

**COMMITTEE ON NATURAL RESOURCES**  
**118<sup>th</sup> Congress Disclosure Form**  
**As required by and provided for in House Rule XI, clause 2(g)(5)**

**Challenges and Opportunities for Improving Healthcare Delivery in Tribal Communities**  
**March 29, 2023**

**For Individuals:**

Name:  
Address:  
Email Address:  
Phone Number:

\* \* \* \* \*

**For Witnesses Representing Organizations:**

Name: Laura Platero  
Name of Organization(s) You are Representing at the Hearing: Northwest Portland Area Indian Health Board  
Business Address: 2121 SW Broadway Suite 300, Portland, OR 97201  
Business Email Address: [lplatero@npaihb.org](mailto:lplatero@npaihb.org)  
Business Phone Number: (503) 523-8723

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**For Nongovernment Witnesses ONLY:**

1. Please attach/include current curriculum vitae or resume.
2. Please list any federal grants or contracts (including subgrants or subcontracts) related to the subject matter of the hearing that were received in the current year and previous two calendar years by you or the organization(s) you represent at this hearing, including the source and amount of each grant or contract.

FY 2021 – Indian Health Service, ISDEAA P.L. 638 Agreement, \$1,618,207  
FY 2022 – Indian Health Service, ISDEAA P.L. 6328 Agreement, \$1,465,590  
FY 2023 -Indian Health Service, ISDEAA P.L. 638 Agreement, \$1,003,813

3. Please list any contracts or payments originating with a foreign government related to the subject matter of the hearing that were received in the current year and previous two calendar years by you or the organization(s) you represent at this hearing, including the amount and country of origin of each contract or payment.

Not applicable

4. Please disclose whether you are a fiduciary (including, but not limited to, a director, officer, advisor, or resident agent) of any organization or entity that has an interest in the subject matter of the hearing.

Not applicable.

5. Please list any current or pending litigation against the Federal government to which you or your organization is a party. Please disclose as applicable case name, docket number, the court, and subject matter of the litigation.

Not applicable.