

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

May 18-19, 2011 – Washington, DC

Summary Report

The Secretary's Tribal Advisory Committee (STAC) Meeting was held on May 18-19, 2011, in Washington, DC. The meeting provided an opportunity for the STAC to meet the new Health and Human Services (HHS) Chief of Staff, Sally Howard; work on its Rules of Order; hear from Secretary Kathleen Sebelius and other Federal representatives on various HHS updates and priorities; discuss relevant issues and concerns to Indian Country; and provide advice and recommendations to top HHS leadership.

Facilitated by the STAC's Chairman Ken Lucero, the meeting included topical presentations, a roundtable discussion, and opportunities for question and answer. Among the highlights of the meeting included discussions on voting privileges and participation roles during STAC meetings; Affordable Care Act (ACA) activities and implications; the status of Tribal-State relations; and States' plans for Medicaid and other programs in light of budget reductions and deficits.

Members Present at Day 1 Roll Call: Lucero, McGhee, Bisbee, Killsback, Super, Frye-Cromwell, Knight, Honanie, Kennedy, Antone, Begay. (Quorum Met)

Members Present at Day 2 Roll Call: Lucero, Bisbee, Hughes, Killsback, Super, Frye-Cromwell, Knight, Honanie, Antone. (Quorum Met)

Action Items:

- Secretary Sebelius indicated that she would make sure the STAC received a copy of the HHS Action Plan on Health Disparities.
- Pamela Hyde requested comments on a recommended formula for the proposed Behavioral Health Tribal Prevention Grant.
- Caya Lewis said she would provide Stacey Ecoffey with a link to the Native call-in radio show.
- Yvette Roubideaux agreed to look into if/how the 72 hour notification time requirement for a person with a hospital emergency to contact their Indian Health Service (IHS) Area could be extended.
- Cindy Mann agreed to send a note to Bruce Goldberg about having meaning consultation with Tribes in Oregon.
- Cindy Mann agreed to look into the possibility of individual Tribes or groups of Tribes collaborating to do an insurance exchange.

- Lillian Sparks suggested that the STAC be presented with a set of questions that it could respond to regarding how to advance self-governance; and Stacey Ecoffey suggested that the committee use some of President Obama’s language about flexibilities in government in its responses.
- Melanie Knight requested that HHS indicate which of the 13 programs from the Feasibility Study it had regulation authority over to waive requirements so she could assist with implementation issues.
- Melanie Knight requested that information provided in Column “L” on the Tribal Eligibility for Grants spreadsheet also be provided in Column “K.”
- Stacey Ecoffey agreed to send out an email to solicit input from Tribes regarding the types of questions to ask States concerning Tribal/State/HHS relations and subsequently share the responses with the Intradepartmental Council on Native American Affairs (ICNAA).
- Ken Lucero agreed to coordinate the delivery of the final version of the Rules of Order to the STAC.
- Stacey Ecoffey said she would send a note to the STAC to notify members when the STAC section of the IGA website went live.
- Stacey Ecoffey indicated that a one page summary of talking points would be provided to the STAC as a result of its meeting.

DAY 1

Tribal Opening

Ken Lucero, Chair, Health and Human Services (HHS) Secretary’s Tribal Advisory Committee (STAC), greeted the participants and invited Arch Super, Tribal Chairman, Karuk Tribe, to provide the opening prayer.

HHS Welcome

Paul Dioguardi, Director, HHS Office of Intergovernmental Affairs (IGA), welcomed the group. He stated three STAC priorities for the year: 1) eliminating health and human services disparities, 2) access to HHS resources and increasing funds for Tribes and Tribal populations, and 3) working on the Tribal/State/Federal relationships. Mr. Dioguardi also noted that the STAC would be working with the Intradepartmental Council on Native American Affairs (ICNAA) to align its priorities with STAC priorities.

Introductions and Roll Call

After Mr. Dioguardi’s remarks, Chairman Lucero introduced himself. He commented that the STAC offered a great opportunity for relationship building; and he said he looked forward to the work the committee would do. Chairman Lucero proceeded to call the roll. The following members were in attendance: Ken Lucero (Tribal Council Representative, Pueblo of Zia); Robert McGhee (Tribal Council Representative and Treasurer, Poarch Band of Creek Indians); Roberta Bisbee (Tribal Council Member, Nez Perce Tribal Council); L. Jace Killsback (Tribal Council Representative, Northern Cheyenne Tribe); Arch Super (Tribal Chairman, Karuk Tribe); Cheryl Frye-Cromwell (Tribal Council – Health Liaison, Interim Tribal Health Manager, Mashpee Wampanoag Tribe); Melanie Knight (Secretary of State, Cherokee Nation); Herman G. Honanie (Vice Chairman, The Hopi Tribe); Cheryle A. Kennedy (Tribal Council Chairwoman, Confederated Tribes of the Grand

Ronde); Chester Antone (Council Member, Tohono O’odham Nation); and Roselyn Begay (Navajo Nation Division of Health). With 11 members present, a quorum was met.

HHS Overview and Meeting Logistics

Mr. Dioguardi reviewed the agenda and acknowledged Sally Howard as the new HHS Chief of Staff. He indicated that HHS Secretary Kathleen Sebelius would join the group later in the day, noting that there would be time for the STAC members to ask her questions.

Introduction of New Chief of Staff and Remarks

Ms. Howard introduced herself to the STAC and shared information on her background. She referenced her previous experience working with Tribes on water issues, negotiating compacts, and managing highway contractors. Ms. Howard attested to Secretary Sebelius and Indian Health Service (IHS) Director Yvette Roubideaux’s commitment to Tribes; and she said she joined them in their efforts to improve Tribal relationships and communications.

