# Building Consensus: NPAIHB's Role in the IHCIA Reauthorization

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## Opening Frame

Of all the organizations that took part in the decade-long effort to reauthorize the Indian Health Care Improvement Act, one deserves more credit than the documentary record alone can show. It is my own assessment — and one I believe many who worked alongside Indian Health Service programs and Tribal organizations during this period, especially in the Northwest, would share — that the Northwest Portland Area Indian Health Board was arguably the most important organization in the development of the IHCIA reauthorization.

None of this means NPAIHB could have produced the IHCIA of 2010 alone, or that it ever tried to. No regional organization — however capable — can substitute for the National Steering Committee, the other Area Health Boards, the national Indian organizations, Tribal attorneys, legislative counsel, and Congress itself. The reauthorization succeeded because all of these worked together, and NPAIHB's role only has meaning within that larger collective effort, not apart from it.

This is not a claim about authorship of legislative text. The roster accompanying this essay is explicit that no single organization, committee, or individual "wrote" the IHCIA — the effort was distributed across the National Steering Committee, five national workgroups, dozens of Tribal attorneys, legislative counsel, and Area Health Boards from Aberdeen to Tucson. NPAIHB's importance lay elsewhere: in the discipline of turning sophisticated analysis into positions that other Tribes and other Areas could actually stand behind.

That work took three forms across the reauthorization effort — policy analysis rigorous enough to earn the confidence of Tribal leadership; meeting facilitation and logistical support that made national consensus-building possible, most visibly at the May 2002 Portland meeting; and sustained support to other national Indian health organizations pursuing the same goal by different means. The common thread was not drafting language but building agreement — the patient, largely undocumented work of helping many sovereign Tribal governments arrive at a shared position before that position ever reached Congress.

This essay traces how that role took shape, how it changed as the reauthorization moved from regional consultation to national process to congressional advocacy, and what it suggests about the kind of institutional infrastructure that durable federal Indian health legislation actually depends on.

## 1998–99: What the Northwest Had Already Built

By the time the national IHCIA reauthorization effort formally began in 1999, the Northwest was not starting from a blank slate. A 1998 NPAIHB paper had already documented what Tribes in Washington, Oregon, and Alaska had achieved through years of direct engagement with state Medicaid policy — work that predated, and in important ways anticipated, provisions the national process would later pursue at the federal level.

That record included managed care protections negotiated directly with state Medicaid agencies, formal tribal consultation requirements built into state policymaking years before consultation became a federal statutory obligation, early implementation of 100% federal matching for services delivered through Indian health programs, and durable institutional forums — standing bodies where Tribes and state officials worked through Medicaid policy on a recurring basis, not as one-off negotiations.

None of this happened by accident, and none of it happened because any single Tribe acted alone. It happened because NPAIHB functioned as the analytical and organizational backbone that let Northwest Tribes engage state government from a position of shared understanding rather than separate, competing asks. That same function — sophisticated analysis in service of a collective position — is what NPAIHB carried into the national reauthorization effort in 1999, and it is the thread this essay follows from here.

The significance of this regional groundwork is easy to understate. When the National Steering Committee began its work in June 1999, the Northwest was not asking “what should Tribal health financing look like.” It already knew, from direct experience, what worked — and what it took, institutionally, to get there.

## 1999–2000: NPAIHB Inside the National Process

When the National Reauthorization Steering Committee convened in June 1999, Julia Davis (later Davis-Wheeler) sat at the table as the Portland Area's Tribal representative — one voice among the Area representatives who carried regional experience into the national process. But her role went beyond simple representation. She co-led the Health Facilities workgroup alongside Robert Nakai, and — based on my own firsthand recollection of that period — she was also providing substantive input into the drafting of Title IV, the provision at the center of the reauthorization's most consequential and closely watched work.

That combination mattered. Title IV was not a peripheral piece of the reauthorization; it was, by most accounts, the section that carried the greatest institutional and financial weight, and its development drew in a narrower circle of Tribal leaders and technical advisers than the broader national process did. Davis-Wheeler's presence in that circle, alongside her formal workgroup leadership, meant that the Northwest had a hand not just in the process architecture of the reauthorization but in the substance of

its most important title.

This is a case where the documentary record and lived experience diverge in exactly the way the roster acknowledges. Contemporary sources confirm Davis-Wheeler's Area representative role and her Health Facilities workgroup leadership without difficulty. Her contribution to Title IV specifically rests, at this point, on firsthand recollection rather than a contemporaneous document naming her role in that capacity — a gap worth flagging rather than glossing over, consistent with how the roster treats every claim that rests on memory rather than paper.

What it illustrates, documented or not, is the pattern this essay is tracing: NPAIHB's Northwest representatives were not simply present at the national table. They were doing analytical and drafting work that shaped outcomes, often in the parts of the process that left the thinnest paper trail — the rooms where a handful of people worked through what the language should actually say, not just where consensus wanted to land.

## 2000–02: NPAIHB as Institutional Host

As NPAIHB Executive Director beginning in 2000, my own role shifted from policy analysis in support of others to organizational responsibility for the Board's continuing involvement in the reauthorization effort. That shift culminated in the May 28–30, 2002 national meeting in Portland — more than 200 Tribal representatives, federal personnel, and congressional staff, convened to work through Administration and congressional concerns, including the Congressional Budget Office's assessment of the proposed legislation, and to produce recommendations transmitted directly to Congress.

