

**Written Testimony of Cecelia Firethunder,
President of the Oglala Lakota Nation Education Coalition,
for the Senate Committee on Indian Affairs' Legislative Hearing on
S. 279, the Tribal School Federal Insurance Parity Act
May 1, 2019**

Introduction. Chairman Hoeven, Vice Chairman Udall and honorable Members of the Senate Committee on Indian Affairs. My name is Cecelia Firethunder, a member of the Oglala Lakota Nation and President of the Oglala Lakota Nation Education Coalition (OLNEC). Thank you for this opportunity to provide testimony on behalf of OLNEC, which represents the six tribally controlled grant schools of the Oglala Sioux Tribe located on the Pine Ridge Indian Reservation in South Dakota. The Oglala Sioux Tribe and United States entered in the 1868 Treaty of Fort Laramie that established the Federal Government's responsibilities to provide for the education of our tribal youth. Our six tribally controlled grant schools operate pursuant to the Tribally Controlled Schools Act of 1988, Pub. L. 100-297 (TCSA), and the Indian Self Determination and Education Assistance Act of 1975 (ISDEAA), as amended, and are funded by the Bureau of Indian Education (BIE). Our Tribal Council has authorized us to be responsible for the administration and operation of tribal school functions. Members of individual school boards are elected from the communities they serve.

Background on the FEHB Program. Federal Employee Health Benefits (FEHB) is an employer-sponsored group health insurance program administered by the Office of Personnel Management. Due to the competitive nature of the FEHB program structure, employees have a high level of choice in finding the plan that is appropriate for their needs. Available features under different plans include health savings accounts, family coverage, and catastrophic risk protection, among others. Premiums vary depending on the plan type, with up to 75% of the costs covered by the Federal Government and the remainder by the employee.

OLNEC Fully Supports S. 279 for Immediate Benefits and Cost-Savings for Our Schools. S. 279 would amend one line of the Indian Health Care Improvement Act to specifically authorize Indian tribes and tribal organizations operating under the Tribally Controlled Schools Act of 1988 to access FEHB. This simple and clean legislative fix would directly benefit our schools by allowing them to access lower cost insurance options for their employees at significant overall savings – a benefit that is already provided at all other BIE system schools. S. 279's simple change to the law would provide tribally controlled grant schools with an equal opportunity to access this critical program.

Demonstrated Need for FEHB Access at Tribally Controlled Grant Schools. Six of the thirteen schools located on the Pine Ridge Indian Reservation are tribally controlled grant schools: American Horse School, Wounded Knee District School, Loneman Day School, Porcupine Day School, Little Wound School, and Crazy Horse School. All of our schools strive to provide high quality educational and support services to our students. That effort, however, is severely complicated by years of underfunding and under-resourcing within the BIE system.

All of our schools have provided health insurance for our employees since the schools were established in the 1970s. Many of our schools, however, struggle to cover the costs of high health

insurance premiums and deductibles. We also have trouble recruiting highly qualified staff due to the costs of their benefits. Some schools are not able to shoulder the financial burden. Others try to find ways to make up for the shortfall, including through the diversion of Indian School Equalization Program (ISEP) dollars. ISEP formula funds support instructional services at BIE-funded elementary and secondary schools, including tribally controlled grant schools. When we use ISEP funds to cover the costs of health insurance and other programs, we reduce the amount of available funds for teachers and curriculum needs in the classroom. This, in turn, directly and adversely affects the consistency and quality of the educational services our students receive.

In 2012, our six tribally controlled grant schools applied to participate in the FEHB program. Pursuant to Title IV of the Indian Health Care Improvement Act, Indian tribes and tribal organizations operating under the ISDEAA are entitled to purchase health insurance coverage for their employees through the FEHB program. 25 U.S.C. § 1647b. We understood that we were able to join based on this provision. The Interior Solicitor and Office of Personnel Management, however, determined that we were ineligible because though we have the authority to administer ISDEAA contracts or compacts, we operate under the Tribally Controlled Schools Act of 1988. We responded to the decision with countervailing arguments that the TCSA specifically incorporated several ISDEAA provisions that had the effect of enabling tribally controlled grant schools to access FEHB. *See* 25 U.S.C. § 2507(a). Nonetheless, our reapplication was once again denied based on Interior's and OPM's aforementioned position. Legislative action is urgently needed to remedy this situation.

