

Department of Health and Human Services Secretary's Tribal Advisory Committee Meeting

March 2, 2011 - Washington, DC

Summary Report

Tribal Opening

The Secretary's Tribal Advisory Committee (STAC) Meeting opened with a Tribal prayer.

Welcome

STAC Chairman Ken Lucero, Tribal Council Representative, Pueblo of Zia, welcomed the group.

Laura Petrou, Chief of Staff to Secretary Sebelius, provided opening remarks. She reminded the committee members that they were brought together because of their respective expertise and commitment to helping the Secretary and the U.S. Department of Health and Human Services (HHS) make the Department's efforts to serve Indian people more effective and efficient. After noting progress made concerning the Indian Healthcare Improvement Act (IHICIA), Affordable Care Act (ACA), and the proposed 2012 Indian Health Service (IHS) budget, Ms. Petrou emphasized the importance of the STAC and the revitalized Intradepartmental Council on Native American Affairs (ICNAA) to the Secretary; and she commented that she was proud to be a part of the efforts.

Chairman Lucero commented on recent activities going on in Washington, DC and across the country. Of particular interest, he acknowledged the two week extension passed by Congress to continue the operation of the Federal government; and he indicated that state governors were proposing to turn Medicaid into block grant programs. The Chairman stressed the importance of lobbying for Tribal nations, continued support for direct funding to Tribes, and the need to stop states from inserting themselves into the Tribal-to-Federal government relationship. He encouraged the STAC to create its message, be clear about what it wanted to do, and be advocates with HHS, state governments, other Tribal organizations, and local health boards—stating that it had to protect the small gains achieved through President Obama's administration.

HHS Budget and the Budget Process

Norris Cochran, Deputy Assistant Secretary for Budget, Assistant Secretary for Financial Resources, provided the STAC with updates on the FY 2011 and FY 2012 budgets. The current continuing resolution extension, he said, prorated the targets that the House wanted to meet for 2011. In reviewing some of the highlights for IHS that were included in the full House bill that passed the previous week, Mr. Cochran noted that the bill funded the President's request for

contract health and contract support costs, and included a decrease of \$139 million for contract facilities.

Regarding the 2012 budget, he said, the President announced a freeze on discretionary spending that was not part of security agencies, with an exception for IHS (which actually had some increases). He reviewed the budget charts that tracked activities for American Indians and Alaska Natives (AI/ANs) and thanked Sean McCarville, Senior Program Analyst, Public Health and Social Service Branch, Assistant Secretary for Financial Resources, for compiling them. Mr. Cochran noted that two key initiatives were investments in workforce programs and increases to fight fraud and abuse in Medicare and Medicaid programs. Before closing, Mr. Cochran mentioned that thought was already being given to the 2013 budget. As in the past, he said consultation discussions would be important drivers for the budget recommendations.

Discussion

Tex Hall, Chairman, Mandan, Hidatsa and Arikara Nation, expressed his concern about the cut to facilities and offered to testify on the matter if needed. Gary Hayes, Chairman, Ute Mountain Ute Tribal Council, asked Mr. Cochran where he thought the FY 2011 budget would fall. Mr. Cochran said there would be a push for the President's budget in FY 2011 and FY 2012, noting that the House bill did contain increases that were not reflected in his presentation. He agreed to pull together a chart outlining that data for Mr. Hayes. Yvette Roubideaux, Director, IHS, underscored the fact that many members of Congress understood the importance of the IHS; and she said hearing about priorities for 2011 would be helpful. She also assured the STAC that the Administration was doing everything it could on behalf of Indian Country.

Kathleen Sebelius, HHS Secretary, temporarily joined the meeting to thank the STAC for its work. She told the group that she would stress the importance of programs in Indian Country when she discussed the HHS budget on Capitol Hill.