Rules of Order Discussion

Stacey Ecoffey, Principal Advisor for Tribal Affairs, IGA, reminded the STAC of its request at the last meeting that Federal and Tribal technical advisors develop Rules of Order. She directed the committee’s attention to a draft document in the meeting materials, noting that written comments had been received from the Alaska Area. Hilary Frierson Keeley and Julia Pierce, Office of the General Counsel (OGC), joined the meeting to respond to questions. Comments, questions, and answers are denoted below and throughout the document by “C,” “Q,” and “A,” respectively.

C: (Melanie Knight) While the document may seem restrictive, that is because we were trying to meet the legal requirements of the Federal Advisory Committee Act (FACA).

C: (Ken Lucero) We are trying to make sure we remain in compliance with FACA and do things correctly. The hope is that Congress will rely on the STAC for guidance and testimony regarding how they make laws.

C: (Stacey Ecoffey) Under Membership, Section 1, Appointment/Reappointment Terms, there was a question about a term limit (how many) of involvement. This needs to be clarified. It wasn’t [intended] that a term was limited; it just meant that after each term everybody would, then again, have to apply. It would be open to every Tribe in that [particular] area. If a person was re-nominated and reselected, then he/she could serve again. We want to make sure it’s always an open process so every Tribe has an opportunity to sit where you all do. So I think that needs some clarification in the Charter as well.

Q: (Roselyn Begay) With that clarification, would the last sentence in paragraph three (Section IV Membership, Item 1. Appointment/Reappointment) read, “A member may serve unlimited consecutive terms?”

A: (Ken Lucero) I think that would be the understanding.

C: (Roselyn Begay) Then my recommendation is that we modify the last sentence (Section IV Membership, Item 1. Appointment/Reappointment) to read, “A member may serve unlimited consecutive terms if nominated before term expiration.”

Q: (Kathy Hughes) From your explanation, at the end of a term, all Tribes will be notified and nominations and recommendations accepted for consideration. So, is it necessary for an existing member to be nominated before the term expires?

A: (Stacey Ecoffey) We always want to make sure that every Tribe has the opportunity to sit on this committee. So, when a term is expiring, that person would have to go through the nomination process again. All the Tribes in the area would be notified. I think what Roselyn is saying is that if they were nominated prior to that, then they could stay on; I don't think that is our intention. Is that right?

C: (Roselyn Begay) Yes, because you want all the Tribes to be notified. So if my term is up, Tribes are notified, I get nominated again, other parties get nominated, and you can make a selection. If you select me, then it so happens that I will be serving a consecutive term. Having to have the statement in there, it just seems you should put something more generic in there. Maybe say, "Unlimited terms may be served, but consistently there will be Tribal notification at the end of each term."

C: (Robert McGee) I don't think you need the language to say "unlimited." Right now, the way I read it, it is unlimited because there is no limitation specified. I think it is appropriate to limit the amount of terms that each of us can serve. I think sometimes people continue to serve in these capacities, but there are other people out there that can bring new knowledge to the table that we may need to consider. My recommendation is we consider if it should be one term or two terms. Keep in mind too, the terms are only for a year. So maybe we should serve two terms, so we can bring the priorities from our area to the table and move on after that.

C: (Jace Killsback) I think we should use the phrase that says "there is no term limit on membership." The idea is that you want leadership, longevity, and expertise without a revolving door. I do understand wanting new leadership, but the reason some of us are here is because of our active participation in health care in our region. If you set a limit, you are almost limiting the expertise from the region. If you have an open nomination process every year, you really don't need a term limit. If you are missing meetings or you are ineffective, and somebody up and coming wants to be in that position, that's why you continue with the open nomination process. I think the easier thing to do is to put in a sentence that says there will be no term limits.

C: (Arch Super) Sometimes Tribes have time to get involved in the various committees. Regional Directors sometimes know what Tribes are active and involved. Sometimes they are the ones that say "let's notify this Tribe" because they know they show up at a lot of meetings. Sometimes it gets really busy and Tribes have to pull back and can't participate on a lot of committees; so I think having unlimited terms is not bad. Tribes will sometimes question why a chairperson is always on committees. It's because sometimes you don't have other people that apply. I think we probably had a lot of people apply for this committee, which is great; but some of the other committees don't have enough people to pick from because no one applies. You want to leave it open, so it's always available for Tribes to be involved. So, unlimited terms sound good to me.

C: (Cheryle Kennedy) There is a natural attrition built in with Tribes in terms of leadership. If you are successful, you are reelected. Sometimes you might go on a hiatus for awhile. I think "no term limits" is a good phrase in reflection of how Tribes work.

C: (Herman Honanie) The way it is written now works. I'm happy with how it is written, without any changes.

C: (Chester Antone) If you want to clarify it, then add "provided that the nomination and selection process is adhered to."

C: (Ken Lucero) It sounds like we have agreement that we are going to have unlimited terms. We just need to look at the wording. Do we have to have the wording in place now? Are you all okay with what the representative from Navajo Area had indicated about a member may serve unlimited consecutive terms if nominated before term expiration?

C: (Roselyn Begay) The record will show that there was this discussion; with that, I withdraw my recommendation.

Q: (Ken Lucero) So do you all just want to leave the language the same?

A: (Roselyn Begay) Yes.

C: (Ken Lucero) Okay, let's do that.

C: (Robert McGhee) I'll agree to whatever the majority agrees. So, no term limits; but I still don't think that gets to what was brought up. Right now the language says "consecutive terms." So if you lose an election or you decide to step down, then the way the language reads regarding unlimited consecutive terms still doesn't address the issue. If you want to continue to serve and you lapse [a term], it doesn't speak to that.

C: (Jace Killsback) I think the idea is there; so maybe we need clarification. Maybe it should say "no term limits." Members can serve however many times they are nominated. We should put "no term limits" in there.