BIE-operated schools do not shoulder the same financial burdens as tribally operated grant schools. Rather, BIE-operated schools are able to fully participate in the FEHB program, with expanded benefits packages for their employees and lower overall costs and deductibles. BIE-operated and tribally controlled grant schools share the mission of providing quality education opportunities for Native students to assist them on the path of life-long learning and personal achievement. Both serve the same Native student populations, recruit qualified academic and administrative staff, and advance the interests of tribal sovereignty and self-determination in education – all pursuant to the authorization and funding of the Federal Government. Yet, only BIE-operated schools are able to access the FEHB program with its multifaceted benefits for employees and the schools alike. The result is a shocking divergence in the amount of money that these two school systems must invest to provide health insurance coverage for their employees, as the following example illustrates:

Example: For a single employee, Little Wound School, one of our tribally controlled grant schools, is able to offer a healthcare package through Blue Cross Blue Shield of South Dakota for a monthly cost to the school of \$954 with a \$5,000 deductible (Little Wound currently pays 100% of the total costs). For an employee at a BIE-operated school such as Pine Ridge School, the monthly cost to the school through the FEHB program would be \$348 with a \$500 deductible (the total monthly cost is \$464 but the school covers 75% of that expense at \$348 per month). *Access to FEHB would result in annual savings of over \$1,000,000 for Little Wound School – money that could be used for educational services for students.*

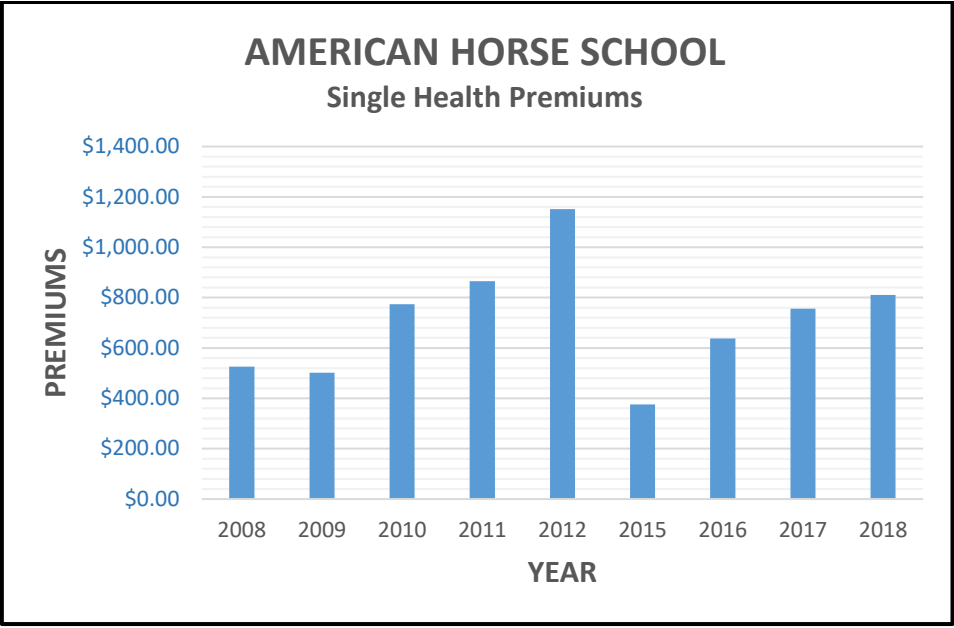
As the charts attached below demonstrate, all six of our tribally controlled grant schools are currently burdened with high premium and deductible obligations. The substantial savings

highlighted in the example above would be replicated to varying degrees at all of our schools if they had access to the FEHB program. These savings represent funding for additional teachers, instruction materials, and classroom aids to enhance our students' learning environment and experiences. Critically, they also translate into additional money being available per student without the need to appropriate new federal funds. Access to FEHB would, thus, enable tribally controlled grant schools to alleviate pressure on ISEP funding and diversify their insurance options without tying up federal funds – a win-win situation. *S. 279 provides this crucial access to FEHB.*

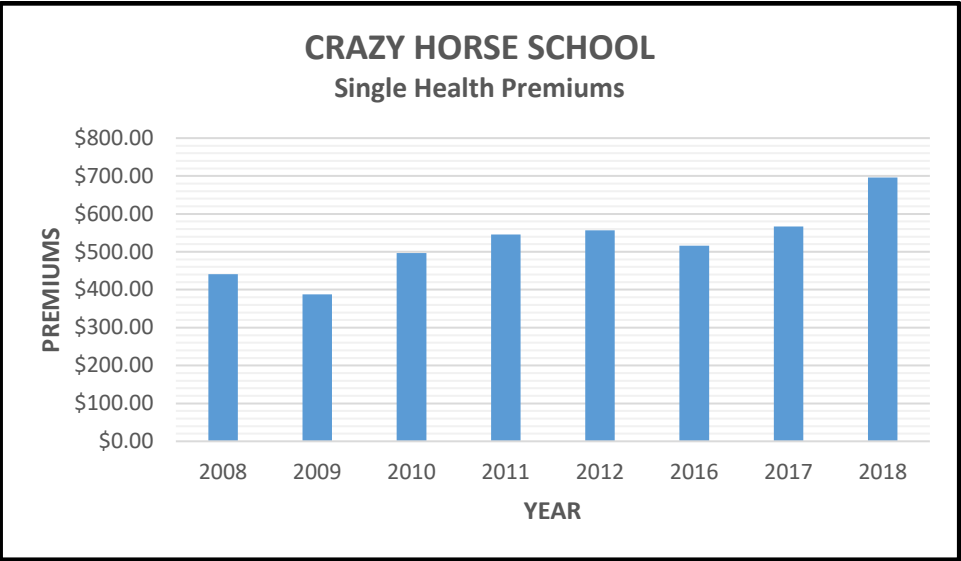
Community Support for S. 279 FEHB Expansion. S. 279 would have benefits not just for our OLNEC members, but for the over 100 tribally controlled grant schools that operate across the country. We have received copies of letters and resolutions of support from numerous intertribal organizations and individual entities, including the National Congress of American Indians; National Indian Health Board; Great Plains Tribal Chairmen's Health Board; United Tribes of North Dakota; Saint Stephens Indian School Education Association, Inc.; and the Standing Rock Sioux Tribe. Copies of these letters are attached for the record.