Elizabeth Ann Lindroth, Tribal Council Member, Shoshone-Bannock Tribal Business Council, stated that infrastructure on the reservations was not good and therefore people were suffering. She advised the group to revisit the proposed cuts to the budget and to be creative in getting money where it was most needed.

Chairman Lucero asked if the continuing resolution for FY 2011 included programmatic reductions. Mr. Cochran stated that the cuts contained within the 2-week bill were for earmarks, which had no programmatic impact. The bigger issue, he said, would be what happened after the 2-week extension. Mr. Lucero next asked how the compact and contract Tribes would be impacted. In response, Mr. Cochran said that outside of facilities reductions, there were no cuts in that area. Dr. Roubideaux stated that the main impact of the continuing resolution was the need to redo paperwork on all contracts and compacts. Ms. Petrou added that although the continuing resolution was a hardship, no one anticipated a government shutdown. Pamela Hyde, Administrator, Substance Abuse and Mental Health Services (SAMHSA), also indicated that it was problematic that some agencies couldn't put out announcements for grants and/or would have to put out requests for proposals (RFPs) that potentially would not be funded.

Lt. Governor Jefferson Keel, Chickasaw Nation of Oklahoma, said Tribal leaders were on Capitol Hill talking to members of Congress in attempts to not lose the gains in Indian Country made over the last several years. He encouraged the group to look forward and plan as though some cuts would occur. In response to Lt. Governor Keel's comment, Mr. Cochran said that an advantage of having the 2012 budget announced was that it served as a public statement from the President that would have relevance to FY 2011 and FY 2012 budgets.

Cathy Abramson, Tribal Council Representative, Sault Ste. Marie Chippewa Indians, asked if there was a way to see a picture of how the future might look.

Herman Honanie, Vice Chairman, The Hopi Tribe, echoed the sentiments of funding facilities and infrastructure, stating that some people on reservations don't have telephones and some of the buildings were constructed under the Clinton administration.

Introductions

Attendees at the STAC meeting introduced themselves.

HHS Overview and Meeting Logistics

Paul Dioguardi, Director, Office of Intergovernmental Affairs, reviewed the agenda for the STAC meeting. He commented that the agenda reflected topics and priorities as presented by the STAC. He also noted that priorities of the ICNAA were being aligned with those of the STAC.

Federal Advisory Committee Act (FACA) Overview and Training

Patricia Mantoan, Attorney, General Law Division, Office of the General Counsel, provided the STAC with an overview of the Federal Advisory Committee Act (FACA). She informed the STAC that it was not covered by the Act, as it fell under one of the exemption clauses. As part of her presentation, Ms. Mantoan reviewed frequently asked questions (FAQs) regarding the Act. Among the items she mentioned included the provision that public attendees could attend the meeting but could not speak. She clarified that Tribal officers or designees would be allowed to speak on behalf of Tribal officials, contingent upon the Tribal official temporarily relinquishing his/her participation. Ms. Mantoan explained that the specific procedures she referenced were necessary to minimize the legal challenges the committee would potentially face.

Discussion

Ms. Abramson asked if the Tribal members on the STAC should leave their other titles "at the door." Mr. Dioguardi responded, "Yes."

Mr. Hall asked Ms. Mantoan to speak to the issue of other Tribal leaders attending the meeting. Ms. Mantoan indicated that the STAC was not required to have a public meeting. When asked what happened in terms of the meeting summary/minutes, Ms. Mantoan stated that there was no legal requirement to make them public. It was suggested that the information could be obtained through the Freedom of Information Act (FOIA).

Ms. Abramson asked if she could share the paperwork in the meeting folder with her Tribal leader. She was told that because she was representing the Tribal leader, she was free to share the information with him/her.