C: (Ken Lucero) What's the solution?

C: (Hilary Frierson Keeley) You could change the language to say a member may serve unlimited terms if nominated before term expiration and selected by the Chief of Staff and Director of IGA (which is the process of how people get in).

C: (Ken Lucero) Okay, I think everyone is nodding their head.

C: (Robert McGhee) I don't like that wording because you are still saying, "nominated before the term expiration." If I sit out next year, I won't be nominated before my term expiration.

C: (Stacey Ecoffey) It should be "after the term has ended and the nomination and selection process has been completed, if a person is selected again, they can serve another term."

C: (Jace Killsback) The problem is the words "consecutive" and "unlimited." I don't think you want to use those terms.

C: (Hilary Frierson Keeley) Maybe just say "They may serve another term."

C: (Melanie Knight) I don't want to give the implication that it's a shoo-in if the standing member wants to serve unlimited terms. The word "unlimited," I think, is problematic; it implies that.

C: (Herman Honaine) The word "may" qualifies the use of consecutive terms, in my opinion.

Q: (Robert McGhee) Do we need this sentence at all? Can you take it out completely?

Q: (Ken Lucero) How does the committee feel about that? Let's take it out and move on.

C: (Stacey Ecoffey) The next area was under Membership, Number 3, about the alternate.

C: (Robert McGhee) I don't have a problem with the alternates. If the question is about voting privileges, if an alternate is here because the primary can't attend, then he/she should have voting privileges.

C: (Stacey Ecoffey) We'll add a line that says the alternate will have voting privileges in the primary's absence.

C: (Kathy Hughes) I think the alternate should have voting privileges if the delegate can't be here. Here, and other places throughout the document, it states you need a written authorization. It does that throughout the document. For something to occur, you need a written authorization. I don't feel that should be necessary. The appointment was made for a delegate and alternate; that authority should flow through this document. It shouldn't require a written statement each time.

C: (Julia Pierce) We can change that by saying, "Should the delegate be unable to attend a meeting, the alternate has full rights to participate and voting privileges."

C: (Ken Lucero) That works for me.

C: (Kathy Hughes) There's an area in here that says "give 2 weeks of notice if you can't attend." In an ideal world, giving that amount of notice would be great. As Stacey knows, that's not always possible.

C: (Stacey Ecoffey) I agree. We included everything from the Technical Advisors Meeting discussion. Anything you guys have comments on, it's all up for discussion.

Q: (Ken Lucero) So we are okay with everything in terms of the primary and the alternate? Great.

Q: (Robert McGhee) So are we going to take out the reference to the authorized letter?

A: (Ken Lucero) Yes.

Q: (Robert McGhee) On Page 4, Item 3 (STAC Technical Advisor), I don't think the technical advisor should vote; but can they sit at the table?

A: (Julia Pierce) The delegate would have to get up and remove themselves from the table if they are having the technical advisor come and speak to the STAC. The technical advisor would then be the seated representative. You couldn't both be talking and participating.

C: (Robert McGhee) The technical advisor shouldn't have a voting right because he/she isn't appointed by HHS or the Secretary. So, I would have to say "no" on the voting rights. Is that the only question on the table?

C: (Stacey Ecoffey) If you had a question that you wanted your technical advisor to ask, he/she would take your place to ask the question and do any follow-up, then you would come back to the table and you would be the one to place a vote.

C: (Robert McGhee) Wow, that's a lot of work. If that's the way it needs to be done then I'll support it, but is there a way that you could maybe have a comment and question [session]? Then there would be no getting up and coming back to the table. There would just be a certain section where our technical advisors could make comments or ask questions.

C: (Julia Pierce) We should clarify. The purpose of FACA is because you are having this relationship with the Federal government and it's not open to the public. They have these rules to protect that sacrosanct relationship. Otherwise, the meeting would have to be open to the public. You can't have your technical advisor just talking at random and participating in the STAC meeting. They would have to temporarily be the representative for the time they are sitting at the table. When they finish talking, you start participating again.

C: (Ken Lucero) It is more of a virtual giving up of your seat, than a physical one.

C: (Julia Pierce) Right. You just have to not talk during that time. It is not a literal getting up, but you don't speak while your designated representative is participating.

C: (Ken Lucero) You give up your time to your technical representative so he/she can speak on your behalf. It will be my job to recognize the respective person for the record.

C: (Stacey Ecoffey) Tomorrow we will talk about putting the summaries on the web. It will be more than Tribes viewing it, so want to make sure we follow the rules. Not only Tribal communities will see our work. There will be other, non-Native communities that see our work. If they see us messing up or find a technicality, they are going to come back at us. We want to be able to make sure that long after any of us are gone from this table, that this is still established for those that come later. So we want to make sure we are following the rules and have it for the official record.

Q: (Jace Killsback) So the only thing making it "Indian" are the Indians here. We are still following the FACA guidelines. So it's both ways, for Tribes and their technical people and the Feds and their technical people? Is that right?

A: (Julia Pierce) That's not really how FACA works. The Feds are all Feds. Unless we bring in a non-Fed, you can talk to any of the Feds in the room. Feds don't have any voting rights. We are here to provide you with information so you can make informed decisions.

C: (Jace Killsback) I was just saying that because we rely on our technical people to create dialogue and fill in the blanks. I'm glad that got cleared up.

C: (Ken Lucero) There is a lot of information that seems unnecessary, but it turns out that legally it is necessary.

C: (Jace Killsback) I was just a little weary of all the Feds. It just means I'm going to defer my time and space to someone else to talk to the Feds. I guess that's FACA.

C: (Julia Pierce) Part of what we discussed earlier is that the Feds don't have voting rights on the STAC. The Feds are here for your benefit. You can ask them for information and get your questions answered—to be as informed as possible as you decide which way the STAC will go.