Conclusion. The Oglala Lakota Nation Education Coalition greatly appreciates this opportunity to provide testimony in support of S. 279. This simple, no cost legislative fix would effectuate manifold employee and budgetary benefits for tribally controlled grant schools nationwide. We ask that you swiftly consider and enact this important bill. Wopila tanka; thank you.

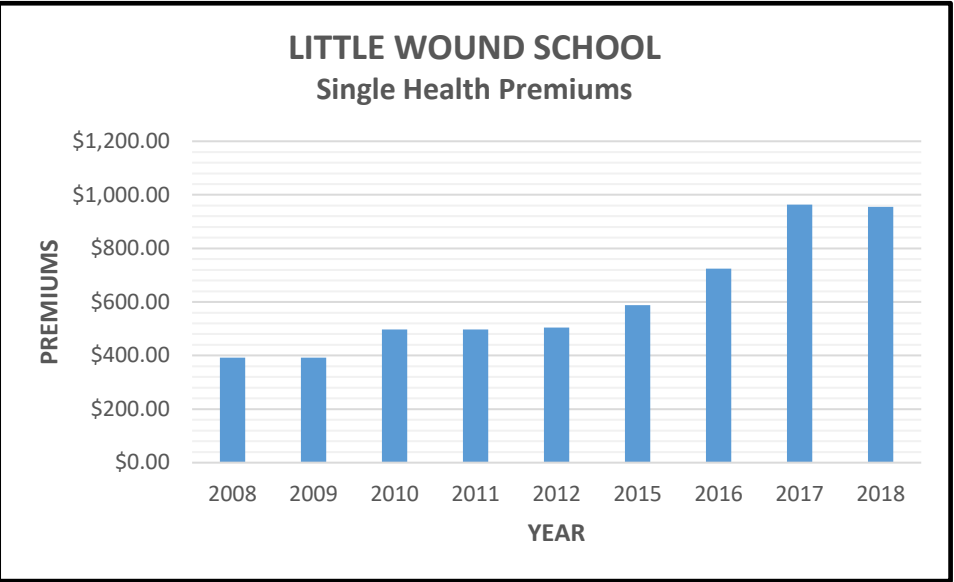
Single Health		
Year	Premium	Deductible
2008	\$526.38	
2009	\$501.38	
2010	\$774.20	
2011	\$865.57	
2012	\$1,152.00	
2015	\$375.40	\$2,000
2016	\$637.24	\$2,500
2017	\$755.60	\$2,500
2018	\$811.16	\$2,500



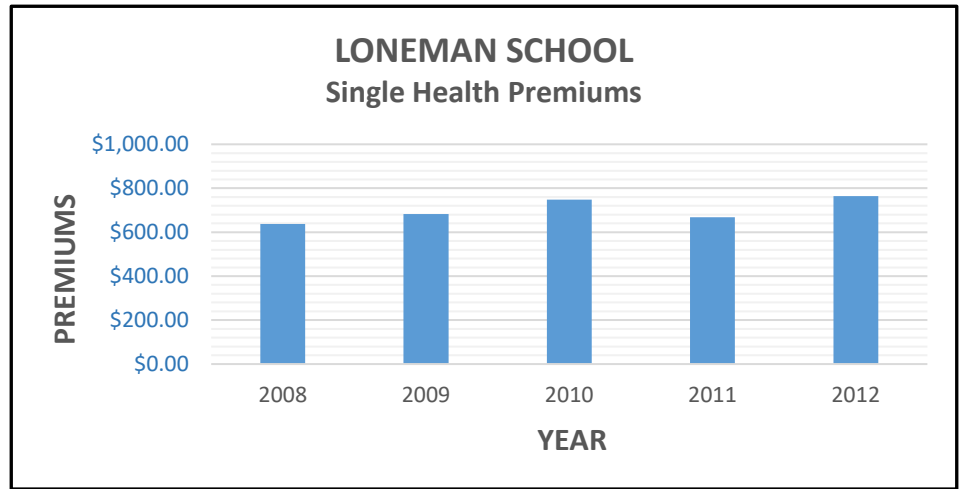
Single Health		
Year	Premium	Deductible
2008	\$440.89	
2009	\$387.68	
2010	\$496.76	
2011	\$545.45	
2012	\$556.53	
2016	\$515.73	\$2,500
2017	\$566.86	\$2,500
2018	\$696.00	\$5,000