Robert McGhee, Tribal Council Representative and Treasurer, Poarch Band of Creek Indians, asked if the STAC had to announce if its meeting was open to the public or closed. Mr. Lucero said he was thinking that the group would entertain a motion to close the meeting, and subsequently reopen it once their business issues had concluded. Mr. Dioguardi said that in terms of who could participate; only Tribal leaders or their designees could speak. He indicated that when the STAC moved to its “Executive” session, all non-members would be asked to leave. Stacey Ecoffey, Principal Advisor for Tribal Affairs, Immediate Office of the Secretary, Office of Intergovernmental Affairs, explained that the reason that official letters for technical advisors were needed was to make clear who could speak on behalf of Tribal leaders.

Mr. McGhee asked if he could name another representative at large if he already had a designated alternate. Ms. Mantoan responded, “No.”

Ms. Abramson asked if her technical advisor could speak if both she and her alternate were unable to attend the meeting. Ms. Mantoan said, “Yes, as long as the letter on file designated the person to speak on your behalf.”

Tribal Advisory Committee Reports

SAMHSA TTAC Update

Juana Majal Dixon, Member, Substance Abuse and Mental Health Services Administration Tribal Technical Advisory Committee (SAMHSA TTAC) first thanked Ms. Hyde for the proposed \$50 million for the Behavioral Health-Tribal Preventive grants. She proceeded to provide an update to the STAC on the SAMHSA TTAC. Noting that the TTAC was formed in February 2008, Ms. Dixon said the group of elected/appointed officials of Tribal governments (or their designees) was tasked with exchanging information about public health issues in Indian Country, identifying urgent behavioral health needs, and discussing collaborative approaches to addressing those issues and needs with SAMHSA staff. By meeting at least twice a year and via phone and email communications, Ms. Dixon said the SAMHSA TTAC provided recommendations on policies, guidelines, and programmatic issues affecting the delivery of mental health and substance abuse programs. She indicated that the SAMHSA TTAC had three vacant positions for leaders from the Navajo, Phoenix, and Billings areas. Before ending her presentation, Ms. Dixon highlighted the committee’s activities over the past year; and she indicated that the group would be updating the SAMHSA Tribal Consultation Policy in the coming months.

CMS TTAG Update

Ron Allen, Vice Chair, The Centers for Medicare and Medicaid Services Tribal Technical Advisory Group (CMS TTAG) updated the STAC on the CMS TTAG. Established in 2003 to advise CMS on Medicare, Medicaid, and CHIPRA [the Children’s Health Insurance Program

Reauthorization Act] in regards to services to Indian communities, and codified in Federal statute in 2009 in the American Recovery and Reinvestment Act (ARRA), the CMS TTAG provides expertise to supplement Tribal input and supports Tribal priorities articulated in the broader Tribal consultation activities of HHS and CMS. Comprised of elected Tribal leaders (or their designees), representatives from national advocacy organizations, an IHS representative, and supported by technical advisors, the CMS TTAG meets three times a year and holds monthly conference calls. Most recently the group has been providing technical assistance to offices within CMS for implementation of the Affordable Care Act (ACA)—most specifically working with the new Center for Consumer Information and Insurance Oversight (CCIIO) on implementation of the health insurance exchange provisions. Mr. Allen reviewed some of the top issues under consideration by CMS that the TTAG had provided recommendations, among which included recommendations for improving and monitoring AI/AN health outcomes: adoption of a uniform definition of Indian (specifically extending the adopted by CMS for the Medicaid program) for application of ACA specific provisions; and readying data systems to support identification of AI/ANs to assure that providers and health plan administrators can easily identify AI/ANs who are eligible for Indian-specific protections and benefits. Mr. Allen encouraged the group to consider how the CMS TTAG could best work with the STAC, saying they needed to be on the same page when advice was given to the Secretary, as CMS was anticipating getting an influx of calls from people regarding their rights and enrollment in health plans.