C: (Cheryle Kennedy) On Page 6 it talks about speaking, who has the right to speak, and the manner in which it's done. As Tribes, we have a culture that has existed for thousands of years in the way that we do things. We abide by Federal laws, so I guess this is part of the Federal process. We will abide by the rules that are laid out for this committee. However, I do I think there can be a way organizationally to record the speaker/technical advisor via a side microphone. We are not experts in every area and we are not lawyers. I think we need to abide by the rules, but figure out a way that is not so dramatic so our advisors can speak to the issues at hand. Also, if a technical advisor is the only individual who is here (meaning the delegate and alternate are not present), will the advisor be able to speak openly? Maybe we will address this on Page 6.

C: (Ken Lucero) We'll get to that once we close out this piece.

Q: (Roberta Bisbee) As an alternate member at-large, can I have my own technical advisor attend?

A: (Stacey Ecoffey) Yes.

C: (Kathy Hughes) I believe there might be situations where you might want to consider the technical advisors having voting authority. I was serving on another committee as an alternate and there was an instance where the delegate had to leave the meeting for an emergency. I was not there, so I gave the technical advisor a proxy letter to represent me as the alternate. Because he had that proxy letter, he was able to step in. Without him, in that instance, we would not have had representation at the table. It's just something to consider.

Q: (Arch Super) It sounds like we are talking about two things, 1) the Federal technical advisors that we can ask questions, and 2) and the technical advisors for the delegates or alternates. Tribes get pretty upset if a technical advisor is at a meeting to represent another Tribe but doesn't have a letter stating that. In this forum, are we going to be talking about technical advisors from our own Tribe that we are going to have sit with us or send in our place? We have alternates, so will our technical advisors really come into play?

A: (Ken Lucero) The issue does come up and it has come up. My feeling is it should be only the primary and alternate that votes. Part of that is just maintaining the integrity of the committee. I want us to be committed and I want us to truly be a committee of Tribal leaders. We have our technical advisors, we need our technical advisors, but it's not their job to make the decisions or to vote.

C: (Jace Killsback) I think we are in consensus that technical advisors don't vote.

C: (Ken Lucero) Okay.

C: (Melanie Knight) Can the technical advisor vote if the alternate or delegate isn't present? Can they vote in that instance? If the delegate and alternate can't be present, can they designate someone in writing to participant on their behalf? The position of Alaska is that it unduly limits the ability of Tribes to delegate someone to be at the table. I think that warrants some more discussion. I am in agreement that if the delegate or alternate is present, then the technical advisor shouldn't be voting.

Q: (Cheryle Kennedy) Do we have all areas represented here today?

A: (Stacey Ecoffey) Aberdeen and Albuquerque, no. Albuquerque has a vacancy, and the alternate cancelled last night. Aberdeen came to one meeting and then missed two. (Unintelligible.)

C: (Cheryle Kennedy) I agree that the alternate or delegate have to be present to vote.

Q: (Arch Super) My question is, do we really have technical advisors? If we don't have them, then it shouldn't be written in here. We have to decide whether we are going to appoint somebody or not. If I can't make it and my alternate can't make it [to the meeting], do I say I want someone else to be here as my technical advisor? Is that what we are talking about?

A: (Stacey Ecoffey) Technically, most committee aren't supposed to have technical advisors; but we know the importance technical advisors play in providing you with position papers and information. Alaska is a prime example. They sent a letter stating their position on various issues; I'm sure their technical advisors wrote that letter. We wanted to make sure we had that option for you. It doesn't mean that you have to have one. It's up to you. That's part of the issue of whether the technical advisor is able to vote. If an area doesn't have a technical advisor, then they are still without a vote [if the primary and alternate are absent]. These are things to consider. We know the importance of technical advisors, especially for national at-large members who need to gather a national perspective.

C: (Roselyn Begay) Each area is different. The President of the Navajo Nation designated the primary, alternate, and technical advisor for the STAC. I agree that there are rare situations where Tribal leaders or appointees get emergency calls and can't attend. There could have been a possibility that I couldn't attend. In that case, I think our President would have wanted our technical advisor to be sitting here at the table with full voting privileges. I agree that when the primary or the alternate is at the table that they have the voting privilege and when they are not at the table, in those rare instances, that the technical advisor for that area should have the voting privilege.

C: (Jace Killsback) I disagree with technical advisors voting. I think the priority laid out for how you were nominated and selected was done by the Secretary, so that's giving you your privilege to vote. If I proxy my vote to a technical advisor, that doesn't equate to the Secretary's nomination to the committee. So I disagree with allowing technical advisors to vote. I think its fine for them to attend the meetings and speak, but they should not be allowed to vote. Allowing technical advisors to vote would diminish the integrity of this committee.

C: (Julia Pierce) It is a process problem. The technical advisor has not gone through the process. You can designate anyone as your technical advisor, Native or non-Native. So you are saying you could have a non-Native sitting at the table voting for a Tribal leader. That technical advisor would not have been agreed upon by all those voting for the original nomination. It would just be who that delegate or alternate decided to send. There is an issue of whether that technical advisor is really representing all of those others that were involved in the original nomination.

C: (Robert McGhee) I appreciate the debate on this. I understand that in the Navajo Area there was agreement on the primary, alternate, and technical advisor. That didn't happen with me. I just

picked the best person I thought would provide technical assistance to me. With that said, I don't think the technical advisors should have voting privileges.

MOTION: (Robert McGhee) No technical advisors have the ability to vote.

SECOND: (Roberta Bisbee)

DISCUSSION:

(Herman Honanie) I think both individuals articulated the points of concern regarding the technical advisors very well.