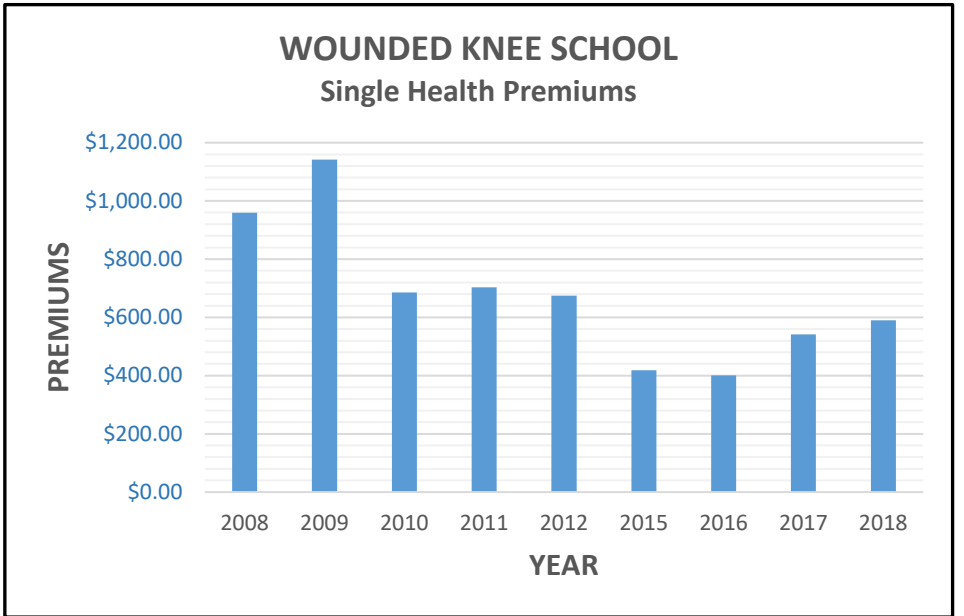
Single Health		
Year	Premium	Deductible
2008	\$392.55	
2009	\$392.55	
2010	\$496.77	
2011	\$497.02	
2012	\$505.02	
2015	\$588.55	\$2,000
2016	\$724.62	\$3,000
2017	\$963.44	\$3,000
2018	\$954.58	\$5,000



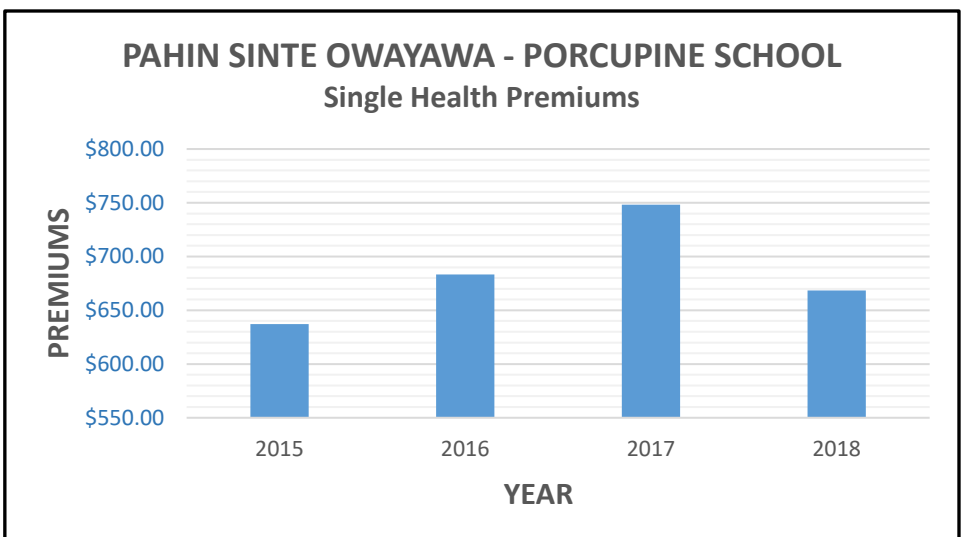
Single Health		
Year	Premium	
2008	\$637.10	
2009	\$683.19	
2010	\$748.18	
2011	\$668.56	
2012	\$764.81	



Single Health		
Year	Premium	Deductible
2008	\$959.61	
2009	\$1,142.11	
2010	\$685.42	
2011	\$703.63	
2012	\$674.44	
2015	\$418.23	\$2,000
2016	\$401.01	\$2,000
2017	\$541.53	\$2,250
2018	\$590.26	\$2,800



Single Health		
Year	Premium	Deductible
2015	\$637.10	\$2,000
2016	\$683.19	\$2,000
2017	\$748.18	\$2,250
2018	\$668.56	\$2,800





NATIONAL CONGRESS OF AMERICAN INDIANS

April 29, 2019

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The Honorable John Hoeven, *Chairman*
U.S. Senate Committee on Indian Affairs
838 Hart Senate Office Building
Washington, DC 20510

The Honorable Tom Udall, *Vice-Chairman*
U.S. Senate Committee on Indian Affairs
838 Hart Senate Office Building
Washington, DC 20510

Re: Support for S. 279, the Tribal School Federal Insurance Parity Act of 2019

Dear Chairman Hoeven and Vice-Chairman Udall:

I write on behalf of the National Congress of American Indians (NCAI), the oldest and largest organization serving the interests of American Indian and Alaska Native tribal nations and citizens, to express NCAI's support for the immediate consideration and passage of S. 279, the Tribal School Federal Insurance Parity Act.

