61 Box 38 • Teec Nos Pos, AZ 86514 • (928) 429-0986

Mexican Water Chapter

MWCAPR12-073

RESOLUTION OF MEXICAN WATER CHAPTER

Opposing the downsizing Northern Navajo Medical Center Health Board.

WHEREAS,

1. Pursuant to 26 N.N.C., Section 102 (B); which permits Mexican Water Chapter to exercise local governance authorities contained within 26 N.N.C. Section 103, with the exception of land administration authority pursuant to 26 N.N.C. Section (D) (1); and
2. Pursuant to 26 N.N.C., Section 3 (A) the Mexican Water Chapter is a recognized certified Chapter of the Navajo Nation government, as listed at 11 N.N.C. part 1, section 10; and
3. Pursuant to CAP-34-98, the Navajo Nation Council adopted the Navajo Nation Local Governance Act (LGA); and
4. Pursuant to Mexican Water Chapter resolution MWCJUL11-105, the Mexican Water Chapter has approved its Five Management System Policies and Procedures Manuals; and
5. Pursuant to the Resources and Development Committee certifying Mexican Water Chapter having met requirement under 26 N.N.C. & 102 (A) on February 07, 2012; and
6. The Indian Health Service (IHS), an agency within the Department of Health and Human Services, under the United States Federal Government is responsible for providing federal health services to American Indians and Alaska Natives; and
7. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes; and
8. This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders; and
9. The IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level; and
10. The Snyder Act of 1921 (25 USC 13) and the permanent reauthorization of the Indian Health Care Improvement Act [enacted in 2010 as part of the Patient Protection and Affordable Care Act (P.L. 111-148)] provide specific legislative authority for Congress to appropriate funds specifically for the health care of Indian people; and
11. There still exists a belief that American Indians and Alaska Natives are not citizens of their states and are not eligible for state programs and benefits. American Indians and Alaska Natives, as citizens of the United States, are eligible to participate in all public, private, and state health programs available to the general population and they also have treaty rights to federal health care services through the Department of Health and Human Services. The federal trust responsibility to uphold the treaty responsibility for health care to Indians is accomplished by consulting with Indian Tribes and then actively advocating for policy, legislative, and budgetary planning for Indian health care; and
12. The involvement of tribal governments in activities of the Indian Health Service (IHS) is mandated by law through tribal consultation; and

13. The Indian Health Service (IHS) Tribal Self-Governance Program recognizes that tribal leaders and members are in the best position to understand the health care needs and priorities of their communities; and

NOW THEREFORE BE IT RESOLVED THAT;

1. The Mexican Water Chapter elected officials and its chapter membership hereby opposes the downsizing of the Northern Navajo Medical Center Health Board; and
2. Governing boards of health care organizations has the overall responsibility for the quality of care delivered at their organizations and they serve as our community leadership spokesperson; and
3. The Health Board leadership is held responsible and accountable for quality of the hospital Conditions of Participation (CoP), which included the Quality Assessment and Performance Improvement Program (QAPI); QAPI CoP sets forth a standard, titled "Executive Responsibilities," which emphasizes the role of the hospital's governing body, medical staff, and administrative officials in establishing a culture of safety and quality and defining the importance of QAPI activities throughout the healthcare institution.
4. Hospital's governing body sets expectations for safety and to allocate adequate resources for measuring, assessing, improving, and sustaining the hospital's performance and for reducing risks to patients.
5. These defined responsibilities are just one aspect of the hospital governing board's general oversight duty to ensure that the hospital's QAPI reflects the complexity of the hospital's organization and services, involves all hospitals departments and services, focuses on indicators related to improvement of health outcomes, and the prevention and reduction of medical errors.
6. The chapter membership of Mexican Water understands the sequestration of the Federal Government funding but the health care leadership (Board) needs to continue.

CERTIFICATION

We hereby certify the Mexican Water Chapter of the Navajo Nation, (Utah) at a duly called Chapter Meeting, at which a quorum was present, considered the foregoing resolution and the same approved this resolution by a vote of 20 in favor, 00 opposed and 03 abstained on this 12th day of April 2016.