(Chester Antone) The legislative council down home just recently passed a law regarding comments to Federal guidelines. We had an incident where we had an employee discussing and making decisions on our behalf regarding the border issue. That's one of the issues we need to be concerned about. It needs to be the primary and the alternate [that vote].

(Arch Super) With technical advisors, is there such a thing? When I'm not here and my alternate is not here, do I send a council person from my Tribe? Do I have that authority? I don't think it is written anywhere where we can do that. When we were talking about technical advisors, I thought we were talking about the ones here for the Federal offices. I'm just a little confused, but I do agree that technical advisors shouldn't vote.

(Ken Lucero) We are talking about your appointed technical advisor, the person that you choose to advise you on the issues.

(Jace Killsback) I agree with the motion. We can probably kill one bird with two stones if we concluded that technical advisors do not count in meeting the quorum requirement. To me, voting and quorum go hand-in-hand.

VOTE:

In Favor – McGhee, Bisbee, Hughes, Killsback, Super, Frye-Cromwell, Honani, Kennedy, Antone,
Opposed – Knight, Begay

DECISION: Motion passed 9 to 2.

DISCUSSION: None.

SUMMARY: Technical advisors will not have the authority to vote on behalf of an area. Voting privileges will remain with the primary or the alternate. It was mentioned, but not part of the motion, that technical advisors do not count as part of the quorum. It may be a separate issue, and you're nodding your head; if it's the same then we also took care of that.

C: (Ken Lucero) That moves us to Number 3 on Page 5. So, with Number 3 on Page 5, we went with option "A" basically.

C: (Robert McGhee) Well, that's what I wanted clarification on. Did you? It says the alternate will not have the ability to vote, but can attend and otherwise participate; but within the voting you say "if the primary/alternate in their absence." It's not the right language right there. None of the options are options anymore.

Q: (Julia Pierce) The question you need to answer here is "if primary and alternate cannot attend, can the technical advisor participate and not vote?"

A: (Robert McGhee) I would say "yes" to that. They would still be the one to bring the information back to the primary and the alternate.

C: (Stacey Ecoffey) There are two different sections we are looking at right now. Voting needs to be clarified for the conduct of the meeting.

C: (Jace Killsback) All highlights on Page 5 can be deleted regarding voting.

Q: (Julia Pierce) Should the delegate be absent, will the alternate be asked to vote?

A: (All) Yes.

C: (Yvette Roubideaux) I just want to provide a federal perspective on the decision making. I like that you voted to have the primary and/or the alternate only be able to vote. It does respect the process and the committee. If you apply the rule to the worst case scenario, often times I have a meeting with lawyers and technical advisors in front of me and there are no Tribal leaders. They all say they are representing the Tribes; but I have the same discussion with the Tribal leaders and it is a different discussion when I talk to Tribes versus their technical advisors. It forms my leadership differently. [Concerning] the issue of who participates, technical advisors can dominate the meeting and I don't hear from Tribal leaders. It creates an awkward situation for us as the Feds to know who to listen to. An alternate scenario is a table of technical advisors that give input but don't vote. Giving input, but no vote, influences us. It's a different meeting as well. It's just food for thought.

C: (Robert McGhee) When I speak of "participating," I mean the technical advisors are not sitting at the table—meaning they are allowed to come and participate, but they are not being paid by us (HHS) to attend these meetings. My Tribe is paying for me, so HHS can assist with my delegate. I would rather they be able to be here to so they can bring any discussion back to primary or the alternate, but not participate.

Q: (Ken Lucero) The suggestion was from Mr. Killsback to delete Number 3. Robbie, does that get to your point about participation?

C: (Julia Pierce) You can take out [Number] 3. Do you want to clarify that Tribal advisors can attend but not participate in absence of the delegate or the alternate? Do you want to poll the folks here and talk about that, because that's a significant point?

Q: (Ken Lucero) Can we clarify participation on Page 4 under Conduct of Meetings, Participation and the second [Item,] Voting? If we leave [Item] 3 there, that's where they address voting.

MOTION: (Robert McGhee) STAC advisors can attend meetings, but not participate at the table.

SECOND: (Jace Killsback)

DISCUSSION:

(Melanie Knight) Clarification, [is it] only in event of absence of delegate and alternate?

(Robert McGhee) Yes.

[Motion is reread and clarified]

(Stacey Ecoffey) Technical advisors can attend the meeting in absence of the primary and the delegate, but not participate at the table.

Q: (Ken Lucero) Are there any more questions?

VOTE:

In Favor – McGhee, Bisbee, Hughes, Killsback, Cromwell, Knight, Honanie, Kennedy, Antone, Begay

Abstained – Super.

DECISION: Motion passed with one abstention.

SUMMARY: “Technical advisors to the STAC can attend meetings, but not participate at the table. Language to this effect will be added to the draft.

Q: (Robert McGhee) Page 5 on Termination, what is HHS’ recommendation on that?

A: (Stacey Ecoffey) In Albuquerque, the Chairman had not been reappointed. I followed up three times and didn’t hear back. After this meeting we were going to make an announcement of vacancy.

C: (Ken Lucero) When he lost his election, following up with the next administration was difficult.

C: (Stacey Ecoffey) We could say IGA can make an official announcement after 3 meetings missed.

Q: (Cheryle Kennedy) Don’t we meet quarterly?

A: (Stacey Ecoffey) Yes.

C: (Cheryle Kennedy) So that would be a nine months absence. I recommend that once we learn of someone not getting reelected, that we should immediately trigger an announcement to the Tribe and ask them for their recommendation.

C: (Robert McGhee) You don’t know when elections are. Maybe we need to send you the dates of our elections. You can call then.

Q: (Arch Super) My term is up in November. When you are appointed to committee, it’s by application; so if a leader’s term is up, then you don’t automatically appoint that Tribe’s leader. Does that sound right?

