

# OMAHA TRIBE OF NEBRASKA

## Executive Officers

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Jason Sheridan, Chairman  
Jerome Hamilton, Vice-Chairman  
Alan Harlan, Treasurer  
Dustin Lovejoy, Secretary



## Members

Leander Merrick  
Galen Aldrich SR.  
Calvin Harlan

## RESOLUTION NO. 24-140

### OF THE

## OMAHA TRIBE OF NEBRASKA

7/30/2024

Revised by Theresa Rachel at the request of CTCHEC

**RE:** CTCHEC affirmed as a public health authority AND authority grant by the Tribe to the Great Plains Tribal Leaders Health Board (GPTLHB)

**WHEREAS:** The Omaha Tribe of Nebraska is a federally recognized Indian tribe, organized under a constitution and bylaws approved by the Secretary of Interior on April 30, 1936, pursuant to Section 16 of the Indian Reorganization Act of June 18, 1934; and

**WHEREAS:** pursuant to Article III, Sec.1 of the constitution of the Omaha Tribe of Nebraska, the governing body of the Omaha Tribe shall also be known as Tribal Council; and

**WHEREAS:** Article IV, Section 1 (j) of the Constitution of the Omaha Tribe of Nebraska provides the Omaha Tribal Council with the power to safeguard and promote the economy and general welfare of the Omaha Tribe; and

**WHEREAS:** Article IV, Section 1 (q) of the Constitution of the Omaha Tribe of Nebraska provides the Omaha Tribal Council with authority to delegate to subordinate boards, or Tribal Officials, or to cooperative associations which are open to all members of the Tribe, any of the foregoing powers, reserving the right to review any actions taken by virtue of such delegated powers; and

**WHEREAS:** The Omaha Tribe of Nebraska desires to Affirm the designation of Carl T. Curtis Health Education Center (hereafter "CTCHEC") as the agency of the Omaha Tribe of Nebraska (hereafter Tribe) responsible for carrying out the public health authority of the Tribe; (2) Acknowledge and recognize the authority of the GPTLHB Tribal Epidemiology Center (TEC) as a public health authority; and (3) Affirm the authority granted by the Tribe to the Great Plains Tribal Leaders Health Board (GPTLHB) to perform directly, and in collaboration with the Tribe's public health authority, the functions of a public health authority, including the authority to receive and disclose of otherwise protected health information; and (4) Authorize GPTLHB TO assume the programs, functions, services, and activities (PFSAs) of the Indian Health Service associated with epidemiology pursuant to the Indian Self-Determination and Education Assistance Act, as amended, to plan,

conduct, and administer programs and related funding (including tribal shares) and to receive and administer such funding, which is contractible but not divisible.

**WHEREAS:** “Public health authority means an agency or authority of the United States . . . or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate” (45 C.F.R. § 164.501); and

**WHEREAS:** Guidance from the Centers for Disease Control and Prevention (CDC) and the United States Department of Health and Human Services (HHS) recognizes that many public health agencies also provide direct health care services and that it is important for protected health information (PHI) to be shared to accomplish essential public health objectives;

**WHEREAS:** The TRIBE has provided public health and other health services under its own authority and pursuant to a contract under the authority of the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, as amended, with HHS to carry out PFSAs of the Indian Health Service, through the Tribal Health Department,

**WHEREAS:** CTCHEC responsibilities include fulfilling a mandate by the TRIBE to carry out public health functions as the TRIBE’s public health authority; and

**WHEREAS:** The CTCHEC is authorized without individual authorization to collect and receive protected health information (PHI), for the purposes of preventing or controlling disease, injury or disability and as otherwise required by other federal, state or tribal laws for public health purposes; and

**WHEREAS:** The Great Plains Tribal Leaders Health Board (GPTLHB) (formerly known as the “Great Plains Tribal Chairmen’s Health Board”) is a tribal organization (as that term is defined at 25 U.S.C. § 5304(*l*)) governed by members of the seventeen (17) Tribes and one (1) Indian Service Area serving nearly 170,000 individuals in the IHS Great Plains Area Office comprised of the four-state region of South Dakota, North Dakota, Nebraska and Iowa; and