Jerry Tsosie, President


David L. John, Vice-President


Mary Ann Woody, Secretary/Treasurer

RESOLUTION OF THE
NAABIK'IYATI' COMMITTEE OF THE
NAVAJO NATION COUNCIL

23RD Navajo Nation Council - Third Year, 2017

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND
NAABIK'IYATI'; OPPOSING DOWNSIZING OF HEALTH BOARD FOR NORTHERN
NAVAJO MEDICAL CENTER IN SHIPROCK, NEW MEXICO

WHEREAS:

- A. The Navajo Nation established the Health, Education and Human Services Committee (HEHSC) as a Navajo Nation Council standing committee and as such empowered HEHSC to review and recommend resolutions regarding certain matters, including health, education and social services. 2 N.N.C. §§ 164 (A)(9), 400 (A), 401 (B)(6)(a) (2012); see also CO-45-12.
- B. The Navajo Nation established the Naabik'íyáti' Committee as a Navajo Nation Council standing committee. A purpose of this committee is to coordinate all "testimony and appearances before non-Navajo Nation government[,] federal, state or other entities...." 2 N.N.C. § 700(A).
- C. The Northern Navajo Medical Center is located in Shiprock, New Mexico, within the Navajo Nation. It is the largest service unit of the Navajo Nation. Approximately 80,837 Native Americans (mostly Navajo) are enrolled at Northern Navajo Medical Center. The inpatient load is 29 per day and the outpatient volume averages 600 per day. A variety of services are available including internal medicine, family practice, urgent and emergency care, pediatrics, general surgery, women's health, mental health, respiratory therapy, outpatient rehabilitation services, pharmacy, optometry, dental, public health nursing, social services, health promotion/disease prevention, radiology, laboratory and benefits coordination. *www.ihs.gov*
- D. The Northern Navajo Medical Center employs 827 full-time employees. The medical staff consists of 50 physicians and 20 mid-level providers. Northern Navajo Medical Staff work with a variety of other facilities both locally and

nationally. Specialists are consulted both within the IHS system, as well as outside. The medical center works with private providers in the Four Corners region, as well as at University of New Mexico, and the Brigham and Women's Hospital in Boston, Massachusetts. www.ihs.gov

- E. The Indian Health Services has stated, "[t]he Indian Health Service (IHS) and Indian Tribes share the goals of eliminating the health disparities experienced by American Indians and Alaska Natives (AI/AN) and ensuring that their access to critical health services is maximized. To achieve these goals, it is essential that Indian Tribes and the IHS engage in open, continuous, and meaningful consultation. True consultation is an ongoing process that leads to information exchange, respectful dialogue, mutual understanding, and informed decision making. The importance of consultation with Indian Tribes was affirmed through Presidential Memoranda in 1994 and 2004, and Executive Order in 2000." *Tribal Consultation Policy, IHS Circular No. 2006-01.*
- F. The IHS has acknowledged, "[t]ribal self-government has been demonstrated to improve and perpetuate the Government-to-Government relationship and strengthens Tribal control over Federal funding and program management." *Id.* It emphasizes, "[o]n issues relating to Tribal self-government, Tribal trust resources, or Tribal treaty and other rights, the IHS should explore and, where appropriate, use consensual mechanisms for developing regulations, including negotiated rulemaking." *Id.* This requirement of ensuring tribal participation and seeking consensus applies to all "three levels of IHS management: Headquarters, Area Offices, and service units." *Id.*
- G. The Northern Navajo Medical Center is governed by a health board. In 2011, the Navajo Area Indian Health Service (NAIHS) directed all Federal Service Chief Executive Officers to downsize health board. Reasons for this action included budgetary concerns, reducing operation costs and improving health care. More particularly, NAIHS states the reasons for downsizing and reducing board membership as "budget rescissions, sequestration and local increased P.L. 93-638 contracting and compacting activity." See Exhibit "A," NAIHS correspondence dated December 28, 2016. However, none of these reasons actually justify or support the immediate reduction or downsizing of health boards or

memberships on such health boards, including the board for Northern Navajo Medical Center.