A: (Ken Lucero) Correct.

Q: (Roberta Bisbee) Is there a process you could put in Termination, where verbal contact/outreach to a person, then written correspondence, then to regional area, then send notification of vacancy 30 days after. We show that there are 3 attempts.

C: (Jace Killsback) I suggest that Ms. Bisbee’s recommendation be added.

MOTION: (Roberta Bisbee) Authorize IGA to develop the language to outline termination notices and process for Rules of Order document.

SECOND: (Cheryl Frye-Cromwell)

DISCUSSION: None.

VOTE: All in favor.

SUMMARY: IGA will draft language regarding Termination notices for inclusion in the Rules of Order.

Q: (Ken Lucero) Are we now on Page 6, Item C, regarding Interim Representative?

C: (Jace Killsback) If the primary or alternate vacates the position, then there would be an interim alternate was the scenario given. There is already a process.

C: (Julia Pierce) This would be in the interim, until a new person would serve.

C: (Jace Killsback) Because we have a process, I don't think this is necessary.

C: (Melanie Knight) I don't think we need an interim alternate if the delegate was still there; so just defer to the process.

MOTION: (Jace Killsback) Strike Item C [Interim Representative], Letter "b."

SECOND: (Cheryle Kennedy)

DISCUSSION: None.

VOTE: All in Favor.

SUMMARY: Item C, Letter "b" was struck from the Duties/Expectations section of the Rules of Order.

C: (Julia Pierce) Section 4, regarding Speaking, addresses who talks if both the primary and alternate attend. I would suggest adding that only the primary will vote. They are both representing the Tribal entity. We can simplify the language, but this was to clarify who can speak when and who can vote. There will be only one vote, by the primary delegate.

C: (Ken Lucero) We asked that this be put in for an "educational opportunity."

Q: (Robert McGhee) So do you need any of that, if the alternate was still chosen by HHS? We are still selected by you guys.

A: (Julia Pierce) The Tribal leader can always be represented, but if [it's] not a Tribal leader then that's a problem. We may need to look at this more. The real issue is only one can vote, who gets to speak, who gets the FACA exemption when, and [who] gets the one vote.

C: (Hilary Frierson Keeley) If your alternate is not a Tribal leader, then that person must concede their seat. The purpose of FACA is to protect the government-to-government nature of the communications. It's not a meeting between the government and special interest groups.

C: (Julia Pierce) If your alternate is not an elected Tribal official and you are, they represent the elected Tribal official; but if you are there, they are not representing you because you are there representing the group. If you aren't FACA compliant then decisions can be challenged and overturned.

Q: (Jace Killsback) Can anyone have an alternate that is not a Tribal leader?

A: (Julia Pierce) Yes, they are representing you, if you are not there; but if you are there, you are representing yourself.

C: (Hilary Frierson Keeley) If you go back to what makes up a quorum, there are 17 STAC members and 17 alternates. There can be more people in the room, but when it comes to doing business there should just be one voice that makes up the 17 members of the STAC.

Q: (Jace Killsback) I don't understand. How can my alternate, who is a Tribal leader, be a non-elected official?

A: (Stacey Ecoffey) In our nomination process, under FACA, if you nominated your Health Director to be part of the nomination process as an elected Tribal leader, you could do that.

C: (Arch Super) Depending on the area you are in, we wouldn't mind both representatives at the table. I agree each area should only have one vote.

MOTION: (Robert McGhee) Only primary delegates can have a vote.

SECOND: (Arch Super)

DISCUSSION: None.

VOTE: All in favor.

DECISION: Motion passed.

SUMMARY: Only primary delegates will have voting privileges.

MOTION: (Robert McGhee) If funds are available, at least one STAC meeting will be held in Indian Country.

SECOND: (Roselyn Begay)

DISCUSSION: None.

VOTE: All in favor.

DECISION: Motion passed.

SUMMARY: Pending the availability of funds, at least one STAC meeting will be held in Indian Country.

C: (Julia Pierce) If you want to bring someone in to give a presentation, you yield your seat while they speak. Then you resume your seat. (Page 7, 2-D.)

C: (Stacey Ecoffey) In the event the meeting is open and other Tribal leaders are in the audience, they should only be in a listening mode.

Q: (Melanie Knight) If a Tribal person makes a presentation and is not a Federal employee, we have to do a rotating seat for them to make a presentation?

A: (Julia Pierce) You are correct. TACs [Tribal Advisory Committees] need to make sure they are FACA compliant, the same way the STAC is doing. Having TACs present to the STAC is a good idea.

C: (Hilary Frierson Keeley) One recommendation is to use a process where a member of the STAC cedes their seat, so there is not an appearance that TACs are subcommittees on the STAC.

C: (Julia Pierce) Alternatively, any member of a TAC that is a Federal employee can present to you at your request—because it doesn't trigger FACA.

C: (Hilary Frierson Keeley) The cleanest way to hear from other Tribal leaders is to cede a seat.

Q: (Robert McGhee) Can any Tribal leader be a part of the meeting?

A: (Julia Pierce) Probably not.

C: (Ken Lucero) If we have a meeting in Indian Country, we wouldn't allow that either.

C: (Herman Honanie) My understanding is someone would have me bring information to the STAC and not have them present personally. We should be the spokesperson for our area.

Q: (Yvette Roubideaux) Complaints I've heard about the last meeting was other people couldn't attend. The issue is, only speakers are chosen representatives. In Indian Country, could you have observers, but they can't speak? Julia, I was on another FACA committee and it was run like this. There was open mic on the agenda in some instances. Does that apply in the non-Tribal exemption here?

A: (Julia Pierce) No, you were able to do that because you were FACA compliant.