Access to healthcare is a concern for all Americans – especially within tribal communities. In 2010, Congress intended to improve healthcare access by authorizing tribal nations utilizing Indian Self-Determination and Education Assistance Act (ISDEAA) programs to participate in the Federal Employee Health Benefit (FEHB) program. Unfortunately, after consideration by the Department of the Interior and Office Personnel Management (OPM), it was determined that Tribal Grant School employees (25 U.S.C. Ch. 27) are ineligible for FEHB, even though Tribal Grant Schools operate under the ISDEAA model.

Tribal Grant School employees should have access to FEHB. We thank Senator John Thune for introducing S. 279. This legislation will ensure Tribal Grant School employees have access to this vital program, thereby improving prospects for recruiting and retaining excellent teachers at tribal schools and reducing the healthcare costs of tribal schools so that school resources can be appropriately focused on education.

Tribal nations have greatly appreciated the work of Congress to ensure that the benefits of the FEHB program reach Indian Country. NCAI urges the prompt passage of this legislation that is vital for Tribal Grant School employees. We look forward to working with you, and should you have any questions, please do not hesitate to contact Nicholas Courtney, NCAI Policy Analyst, at ncourtney@ncai.org.

Respectfully,

Jefferson Keel
President, NCAI

National Indian Health Board



April 12, 2019

The Honorable John Thune
United States Senate SD-511
Washington, DC 20510

Re: Support for the Tribal School Federal Insurance Parity Act

Dear Senator Thune,

I write today to express my support for S. 279, the Tribal School Federal Insurance Parity Act. As you know, American Indians and Alaska Natives (AI/ANs) face significant challenges in healthcare access and coverage, and this legislation will make positive improvements towards reducing the costs of health coverage for Tribal Schools while freeing up funds for recruitment and retention of education-specific needs.

In recent years, the cost of health care has skyrocketed, straining the limited budgets of Tribal Schools who have been forced to spend a larger percentage of their education dollars on health insurance coverage for employees. In fact, Tribal Grant Schools have reported experiencing a 50% increase in health insurance premium rates over the last few years. Since the 1988 passage of the Tribally-Controlled Schools Act (P.L. 100-297), Tribes have been able to expand their self-governance authorities and control over education and schooling programs. There are currently 128 Tribal Grant Schools nationwide, and 3 Tribal schools operating under self-determination contracts as established under P.L. 93-638. However, these schools have been restricted from receiving Federal Employee Health Benefits (FEHB) and Federal Employees Group Life Insurance (FEGLI) eligibility. As a result, they are forced to utilize portions of their education budgets to cover these expenses.

By permitting Tribal Grant Schools to access FEHB and FEGLI benefits, it frees up more of Tribes' education funding to be spent on much-needed education supplies, recruitment of new teachers, and other resource needs. It also honors the federal trust responsibility for health services and furthers the government-to-government relationship between Tribal Nations and the federal government.

Thank you for taking on this important issue by re-introducing the Tribal School Federal Insurance Parity Act. This effort is an important first step towards reducing Tribal health expenditures and improving educational outcomes in Indian Country. Please know that NIHB is here to offer any support or assistance you may need in moving this legislation through Congress.