Cara Cowan-Watts, Co-Chair, Health Research Advisory Council (HRAC), provided an update on the HRAC. Noting that the HRAC had been around for 5 years, Ms. Cowan-Watts said the group served as a conduit to get information to Tribes on health research. Comprised of representatives from each IHS area and four at-large members, she said the HRAC was funded to meet once a year (although it tries to schedule two meetings annually). Ms. Cowan-Watts discussed the problems concerning AI/ANs in the National Children's Study, and the HRAC's subsequent recommendations; issues concerning self-identification; data sharing; Tribal IRBs; and the need for AI/AN health researchers. She also stated that the HRAC had made recommendations to HHS regarding a Tribal Consultation Policy for the National Institutes of Health (NIH). Ms. Cowan-Watts told the STAC that a survey of Tribal leadership about their research priorities revealed that suicide prevention was a big issue, and she said the HRAC was helping with that. Before ending her presentation Ms. Cowan-Watts requested that all technical advisory committees be permitted to update the Secretary directly; and that a single point of contact for NIH Directorates Office be designated to ensure that work was coordinated. For more information on the HRAC, she directed the STAC to the packet provided which contained HRAC's annual reports, charter, purpose, membership list, and a meeting video.

Discussion

Steven Ortiz, Tribal Chairman, Prairie Band of Potawatomi Nation, asked Ms. Cowan-Watts how coordination was handled with the Epi Centers. She said sometimes the Epi Centers are alternates and they are asked to come forward to present on an annual basis. She also said updates are requested from them at meetings, so they participated even if they were not actual delegates.

Dr. Roubideaux asked Ms. Cowan-Watts if she had seen the draft data sharing agreement that she put out in consultation recently. Ms. Cowan-Watts said she had not, stating that she would appreciate sharing it with her membership. She added that it was possible that it went to the Health Department at Cherokee Nation. Dr. Roubideaux said comments were being taken, and she welcomed HRAC's input. Ms. Cowan-Watts said she would follow-up with her, as she personally was not part of the IRB for the Cherokee Nation.

CDC TCAC Update

Chester Antone, Member, Centers for Disease Control and Prevention Tribal Consultation Advisory Committee (CDC TCAC), provided the STAC with an update on the CDC TCAC. He said the group was in the middle of undergoing reorganization and was revising its charter. The purpose of the charter, he said, was to provide an opportunity for dialogue between Tribal representatives and the CDC Director to exchange information about public health issues in Indian Country, identify urgent public health needs in AI/AN communities, and discuss collaborative approaches to addressing those issues and needs. The TCAC, he said, assisted CDC with planning its Tribal consultations twice a year (one at CDC and one in Indian Country), but Tribal representation needed to be increased. He said the group also hoped to facilitate the flow of feedback resulting from the Tribal consultations. Mr. Antone closed his presentation by providing some highlights of the TCAC's influence, such as the inclusion of standard language that speaks to Native eligibility in Federal opportunity announcements; and the creation of a Tribal Affairs office.

Discussion

Cheryl Frye-Cromwell, Tribal Council – Health Liaison, Interim Tribal Health Manager, Mashpee Wampanoag Tribe, commented that communications within HHS agencies did not appear to be flowing. She stated that communication and building relationships was key. She suggested that organizational charts be provided so Tribes would understand how the agencies were connected and what each had to offer. She also inquired about how the information from the STAC meeting that was being shared from the various committees could be shared with Tribes.

Lt. Governor Keel reminded the group to remember that self-governance Tribes had a significant impact on the topics being discussed.

A motion was made and passed to move into the Executive portion of the meeting. All non-members were asked to leave the room.