Q: (Yvette Roubideaux) So this group can choose if they want observers or not? Tribal leaders said they just want to be in the room to listen. Can we choose to have outside observers or not?

A: (Hilary Frierson Keeley) You can have open meetings and then you can go into an "executive session." That is allowed. FACA exemptions say meetings don't have to be in the Federal Register and everyone doesn't have an opportunity to speak.

C: (Julia Pierce) So a meeting can be open for silent attendees, but they can't participate.

Q: (Jace Killsback) How are we differentiating Tribal leaders from others?

A: (Hilary Frierson Keeley) Meetings have to be limited to Tribal leaders and their alternates.

C: (Julia Pierce) The Tribal leader exemption isn't carte blanche for all Tribal leaders to attend. Because of special status as sovereign government, they can send a representative. But it's not open.

Q: (Melanie Knight) We need to answer two questions: 1) Can we open the meeting to observers? 2) What is the process and can we choose to have an open mic if we go through the process?

A: (Julia Pierce) If you are FACA exempt, you can't have open mic.

C: (Ken Lucero) We are operating as a FACA exempt meeting.

C: (Arch Super) As an appointed committee, if someone wants to speak, we should give up our time for them to speak. In California we are in the north, so I might want to have someone from the south to speak. Somehow we need to have time for them to speak.

Q: (Stacey Ecoffey) I think there is a time for compromise. If we meet in Indian Country and have open floor time, can we have time for seats to be yielded?

A: (Julia Pierce) Yes, but you have to yield your seat in writing. It can be done, but we must avoid the appearance of open mic. You must actually give up your seat for that Tribal leader to talk.

C: (Hilary Frierson Keeley) The more you look like an open mic, the more in jeopardy your work is. A much safer way is to distribute information on behalf of someone else.

Q: (Yvette Roubideaux) Can they vote?

A: (Julia Pierce) No, they can't vote. They can just sit at the table and speak, but they don't get to vote.

C: (Hilary Frierson Keeley) The extreme would be lines behind each of the 17 seats. I'm following it to the extreme. You have to think of the slippery slope.

C: (Ken Lucero) We have to preserve what we have as the STAC and be an example to the other TACs and encourage them to become FACA compliant so all of our work is validated and stands up

in court. One of our responsibilities is to help the other TACs to do the right thing by leading by example.

C: (Ken Lucero) We will move Budget Updates to the end and the amendments to the Rules of Order to the end.

C: (Julia Pierce) If you like, we can draft something for your consideration. Hilary could bring changes tomorrow.

C: (Hilary Frierson Keeley) We could email this afternoon and discuss tomorrow.

C: (Ken Lucero) We will continue discussion on this tomorrow.

C: (Paul Dioguardi) At 12:40 p.m., we can do the Budget Update.

HHS Budget Updates

Norris Cochran, Deputy Assistant Secretary for Budget, provided an overview of the Fiscal Year (FY) 2011 enacted budget. Mr. Cochran noted the significant budget cuts across the government, as well as the HHS' \$17 million increase over the FY 2010 level. In terms of FY 2012, he indicated that deficit reductions would continue to color all budget discussions. And in light of having hit the debt ceiling, he said, reductions in spending, entitlements, and discretionary spending appeared likely. As part of his presentation, Mr. Cochran provided a historical perspective on Federal budget deficits and surpluses; compared revenue versus spending trends; discussed HHS' budget spending breakdown and formulation timeline; and described the budget and congressional appropriations process. He cautioned that the FY 2012 budget was not likely to pass on October 1, 2011.

For her portion of the presentation, Valerie Cook, Program Analyst, Office of the Secretary, discussed performance management as it related to the Government Performance and Results Act (GPRA). She encouraged the participants to go to Congress with their budget needs and to explain how funds would be used and the impact of funding cuts. She emphasized that conveying data on activities and/or performance was critical; and she indicated that HHS was a leader in terms of implementing a quarterly reporting requirement throughout the Department.

Q: (Herman Honanie) In respect to Indian health care, what is Congress' biggest issue/factor in terms of funding IHS?

A: (Yvette Roubideaux) There is bipartisan support of Indian issues. The biggest challenge is the climate of the day. Even though people support us, they have to fit us in as a priority in how much they do. In the past, they didn't think we were a good investment. I've been going around saying what we are trying to do to fix our problems. So if we can show outcomes and improvements, then we are a better investment in their minds. The climate now is even worse than it was last year.

C: (Cheryle Kennedy) We are at the mercy of the Office of Management and Budget (OMB). They set the marks and Departments have to adjust to what they set. The Bureau of Indian Affairs (BIA) figured out how to establish a panel of Tribal leaders to meet with OMB. I think we need to establish something similar. The successes that Tribes and IHS have had lies in that most of our clinics are accredited. I go to appropriations hearings and testify. My concern is that having a day

or two for all Tribes to testify is insufficient. Therefore, submitting written testimony is very important.

Q: (Cheryle Kennedy) Years ago funds were appropriated to develop Tribal Health Plans. They spanned 10 years. Has there been any more thought to doing that again?

A: (Yvette Roubideaux) I want to have a conversation with Tribes about performance measurements and how we can do a better job of managing performance. This Congress is really looking at data. When I go, I only have half of the data because we are not required to get it from “638” programs. The voluntary submission of data helps us demonstrate need. We are having listening sessions to see if Tribes will voluntarily share their data.

C: (Valerie Cook) Aspects of GPRA require more transparency. So you’re right, information will be used to make decisions.

Secretary Kathleen Sebelius

Secretary Sebelius joined the meeting to hear directly from the STAC and respond to questions. She reconfirmed her and the Administration’s commitment to making Tribal issues a priority; and she gave concrete examples of how the STAC’s input had been used to inform policy decisions. She reminded the committee that she wanted to hear their thoughts on issues Tribes were having with States, as well as ACA implementation. Commenting that she didn’t have the authority to make changes to statutes, she did indicate that she hoped to change the way governors and local communities operated as partners.