- H. It is in the best interests of the Navajo Nation, particularly those tribal members being served by the Northern Navajo Medical Center in Shiprock, New Mexico, that its Health Board not be reduced or downsized. It is crucial that the size of the governing board not be reduced as services will be impacted regardless costs savings, if any.

NOW THEREFORE BE IT RESOLVED THAT:

- A. The Navajo Nation opposes the reduction and downsizing of the Health Board for the Northern Navajo Medical Center.
- B. And, in the alternative, Navajo Nation respectfully requests that Indian Health Services change monthly meetings to bi-monthly meetings to address Indian Health Services' budget concerns; and, maintain membership of 19 members for Northern Agency Health Board.

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Naabik'íyáti' Committee of the 23rd Navajo Nation Council at a duly called meeting in Window Rock, Navajo Nation (Arizona), at which a quorum was present and that the same was passed by a vote of in 15 favor and 02 oppose, this 23rd day of March, 2017.



Honorable LoRenzo C. Bates, Chairperson
Naabik'íyáti' Committee

Motion: Honorable Peterson Yazzie
Second: Honorable Lee Jack, Sr.

**23rd Navajo Nation Council
Naabik'iyati' Committee**

DATE: March 23, 2017

Legislation 0051-17 (Main Motion)

Motion: Peterson Yazzie

Second: Lee Jack, Sr.

ALL DELEGATES:

	Yea	Nay
BATES, LoRenzo		
BEGAY, Kee Allen Jr.	✓	
BEGAY, Norman M.	✓	
BEGAYE, Nelson	✓	
BENNETT, Benjamin L.	✓	
BROWN, Nathaniel		
CHEE, Tom T.	✓	
CROTTY, Amber K.	✓	
DAMON, Seth		
DANIELS, Herman	✓	
FILFRED, Davis	✓	
HALE, Jonathan L.	✓	
JACK, Lee Sr.	✓	
PERRY, Jonathan		✓
PETE, Leonard H.	✓	
PHELPS, Walter	✓	
SHEPHERD, Alton Joe		
SLIM, Tuchoney Jr.		
SMITH, Raymond Jr.		✓
TSO, Otto		
TSOSIE, Leonard	✓	
WITHERSPOON, Dwight	✓	
YAZZIE, Edmund		
YAZZIE, Peterson	✓	

BY COMMITTEE:

	Yea	Nay	TOTAL
BFC:			
CHEE, Tom T.			
DAMON, Seth			
JACK, Lee Sr.			
SLIM, Tuchoney Jr.			
WITHERSPOON, Dwight			
TSOSIE, Leonard			
HEHSC:			
BEGAY, Norman M.			
BEGAYE, Nelson			
BROWN, Nathaniel			
CROTTY, Amber K.			
HALE, Jonathan L.			
YAZZIE, Peterson			
LOC:			
BEGAY, Kee Allen Jr.			
DANIELS, Herman			
SMITH, Raymond Jr.			
TSO, Otto			
YAZZIE, Edmund			
RDC:			
BENNETT, Benjamin L.			
FILFRED, Davis			
PERRY, Jonathan			
PETE, Leonard H.			
PHELPS, Walter			
SHEPHERD, Alton Joe			
SPEAKER:			
BATES, LoRenzo			
(Votes only in a tie)			

GRAND TOTAL

15 2

CERTIFICATION:


Honorable LoRenzo Bates
Speaker

23rd Navajo Nation Council
Naabik'iyati' Committee

DATE: March 23, 2017

Legislation 0051-17 (Amendment # 1)

Motion: Leonard Tsosie

Second: Benjamin Bennett

ALL DELEGATES:

	Yea	Nay
BATES, LoRenzo		
BEGAY, Kee Allen Jr.		
BEGAY, Norman M.		
BEGAYE, Nelson	✓	
BENNETT, Benjamin L.	✓	
BROWN, Nathaniel		
CHEE, Tom T.	✓	
CROTTY, Amber K.	✓	
DAMON, Seth		
DANIELS, Herman		✓
FILFRED, Davis		✓
HALE, Jonathan L.		✓
JACK, Lee Sr.	✓	
PERRY, Jonathan		✓
PETE, Leonard H.	✓	
PHELPS, Walter	✓	
SHEPHERD, Alton Joe		
SLIM, Tuchoney Jr.		
SMITH, Raymond Jr.		✓
TSO, Otto		
TSOSIE, Leonard	✓	
WITHERSPOON, Dwight	✓	
YAZZIE, Edmund		
YAZZIE, Peterson	✓	

BY COMMITTEE:

	Yea	Nay	TOTAL
BFC:			
CHEE, Tom T.			
DAMON, Seth			
JACK, Lee Sr.			
SLIM, Tuchoney Jr.			
WITHERSPOON, Dwight			
TSOSIE, Leonard			
HEHSC:			
BEGAY, Norman M.			
BEGAYE, Nelson			
BROWN, Nathaniel			
CROTTY, Amber K.			
HALE, Jonathan L.			
YAZZIE, Peterson			
LOC:			
BEGAY, Kee Allen Jr.			
DANIELS, Herman			
SMITH, Raymond Jr.			
TSO, Otto			
YAZZIE, Edmund			
RDC:			
BENNETT, Benjamin L.			
FILFRED, Davis			
PERRY, Jonathan			
PETE, Leonard H.			
PHELPS, Walter			
SHEPHERD, Alton Joe			

SPEAKER:

BATES, LoRenzo

(Votes only in a tie)

GRAND TOTAL

10 15

CERTIFICATION:



Honorable LoRenzo Bates
 Speaker

(12)

**23rd Navajo Nation Council
Naabik'iyati' Committee**

DATE: March 23, 2017

Suspend Floor Rules

0051-17

Motion: Amber K. Crotty

Second: Davis Filfred

ALL DELEGATES:

	Yea	Nay
BATES, LoRenzo		
BEGAY, Kee Allen Jr.	✓	
BEGAY, Norman M.		
BEGAYE, Nelson	✓	
BENNETT, Benjamin L.	✓	
BROWN, Nathaniel		
CHEE, Tom T.	✓	
CROTTY, Amber K.	✓	
DAMON, Seth		
DANIELS, Herman	✓	
FILFRED, Davis	✓	
HALE, Jonathan L.	✓	
JACK, Lee Sr.	✓	
PERRY, Jonathan	✓	
PETE, Leonard H.	✓	
PHELPS, Walter	✓	
SHEPHERD, Alton Joe		
SLIM, Tuchoney Jr.		
SMITH, Raymond Jr.		
TSO, Otto		
TSOSIE, Leonard	✓	
WITHERSPOON, Dwight	✓	
YAZZIE, Edmund		
YAZZIE, Peterson	✓	

BY COMMITTEE:

	Yea	Nay	TOTAL
BFC:			
CHEE, Tom T.			
DAMON, Seth			
JACK, Lee Sr.			
SLIM, Tuchoney Jr.			
WITHERSPOON, Dwight			
TSOSIE, Leonard			
HEHSC:			
BEGAY, Norman M.			
BEGAYE, Nelson			
BROWN, Nathaniel			
CROTTY, Amber K.			
HALE, Jonathan L.			
YAZZIE, Peterson			
LOC:			
BEGAY, Kee Allen Jr.			
DANIELS, Herman			
SMITH, Raymond Jr.			
TSO, Otto			
YAZZIE, Edmund			
RDC:			
BENNETT, Benjamin L.			
FILFRED, Davis			
PERRY, Jonathan			
PETE, Leonard H.			
PHELPS, Walter			
SHEPHERD, Alton Joe			
SPEAKER:			
BATES, LoRenzo			
(Votes only in a tie)			

GRAND TOTAL

15 0

CERTIFICATION:



Honorable LoRenzo Bates
Speaker