Intradepartmental Council on Native American Affairs

Lillian Sparks, Chair, Intradepartmental Council on Native American Affairs (ICNAA), led the presentation to the STAC on updates from the ICNAA. She said the group met on a regular basis to inform the Department on Tribal activities and to form strategies for cross agency collaborations. She stated that the ICNAA, which met for the first time last September, was charged with looking at how to improve services to Tribal grantees, improve consultations, and serve Tribes better. To accomplish its goals, four subcommittees/subgroups were formed: 1)

Access and Availability; 2) Outreach and Technical Assistance; 3) Tribal Eligibility for Grants; and 4) Expansion of Services and Pilot Development (Self-governance Expansion, Tribal/State Relations). Dr. Roubideaux acknowledged the fact that Tribes did not like to compete for grants, stating that progress was being made in that area. Ms. Sparks and her fellow subgroup leaders reviewed draft handouts that described each subgroups' purpose, projects, and findings. Highlights from the presentation included the following:

- Subgroup 1 – Adding a new feature to the HHS Grants Forecast Tool (GFT) for highlighting Tribal eligibility, i.e., improving the visibility of programs where Tribes are eligible to apply; and increasing the number of Tribal grant reviewers.
- Subgroup 2 – Development of a survey document to query HHS operating divisions on if they provide technical assistance and the type of technical assistance provided to potential applicants and grantees.
- Subgroup 3 – Identification of funding opportunities where Tribes and other Native entities are eligible and explanation of and/or recommendation for remedy to barriers where they are ineligible.
- Subgroup 4 – Exploration/Expansion of self-governance to 11 HHS programs; and creation of a small workgroup to provide guidance to Subgroup 4, as well as exploration of existing authorities and how to handle Tribal-State relations.

Ms. Sparks asked for feedback regarding if the subgroups' work was in alignment with the STAC's priorities; and Sean McCarville, Senior Program Analyst, Public Health and Social Service Branch, Assistant Secretary for Financial Resources, specifically asked if the group felt that Subgroup 3 was on the right track, if its activities were worthwhile, and if the STAC had any guidance regarding what action(s) it should take first.

The STAC was asked to send all comments and suggestions for all the subgroups to Stacey Ecoffey, Principal Advisor for Tribal Affairs, Office of Intergovernmental Affairs, at Stacey.Ecoffey@hhs.gov by Monday, March 14, 2011.

Discussion

When asked if there would be a comment period, Dr. Roubideaux stated that the information was in its early stages and therefore would not and should not be publicized. She acknowledged Tribes' desire to get money directly, and she said the idea was being considered in IHS. Some agencies, she added, had statutory language that required grants. If that has to be the case, she said, then they wanted to make sure that Tribes had the best access as possible.

Mr. Ortiz stated that a lot of Tribes failed to have three consecutive years of audits and so it would be important to relay this requirement to them. He suggested that there be a probation period on the grants for them to address this issue. "If you Google 'grants for Indians' you will get about 10 pages," he said. Mr. Ortiz also stated that Tribes did not know grants were available to them; he asked that the system that was being created be something similar that

would say if Tribes were eligible or not. He also suggested that training on how to write a grant be provided.

Ms. Frye-Cromwell asked if the ICNAA would be looking at building Tribal-State relationships in terms of grants. Mr. McCarville said it was on the group's radar.

When asked if matching funds, pass through grants, and technical assistance would be categories in the final report, it was stated that the group was still looking at the categories of data that would be most useful and could be obtained from agencies in a timely and accurate way.

Ms. Sparks clarified that the first report/list (assigned to Subgroup 1) would address accessibility, i.e., grants that Tribes were eligible to apply for and where the T/A was provided. A separate report/list (assigned to Subgroup 3) would address statutory and legal barriers to Tribes applying for grants. From there, she said, they would look at why Tribes were not applying for grants that they were eligible to apply for. When asked if recommendations would be given to Tribes in terms of what they needed to do to increase their chances of receiving funding, Ms. Sparks said the idea had not been previously considered but they could explore it. She noted that HRSA had looked at the issue of why Tribes hadn't applied for grants (under a separate project) and found that they didn't apply because it wasn't explicitly stated in the grant announcement that they could apply. That type of issue, she said, was what the ICNAA hoped to uncover.