Yours in Health,

Victoria Kitcheyan

Victoria Kitcheyan, Chairperson



910 Pennsylvania Avenue, SE | Washington, DC 20003 | 202-507-4070 | 202-507-4071 fax | www.nihb.org

The Red Feather of Hope and Healing



**GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD
RESOLUTION 2019-04**

- PURPOSE:** **Supporting Passage of the "Tribal School Federal Insurance Parity Act" (S. 279 and H.R. 895)**
- WHEREAS,** **The Great Plains Tribal Chairmen's Health Board (GPTCHB) is composed of seventeen (17) tribes and one (1) Indian Health Service Area in the four-state region of South Dakota, North Dakota, Nebraska and Iowa; and**
- WHEREAS,** **federally recognized Indian tribes have an absolute right to health care from the federal government based on congressional acts, on federal court decisions and on the federal government's treaty**
- and** **trust responsibilities to Indian tribes; and**
- WHEREAS,** **GPTCHB is primarily responsible for the health concerns and needs of the Indian tribes in the Great Plains Area Indian Health Service; and**
- WHEREAS,** **the Indian Health Care Improvement Act did allow for Indian Self-Determination and Education Assistance Act programs to participate in the Federal Employee Health Benefit program; and**
- WHEREAS,** **Tribal Grant Schools exist under Pub. L. 93-638 within 268 tribes located in 23 states and operate under the Amendment to the Pub. L. 93-638 Act, Pub. L. 100- 297, which was enacted to provide tribal schools with access to further educational and federal resources; and**
- WHEREAS,** **health care insurance premiums and deductibles have increased dramatically over the past years and Tribal Grant Schools have seen up to a 50% increase in health insurance premium rates; and**
- WHEREAS,** **Tribal Grant Schools have been forced to use Indian School Equalization Program (ISEP) funds that are intended to support instructional services at BIE-funded elementary and secondary schools to cover the costs of providing health insurance benefits to their employees; and**
- WHEREAS,** **the diversion of ISEP dollars to cover insurance costs, among other programs, necessarily reduces available funding for**

Instructional services and curriculum needs in the classroom, which, in turn, directly affects the consistency and quality of the educational services that students at BIE-funded elementary and secondary schools, including Tribal Grant Schools, receive; and

WHEREAS, Tribal Grant Schools have attempted to participate in the FEHB program to alleviate this financial burden, however, the schools have been repeatedly denied the ability to participate by the Office of Personnel Management; and

WHEREAS, Congress is taking action to address this issue with the introduction of Senate and House companion bills, known as the "Tribal School Federal Insurance Parity Act" (S.279 and H.R. 895, respectively), that would amend Section 409 of the Indian Health Care Improvement Act to allow Tribal Grant Schools to participate in the FEHB program; and

WHEREAS, passage of the Tribal School Federal Insurance Parity Act would result in significant health insurance cost savings for Tribal Grant Schools, ensure that Tribal Grant Schools are able to provide affordable health insurance to their employees and free up valuable resources, such as ISEP dollars, for the provision of quality educational services.

NOW, THEREFORE, BE IT RESOLVED that the Chairpersons/Presidents of the Great Plains Area respectfully requests that Congress swiftly pass S. 279 and H.R. 895, companion bills referred to as the "Tribal School Federal Insurance Parity Act," to allow Tribal Grant Schools to participate in the FEHB program.

CERTIFICATION

This is to certify that this resolution was adopted by the Great Plains Tribal Chairmen's Health Board, (GPTCHB) Executive Committee by a vote of:

13 FOR 0 OPPOSED 1 NOT VOTING

MOTION CARRIED


Roger Trudell
Chairman, GPTCHB
Chairman, Santee Sioux Tribe of Nebraska


Henry LaDue,
Secretary, GPTCHB
Chairmen, Trenton Indian Service Area

Date 4-26-19

Date 4-26-19



United Tribes of North Dakota

Sisseton-Wahpeton Sioux Tribe | Spirit Lake Tribe
Standing Rock Sioux Tribe | Three Affiliated Tribes
Turtle Mountain Band of Chippewa Indians

Resolution # 19-03-01

TITLE: Support legislation introduced for Tribal 100-297 Grant Schools to Participate in The Federal Health Employees Benefit Program in the Indian Health Care Improvement Act of 2010

WHEREAS, United Tribes of North Dakota ("United Tribes") is the inter-tribal association of the five federally recognized Tribes co-located with North Dakota, each of which has a government-to-government relationship with the United States government established by Treaty, including the Sisseton Wahpeton Sioux Tribe, the Spirit Lake Tribe, the Standing Rock Sioux Tribe, the Three Affiliated Tribes, and the Turtle Mountain Band of Chippewa Indians, with a Board of Directors composed of the Chairman and once council member from each member Tribe; and

WHEREAS, United Tribes exists to assist in furthering the common goals of the North Dakota Indian Tribes and Nations; and

WHEREAS, the Indian Health Care Improvement Act of 2010 did allow for Indian Self-Determination and Education Assistance Programs to participate in the Federal Employee Health Benefit program; and

WHEREAS, Tribal Grant Schools exist under PL 93-638 within 268 tribes located in 23 states and operate under the Amendment to the PL 93-638 Act. PL 100-297, nine of those schools are on four reservations in North Dakota; and

WHEREAS, PL 100-297 was enacted for tribal schools to access additional further educational federal resources; and

WHEREAS, health care insurance premiums and deductibles have increased dramatically over the past years and Tribal Grant Schools have seen up to 50% increase in health insurance premium rates; and

WHEREAS, Tribal Grant Schools have attempted to participate in the FEHB, however the schools have been denied by the Office of Personnel Management; and

WHEREAS, at a meeting with Department of Interior and Office of Personnel Management, it was determined the decision to deny Tribal Schools the ability to participate in FEHB was OPM policy and not an Affordable Care Act law.

NOW THEREFORE BE IT RESOLVED, That the Board hereby conveys its full support to add language in the Indian Health Care Improvement Act for tribal 100-297 schools in North Dakota, Great Plains and Indian Country to have access to the Federal Health Employees Benefits program for its staff.