NPAIHB's role at that meeting is worth being precise about, because it is easy to conflate hosting with facilitating, and they were not the same function. Jo Ann Kauffman, of Kauffman and Associates, provided the meeting's facilitation and technical support — the same role her firm had carried since the July 1999 draft preserved in the IHS archive. NPAIHB's role was organizational and logistical: convening the space, coordinating as the sponsoring host, and providing the institutional infrastructure that let more than 200 people from across Indian Country do substantive work together over three days.

That distinction matters to the larger argument of this essay. NPAIHB's importance did not rest on occupying every function in the room. It rested on knowing which function was needed and supplying it reliably — sometimes analysis, sometimes drafting input, and at this moment, the institutional scaffolding that made a national meeting of that scale possible at all. The Northwest's contribution to the IHCIA reauthorization was not a fixed role played consistently from 1999 to 2007. It was a capacity to do whatever the moment required, and to do it in service of building consensus rather than asserting a single organization's position.

The record from this period also carries one of the roster's most significant acknowledged gaps: the complete participant list for the May 2002 meeting has never been located. What survives are the names of the individuals — from NPAIHB, IHS, and elsewhere — who can presently be documented in connection with it. The meeting's full scope, and the full extent of who did what in the rooms where consensus was actually built, remains only partially recoverable.

## 2003–06: The Narrowing Role

By 2003, the character of NPAIHB's involvement had changed again. My own contribution during these years was policy analysis, editing, and technical support rather than direct drafting — a distinction the roster is careful to preserve. In meetings with Senate staff on specific provisions, Myra Munson took the lead in developing legislative language; my role was to provide editing and advice on the Tribal policy positions that language was meant to express. The center of gravity for legislative drafting had moved to Munson and legislative counsel, as it needed to — statutory language is a specialized craft, and NPAIHB's comparative advantage had never been drafting itself but ensuring that whatever language emerged actually reflected what Tribes had agreed to want.

At the same time, NPAIHB's presence in the reauthorization effort did not disappear so much as redistribute. Jim Roberts' role became increasingly visible during this period as legislative and policy advocacy — carrying the Board's work with Tribal leaders directly into congressional offices, a function distinct from the analytical and facilitative work NPAIHB had supplied earlier in the process. That advocacy work ran through a close working relationship with Joe Finkbonner, NPAIHB's Executive Director — a channel that carried policy positions from Roberts to Finkbonner to the elected Tribal leaders whose authority ultimately stood behind them. Where the 1999–2002 period had been about building the substance of a national position, 2003–06 was increasingly about carrying that position through the mechanics of Congress — and Roberts, not I, was doing that carrying.

My own direct involvement diminished substantially in 2006, when I was serving in Nevada rather than at NPAIHB. The roster does not characterize me as a continuing central participant in the 2007 legislative effort, and this essay should not overstate that record. It is worth naming plainly: NPAIHB's role in the reauthorization's final push rested more on Roberts' advocacy — carried through Finkbonner to Tribal leadership — and on the institutional relationships the Board had built over the preceding years than on any continuous individual involvement — mine included.

## What This Suggests: The Infrastructure Durable Legislation Depends On

The roster accompanying this essay makes a discipline of refusing simple authorship claims. No person, committee, or organization “wrote” the IHCIA. That discipline is correct, and this essay has tried to honor it — every claim about NPAIHB's role has been held to the same standard the roster applies to everyone else, with firsthand recollection flagged as recollection and documented roles left to

stand on their own record.

But refusing to name a single author is not the same as refusing to draw a conclusion. Having traced NPAIHB's role across nearly a decade — from the 1998 groundwork in state Medicaid policy, through Davis-Wheeler's presence in both the Area representative seat and the Title IV drafting circle, through the Board's institutional hosting of the 2002 Portland meeting, through the handoff from direct drafting support to Roberts' congressional advocacy carried through Finkbonner to Tribal leadership — the pattern that emerges is not one of continuous authorship. It is a pattern of continuous *capacity*: an organization that supplied whatever function the moment required, staffed by different people performing different roles, but anchored throughout by the same underlying purpose — turning sophisticated analysis into positions that sovereign Tribal governments could actually agree to stand behind together.

That is what I mean when I say NPAIHB was arguably the most important organization in the development of the IHCIA — a view I believe many, especially in the Northwest, would share. Not that it drafted the most language, or sent the most people to the most meetings, but that it built and sustained the infrastructure — analytical, relational, and institutional — that made national Tribal consensus possible at all. Legislation of this scope does not emerge from federal goodwill or congressional initiative. It emerges when Tribes have already done the harder work of agreeing among themselves, and when an institution exists that can carry that agreement, reliably, through every phase of a process that takes a decade to complete.

The lesson for anyone thinking about how future Indian health legislation might get built is not to look for the next drafting team or the next national steering committee, though both will matter. It is to ask whether the regional infrastructure exists — the NPAIHBs, in whatever form — capable of doing the quiet, largely undocumented work of building consensus before it ever reaches Washington. The IHCIA reauthorization succeeded, in the end, because that infrastructure existed in the Northwest and elsewhere. Its durability going forward is not guaranteed. It has to be built and maintained, the same way it was built the first time.