Mr. Lucero asked what exactly was being asked of the STAC and if the STAC would have a continued involvement with the ICNAA. In response, Dr. Roubideaux said the STAC should provide feedback to ensure things were on the right track; and Ms. Sparks said no hard deadlines had been set. Ms. Ecoffey requested that the STAC work with the ICNAA to help establish deadlines. There was a general sentiment among the STAC that the projects presented were worthwhile efforts.

Ms. Lindroth asked that open-ended grants be considered, where Tribes could submit a proposal to do a project without responding to a specific grant announcement.

Lt. Governor Keel emphasized the need to know where there were statutory limitations to self-governance. He agreed that Tribes didn't know about many of the existing grant opportunities available to them. He also stated that without a grants specialist, Tribes had difficulty not only finding but applying for grants.

Mr. McGhee asked about considering "477" for funding for HHS dollars. In response, Ms. Ecoffey stated that a consultation would be held on that issue the next week and written comments were being requested.

Dr. Roubideaux suggested that standardizing the language in the funding announcements about Tribes' eligibility could really increase access.

Ms. Abramson stated that Tribes needed to build their own infrastructure for communication within Tribes and she said they could use technical assistance in that area.

Noting that there was no money available to convene advisory committees to update Tribes on their activities, Mr. Lucero suggested that the STAC consider if it wanted to develop a communications plan to disseminate information to Tribes.

Ms. Ecoffey stated that there were some core functions that the STAC needed to address, e.g., communications, charter, working with technical advisors, putting STAC information on the Tribal website, and developing information. She also suggested that the group consider a quarterly national conference call and/or provide updates via regional area quarterly calls. Mr. McGhee suggested that the group also needed to address the format and the process STAC meetings would follow.

Ms. Frye-Cromwell asked if she could share the minutes from the meeting once they were finalized, noting that she was concerned about what information was appropriate to discuss outside of the STAC meeting. Other members expressed the same concern. In response, Dr. Roubideaux said the Federal staff would have to think about what information they were comfortable having shared. She stated that the updates provided by the ICNAA, as well as other information discussed during the Executive session, would definitely not be among the information to be shared; but she indicated that maybe a one page document could be constructed for Tribal STAC members to share outside of the meeting. She suggested that all documents going forward be labeled to indicate whether the information contained therein should remain confidential.

The STAC discussed the idea of forming subcommittees, noting that it needed to respond to the ICNAA's request for feedback, create bylaws/charter, develop a communications plan regarding what information to share and how to share it, decide if Federal STAC members vote on issues, and address issues concerning representation at the meeting. Ms. Ecoffey explained that information from the STAC meeting would be shared with primary STAC members who were absent. Mr. Dioguardi confirmed that the core functions of the charter were developed. In response to Ms. Lindroth's request to address talking points from the Portland Area to Federal officials, Dr. Roubideaux reminded the group that listening sessions, regional consultations, and other forums were available to raise such issues. In addition, after explaining that the STAC had not set up a process regarding whether or not it would hear such comments, Ms. Ecoffey agreed to take Ms. Lindroth's comments. Additionally, Mr. McGhee recommended that the STAC focus its energy on coming up with innovative strategies to address national Tribal issues/challenges at the administrative level, to make HHS more accessible to Tribes. To that end, he made a recommendation that the technical advisors decide what committees were needed and also come up with bylaws for the STAC to review.

After hearing various opinions on how to proceed, a motion was made and passed to conclude the Executive session in order to vote on the issue of creating subcommittees. A motion was also made and passed to have the technical advisors (Federal and Tribal) draft the bylaws, provide feedback to the ICNAA, and propose applicable subcommittees to the STAC. Ms. Ecoffey said she would distribute the minutes from the meeting to the STAC, as well as redistribute the schedule of the STAC quarterly conference calls. After hearing that the last call was successful

and that there were no issues with using Microsoft Outlook to coordinate the calls, Mr. Lucero indicated that they would continue to use conference calls as needed.