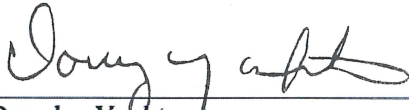
CERTIFICATION

The foregoing resolution was duly passed at a meeting of the United Tribes of North Dakota Board of Directors at which quorum was present, held on the 1st day of March, 2019, at the campus of United Tribes Technical College, with a vote of 6 in favor, 0 opposed, 0 abstaining, and 4 not present.



Mark Fox
Chairman, Three Affiliated Tribes
Vice-Chairman/Acting Chairman, Board of Directors
United Tribes of North Dakota

ATTEST:



Douglas Yankton
Vice-Chairman, Spirit Lake Tribe
Secretary, Board of Directors
United Tribes of North Dakota

SAINT STEPHENS INDIAN SCHOOL EDUCATIONAL ASSOCIATION, INC.

P.O. BOX 345
SAINT STEPHENS, WYOMING 82524
307 856-4147 307 332-6742 FAX 307 856-3742



Thursday, April 25, 2019

The Honorable John Barrasso
United States Senate
Washington, DC 20510

Re: Support for the Tribal School Federal Insurance Parity Act

Dear Senator Barrasso,

St. Stephens Indian School, Bureau of Indian Education Public Law 100-297 entity, is requesting support and assistance for S. 279, the Tribal School Insurance Parity Act. As you may know, American Indians and Alaska Natives (AI/ANs) face significant challenges in health care access and coverage, and this legislation will make positive improvements towards reducing the costs of health care coverage for Tribal Grant School while freeing up funds for recruitment and retention of education-specific needs.

Purpose Statement

St. Stephens Indian School is a Public Law 100-297 Tribally Controlled School, and the only BIE School in the State of Wyoming. There are one-hundred thirty (130) tribally controlled schools in the nation. St. Stephens Indian School employees currently do not qualify for Federal Employee Health Benefits. Current premiums and costs are a major challenge for St. Stephens Indian School employees. All fifty-three (53) Bureau of Indian Education directly operated schools are Public Law 93-638 and receive Federal Employee Health Benefits. St. Stephens Indian School is requesting an on-going working relationship with both the Eastern Shoshone Business Council and the Northern Arapaho Business Council to communicate to Wyoming State delegations about this matter. We also request assistance in meeting with the Wyoming State Education Committee, and Tribal Relations Committee to change the language in the 1987 Indian Health Care Improvement Act to add Public Law 100-297 - Bureau of Indian Education Tribally Controlled Schools - to qualify for Federal Employee Health Benefits.

Partnerships

St. Stephens Indian School encourages a partnership with the Lakota Nation Education Coalition, in South Dakota. There are six Public Law 100-297 BIE schools, and only one Public Law 93-638 school in South Dakota. The last legislative session South Dakota delegation introduced a bill to add language to the Indian Health Care Improvement Act that will state Public Law 100-297 employees' access to Federal Employee Health Benefits.

Significance

Partner with States to change major legislation that will have a positive effect for our tribal members in years to come. Federal Employee Health Benefits cover children until the age of 26, regardless if they are married. The federal government has a trust responsibility to American Indian Tribes for all aspects of everyday life.

Problem Statement

All fifty-three (53) Bureau of Indian Education operated schools enjoy the benefits of the Federal Health Employee Benefits. These past two (2) years, St. Stephens Indian School leadership have approached the process with Mr. Derek Boyer, BIE Administrative Analyst, to change St. Stephens Indian Schools to change from a Public Law 100-297 entity to a Public Law 93-638 entity.

St. Stephens is a non-profit organization and cannot be combined with State schools. St. Stephens is the only BIE entity in the nation that operates under two (2) Federally Recognized Tribes and the only BIE entity in the nation that operates under an Association of community members. The Saint Stephens Indian Schools Education Association, Inc. was established in 1975, thus separating from the Catholic Church.

St. Stephens left the Wyoming State Trust Insurance (Blue Cross Blue Shield in 2016 because the insurance premiums only covered Certified Employees which only included certified teachers and certified administration. Under the Wyoming Trust, employees paid 20 percent of their annual health insurance, St. Stephens Indian School accounted for 80 percent of the health care insurance. The Wyoming State Trust Health Insurance cost St. Stephens Indian School 1.2 million dollars per year, and only provided coverage for 35 out of 71 school employees (49%). Leaving enrolled members without coverage.

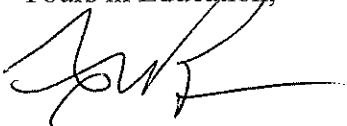
In the spring of 2016, St. Stephens concluded their contractual agreement with Wyoming State Education Trust Health Benefits and entered into a contract with MBA Benefit Administration (Utah) that provided 100 percent family health insurance benefits for all 71 employees for school years 2016-2017 and 2017-2018. The costs averaged about \$700,000 - \$800,000 dollars per year, but with higher deductibles and many loop holes for coverage.