**WHEREAS:** The GPTLHB serves as a liaison among the Great Plains Tribes, the US Department of Health and Human Services and associated agencies, including Indian Health Service, State and Local Public Health Agencies, and other governmental and non-governmental agencies to promote the health and wellbeing of American Indian peoples in the Great Plains; and

**WHEREAS:** The GPTLHB has established and administered the Great Plains Tribal Epidemiology Center (TEC) since 2003, and has an established program of accomplishment to uphold GPTLHB’s goals and core functions, developing expertise and undertaking projects within the areas of tribal epidemiology, public health practice, evaluation, and other competencies in support of the public health priorities of Great Plains Area tribes; and

**WHEREAS:** The Great Plains Tribal Epidemiology Center was established as the epidemiology center for the Great Plains Area of the Indian Health Service to carry out the services identified in 25 U.S.C. § 1621m and is funded to perform, “in consultation with and on the request of Indian tribes, tribal organizations, and urban Indian organizations”, seven core

functions: 1) to collect data relating to, and monitor progress made toward meeting, each of the health status objectives of the Service, the Indian tribes, tribal organizations, and urban Indian organizations in the Service area; 2) to evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian health; 3) assist Indian tribes, tribal organizations, and urban Indian organizations in identifying highest-priority health status objectives and the services needed to achieve those objectives, based upon epidemiological data; 4) make recommendations for the targeting of services needed by the populations served; 5) make recommendations to improve health care delivery systems for Indians and urban Indians; 6) provide requested technical assistance to Indian tribes, tribal organizations, and urban Indian organizations in the development of local health service priorities and incidence and prevalence rates of disease and other illness in the community; and, 7) provide disease surveillance and assist Indian tribes, tribal organizations, and urban Indian communities to promote public health; and

**WHEREAS:** The GPTLHB Tribal Epidemiology Center receives grant funds for, and carries out, services of the IHS and CDC pursuant to a cooperative agreement between IHS and GPTLHB entered into under 25 U.S.C. § 1621m(d) and other federal law, and therefore “shall be treated as a public health authority (as defined in section 164.501 of title 45 Code of Federal Regulations (or a successor regulation) for purposes of the Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191;” as amended;

**WHEREAS:** The GPTLHB Tribal Epidemiology Center provides services to the TRIBE and CTCHEC both pursuant to the Cooperative Agreement with IHS and the historical authorization from the Tribe to collaborate with the Tribe’s public health agency, to obtain and process otherwise PHI from “covered entities” under HIPAA and from other public health authorities on behalf of the tribal public health agency, and to carry out such other public health agency functions the tribal public health program may request of it; and

#### **Assumption of PFSAs under the ISDEAA**

**WHEREAS:** The GPTLHB Board of Directors authorized the staff of the GPTLHB to pursue remaining IHS tribal epidemiology shares and all other funding associated with the epidemiology PFSAs of IHS, that may be available, including funds that are contractible, albeit not divisible, under the Indian Health Care Improvement Act and Indian Self-Determination and Education Assistance Act, and

**WHEREAS:** Assumption of PFSAs and related funding in support of epidemiology activities from IHS for the benefit of the tribes of the Great Plain Area will increase resources to the GPTLHB TEC, and thereby increase its ability to conduct public health surveillance, data dissemination, health promotion and disease prevention, research, capacity building, and others associated with Tribal public health needs and priorities; and

**WHEREAS:** Continued and expanded resources ensure continued successful activities and establish new projects in support of Great Plains tribal public health priorities, specifically: 1) continue to support routine public health activities, 2) pursue excellence within the collection and translation of tribal public health data in accordance with the ethical collection, storage, and use of such data, 3) initiate or participate in collaborations with other public health authorities and subject-matter-experts in preparation for and response to public health emergencies, 4) develop and implement health promotion and disease prevention activities and epidemiologic studies, and 5) provide training and technical

assistance to tribal health programs in support of building capacity among its member tribes and those interested in the field of public health; and

**WHEREAS:** The Great Plains Tribal Epidemiology Center will continuously seek guidance in its activities and priorities including the appropriate and ethical collection, analysis, and dissemination of tribal public health data, and will incorporate feedback from Tribal leadership, and designated tribal health administrator or tribal public health liaison, community members, and other stakeholders, in conducting its required work, including the compilation of tribal-level data for the production of tribal community health profiles and other health data reports.