Affordable Care Act Update

Ms. Ecoffey directed the group's attention to the quarterly report that went out to Tribes on the ACA in the meeting packet; and she mentioned that the next report would go out at the end of April. Noting that the ACA was a high level issue, Ms. Ecoffey emphasized the importance of communicating with Tribes. To that end, she indicated that monthly calls were being held concerning the ACA and a bulletin distributed on a weekly basis. Ms. Ecoffey shared that internal teams at HHS would each be working on specific portions of the ACA; and she reiterated the Department's commitment to having consultations with Tribes. To that end, she said they utilized Dr. Roubideaux's website and blog, did consultation through letters, and had an email address (consultation@ihs.gov) to receive feedback from Tribes. Finally, Ms. Ecoffey said she would be working with national organizations to get them a schedule of conference calls ahead of time, as Tribal participation on the calls was higher when the national organizations shared the information with their listservs.

Dr. Roubideaux stated that HHS was taking the lead on the ACA, of which the IHCI was a part, and she hoped the STAC would make recommendations on how to proceed with implementation.

Mayra E. Alvarez, Director of Public Health Policy, Office of Health Reform, echoed Dr. Roubideaux's remarks, stating that she was hopeful that the STAC could serve to fill in communication gaps and respond to elevated issues around implementation of the ACA. She said she was open to discussing what the STAC's participation would look like and how it would be structured in terms of duties and/or subcommittees. She encouraged a more formal structure for that dialogue to occur. Before ending her portion of the presentation, Ms. Alvarez shared current and upcoming benefits of the ACA, clarifying that current programs were being used as bridges until the full implementation took effect in 2014. She directed the group to the website <http://www.healthcare.gov> for a sample of what the new system would offer in terms of public, private, and bridge insurance programs.

Discussion

Mr. Ortiz asked how Tribes would go about getting into the insurance pool to provide coverage for early retirees. Ms. Alvarez said the pool of money was for organizations that were already offering their retirees coverage, but she said other opportunities might exist for early retirees through other programs.

Mr. Lucero asked Ms. Alvarez to explain "co-ops." She said the issue of co-ops was still under development. She said the idea was to provide an additional opportunity for organizations across the country to offer coverage. Co-op, she said, was short for cooperative—having a group of organizations come together and form a new entity, as far as its health care is concerned, to then offer coverage and qualify the coverage under the exchange. She also indicated that she was not

sure if there was funding opportunities available to establish the plans, but she agreed to look into it.

Dr. Roubideaux gave a quick update on the IHCIA, stating that a decision would be forthcoming on section 157, regarding Tribes' ability to purchase insurance for their employees. Regarding the VA reimbursement provision and sharing facilities in the IHCIA, she said IHS had been working on the issue with the VA and had made progress. She said that she was hopeful that Tribes would be asked to consult on the issue very soon.

Overview of the Day and Question and Answers

Mr. Lucero opened the floor for questions. Ms. Frye-Cromwell asked what the acronym ATSDR stood for and she was told it was the Agency for Toxic Substances and Disease Registry, a quasi part of the CDC.

A motion was made and passed to adjourn the meeting.

Closing

A closing prayer was provided.

Action Items

1. Mr. Cochran agreed to pull together a chart that outlined increases contained in the House bill that were not reflected in his presentation.
2. The STAC was asked to send all comments and suggestions regarding the ICNAA subgroups to Ms. Ecoffey at Stacey.Ecoffey@hhs.gov by Monday, March 14, 2011.
3. It was agreed that the technical advisors (Federal and Tribal) would draft the STAC's bylaws, provide feedback to the ICNAA on its subgroups' activities, and propose applicable subcommittees to the STAC.
4. Ms. Ecoffey agreed to distribute the minutes from the meeting to the STAC and redistribute the schedule of the STAC quarterly conference calls.
5. Per Mr. Lucero's inquiry, Ms. Alvarez agreed to look into whether funding opportunities were available for Tribes to develop co-op plans.