Entering this school year in 2018-2019, due to inflation and rising health care costs, St. Stephens Indian School could only offer full-time employees 100 percent health care coverage. For employees that are working less than 40 hours – paraprofessionals and bus drivers (a large percentage are tribal members) – we had to offer an 80/20 percent offer, or they could choose to decline coverage for Indian Health Service. The increased costs are a major obstacle/barrier for tribal members who are St. Stephens Indian School employees, especially with Riverton and Lander Clinics offering limited health services. In emergencies, patients are air lifted to the nearest emergency medical center.

Conclusion

We cannot meet the 21st century challenges for American Indian children health ideologies of the past. We can improve the lives of not only our employees but our students. The ability to provide quality health insurance benefits brings quality teachers to educate the children of the Wind River Indian Reservation.

Yours in Education,



4/25/19

Mr. Frank No Runner
Superintendent SSISEA

RESOLUTION NO. 056-19

WHEREAS, the Standing Rock Sioux Tribe is an unincorporated Tribe of Indians, having accepted the Indian Reorganization Act of June 18, 1934, with the exception of Section 16; and the recognized governing body of the Tribe is known as the Standing Rock Sioux Tribal Council; and

WHEREAS, the Standing Rock Sioux Tribal Council, pursuant to the amended Constitution of the Standing Rock Sioux Tribe, Article IV, Section 1[a], 1[c], and 1[g] is empowered to negotiate with Federal, State and local governments and others on behalf of the Tribe; and to promote and protect the health, education and general welfare of the members of the Tribe, and to administer such services that may contribute to the social and economic advancement of the Tribe and its members; and

WHEREAS, the Standing Rock Sioux Tribe has been engaged with educational endeavors on the Standing Rock Sioux Reservation to ensure an effective, appropriate, and relevant education of its tribal members thus affirming the preservation, protection, and perpetuation of the Tribe's most valuable resource-our children; and

WHEREAS, the Standing Rock Sioux Tribe demonstrates their commitment to the education of their enrolled members by working with the Standing Rock preschools, schools, and college to promote and foster their effectiveness to increase academic achievement, increase attendance rates, increase graduation rates, and increase parent/family engagement thus ensuring the academic success of our students; and

WHEREAS, PL 100-297, the Tribally Controlled Schools Act states "The Congress declares that a major national goal of the United States is to provide the resources, processes and structure which will enable Tribes and local communities to effect the quality of educational services and opportunities which will permit children to compete and excel in the life area of their choice, and to achieve a measure of self-determination essential to their social and economic well-being," thus allowing Tribal Grant Schools to access additional federal educational resources; and

WHEREAS, Tribal Grant Schools exist within 268 tribes located in twenty-three (23) states and operate under the Amendment to PL 93-638 and PL 100-297 and the Standing Rock Sioux Tribe has chartered three Tribal Grant Schools; and

WHEREAS, the Indian Health Care Improvement Act 2010 did allow for Indian Self-Determination and Education Assistance Programs to participate in the Federal Employee Health Benefit program; and

WHEREAS, health care insurance premiums and deductibles have increased dramatically over the past years and Tribal Grant Schools have experienced up to fifty percent (50%) increase in health insurance premium rates; and

WHEREAS, Tribal Grant Schools have attempted to participate in the Federal Employee Health Benefit program, however, the schools have been denied by the Office of Personnel Management; and

WHEREAS, at a meeting with Department of Interior and Office of Personnel Management, it was determined that the decision to deny Tribal Grant Schools the ability to participate in Federal Employee Health Benefit program was OPM policy and not an Affordable Care Act law.

NOW THEREFORE BE IT RESOLVED, that the Standing Rock Sioux Tribe petitions the US Congress and hereby conveys its full support to add language in the Indian Health Care Improvement Act for Tribal Grant Schools in North Dakota, Great Plains and Indian Country to have access to the Federal Health Employees Benefits program for its staff; and


BE IT FURTHER RESOLVED, that the Chairman and Secretary of the Tribal Council are hereby authorized and instructed to sign this resolution for and on behalf of the Standing Rock Sioux Tribe.


CERTIFICATION

We, the undersigned, Chairman and Secretary of the Standing Rock Sioux Tribe, hereby certify that the Tribal Council is composed of [17] members, of whom 15 constituting a quorum, were present at a meeting duly and regularly called, noticed, convened and held on the 5th day of **FEBRUARY, 2019**, and that the foregoing resolution was duly adopted by the affirmative vote of 14 members, with 0 opposing, and with 1 not voting. **THE CHAIRMAN'S VOTE IS NOT REQUIRED EXCEPT IN CASE OF A TIE.**

DATED THIS 5TH **DAY OF FEBRUARY, 2019.**

ATTEST:


Susan Agard, Secretary
Standing Rock Sioux Tribe


Mike Faith, Jr., Chairman
Standing Rock Sioux Tribe

[OFFICIAL TRIBAL SEAL]

Meeting Date: 2/5/2019
Motion No. 60