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

**Designation of Tribal Public Health Authorities**

1. The Tribe affirms and formalizes its establishment and designation of CTCHEC as the Public Health Authority for the TRIBE and grants to the Department all necessary and adequate authority to exercise the powers, rights, duties, functions, privileges, and immunities conferred upon it under tribal and federal law as the Public Health Authority for the TRIBE, including the right to collaboration and cooperation of all federal, state, tribal and other public health authorities, including data sharing, surveillance and intervention activities and other public health functions necessary to reduce public health risks and improve health status; and
2. The Tribe affirms and formalizes its designation of the Great Plains Tribal Leaders Health Board Tribal Epidemiology Center as a Public Health Authority for the TRIBE and CTCHEC and grants to the GPTLHB TEC all necessary and adequate authority to exercise the powers, rights, duties, functions, privileges, and immunities conferred upon it under tribal and federal law as a Public Health Authority for the TRIBE, including collaboration and cooperation of all federal, state, tribal and other public health authorities, including data sharing, surveillance and intervention activities and other public health functions necessary to reduce public health risks and improve health status; and

**NOW THEREFORE, BE IT FURTHER RESOLVED THAT:**

**Authorization to GPTLHB**

3. The Tribe authorizes the Great Plains Tribal Leaders Health Board to
  - a. apply for, negotiate, and contract or compact with the Department of Health and Human Services to carry out PFSAs of the Indian Health Services the Great Plains Area Office and the IHS Headquarters and for all associated funding, and to assume and use shares, which are contractible but not divisible funds, for epidemiology services; and/or
  - b. sub-contract on the Tribe's behalf with the IHS for the delivery of the epidemiology services and technical assistance identified above to its Tribal members and other eligible Indians; and
  - c. to seek funding from any other federal, state, tribal or private source to further the work and mission of the Epidemiology program; and

**NOW THEREFORE, BE IT LASTLY RESOLVED THAT:**

**General Provisions**

4. The effective date of Resolutions 1, 2, and 3.b and c shall be immediate; the effective date of Resolution 3.a shall be effective on the final date on which each of the 17 tribes in the Great Plains Area has granted GPTLHB authority to contract or compact for epidemiology PFSA's and funding pursuant to the Indian Self-Determination and Education Assistance Act;
5. All of the terms of this resolution shall remain in effect unless and until it is amended or revoked by the Tribe;
6. During such time as this Resolution remains in effect, the Great Plains Health Board shall comply with all applicable law and regulations.
7. The GPTLHB shall provide to the Tribe copies of all proposals, contracts, other documents, and amendments thereto which GPTLHB submits on the Tribe's behalf.
8. Nothing in this Resolution shall be construed as affecting, modifying, or diminishing, or otherwise impairing sovereign immunity from suit enjoyed by an Indian Tribe or authorizing or requiring the termination of any existing trust responsibility of the United States with respect to the Indian People.

**CERTIFICATION**


This is to certify that the foregoing resolution was considered at a duly called meeting of the Omaha Tribal Council on the 1 day of August, 2024, and was adopted by a vote of: 4 for; 0 against; 1 abstaining; with the Chairman not voting. A quorum of \_\_\_ was present.

MEMBERS VOTE:	YES	NO	ABSTAIN
Jason Sheridan			Abstain
Jerome Hamilton			Absent
Dustin Lovejoy	X		
Alan Harlan	X		
Leander Merrick	X		
Galen Aldrich SR	X		
Calvin Harlan			Absent

Submitted by:

 8/1/24  
Dustin Lovejoy, Secretary Date  
Omaha Tribal Council

Attest:

 8-1-24  
Jason Sheridan, Chairman Date  
Omaha Tribal Council