Q: (Cheryle Kennedy) Concerning how States may be dealing with Medicaid issues, Oregon is looking at a plan to pool all Federal funds that come to the State, e.g., IHS funds and Veterans funds, to be grouped and redistributed through the system. Of course that would require a waiver. Tribes have not been invited to discuss this plan. I brought this to Susan Johnson’s attention. She said that it appeared that in July there would be an opportunity for Tribes to comment and have input. I’ve also met with two of our State senators concerning this matter. We do have a self-governance compact with you. The way they are going about this is very worrisome to us. To have this issue go on for 5 months without our ability to comment is very concerning to us. I wanted to bring this to your attention, in hopes that we can gain greater access. We do understand that you do have a relationship with our governor, [John] Kitzhabor. Also, Tribes within my area elected 4 priorities: 1) eliminating health disparities (asking for a study to look at health priorities for 2020 and come out with a report and action plan to eliminate disparities); 2) funding issues; 3) contractibility of all services provided by HHS and recognizing the Tribes’ unique cultural practices and differences, and 4) greater communication between the States, Tribes and the Department.

A: (Kathleen Sebelius) In terms of the Oregon waiver, as far as I know, no paper has been submitted to my office. It is my understanding that the discussions, right now, are entirely at the State level. We can follow-up with Susan concerning what type of appropriate, early input there could be. Secondly, what most States are talking about when they talk about waivers with us deal with Medicare and Medicaid. I have never heard anyone suggest that it would include VA [Veterans Administration] and IHS. Perhaps that is a preliminary discussion within the State of Oregon. We have never looked at such an issue. Our 1115 statutory authority pretty specifically deals with Medicaid and we may have some issues dealing with Medicare; but I don’t think we have ever contemplated waiving the statutory requirements for IHS funding or pooling them or streaming them. Again, we don’t have a proposal from Oregon, so it’s pretty difficult for me to react

specifically. I think, clearly, whatever the discussion is, you guys need to be involved in it at the earliest possible point. You mentioned health disparities and Dr. Garth Graham has joined us. He has led an effort to devise an HHS Action Plan on Health Disparities. As you look at health disparities, we will make sure the STAC gets a copy of that plan. It has recently been released.

Q: (Chester Antone) Governor Brewer submitted a waiver request to your office. It asked for a demonstration waiver (October 2011 – September 30, 2016). It hasn't been granted yet. Do you have a timeline as to when that might be granted?

A: (Kathleen Sebelius) I'm going to ask Caya, do you know the timetable for the Arizona waiver?

C: (Caya Lewis) I don't know off the top of my head. Cindy Mann will be here tomorrow and she runs our Medicaid program. She is our expert on waivers.

C: (Kathleen Sebelius) One of the changes made by the ACA is a requirement that mandates any governor that is going to be submitting a waiver to have a series of outreach meetings in the State before anything comes to us. I'm going to have to ask about exactly when that requirement hits. It will involve public hearings and an opportunity for input at the state level that we will monitor. By law, there has to be at least two public hearings and an opportunity for electronic input before a waiver request can be submitted. Cindy can tell you when the provision becomes effective.

C: (Chester Antone) I don't know if anything has been transmitted to you Dr. Roubideaux, but we do have information on where some of those Medicaid issues that will affect IHS. One of them is contract health services (CHS) at 100% of persons who that don't qualify, particularly for childless adults. It seems contrary to the ACA.

C: (Kathleen Sebelius) Cindy is the head of Medicaid, so I think tomorrow those specific issues should be raised with her. If she doesn't come armed with answers, she will be able to get them.

C: (Herman Honanie) Two individuals spoke about concerns with health care as far as allocation of Federal funds to the State. I think that has always been an issue for Tribes in Arizona. This matter about holding public meetings is a really good idea. I hope it comes to fruition. It will give Tribes a standing position when it comes to health care issues. I know individual Tribes have unique and special challenges with respect to health care services. Hopi is the same. We had a facility built 10 years ago with the understanding that we would be able to refer out patients; today it's not possible. We are on a mission to instill our own [unintelligible] and inpatient wing. We still want to work with IHS on that. Hopefully your influence will allow this to come to fruition some day. I want to commend you on creating the STAC; it's something I want BIA to do. We are still having trouble getting them to respond; so I hope they follow suit and this idea becomes pervasive throughout Indian Country. I hope you keep the momentum going and hope your staff supports you in this effort.

C: (Kathleen Sebelius) I can assure you that HHS leaders are attuned to the critical role to make sure that health care and human service delivery is as seamless as possible. We recognize that there are still huge gaps and huge promises to be met, but we are trying to make sure everybody is at the table and we do work on this as a Department-wide effort.

C: (Roselyn Begay) I like to bring forth the issue of the State of Arizona and Medicaid. I believe many letters of concern and support letters for Arizona's waiver request have been addressed to you from the Navajo Nation. I know the Native Americans who are serving on the State and Senate

House positions have also supported Governor Brewer's request for waiver (to waive 100% of FMAP for those IHS facilities and 638 facilities within the State of Arizona from the cuts in the Arizona Medicaid cost containment proposal that was instituted in the State). Those facilities are primarily serving Native Americans. Due to the Federal trust responsibility that the IHS is performing on behalf of the U.S., those individuals should not be subjected to what the State was proposing to do across the board for the Medicaid beneficiaries (for enhanced services, including the childless adults). There has not been a response to the Governor's proposal. Also, Vice President Jim from the Navajo Nation had testified during the National Tribal Budget Consultation in March. One recommendation the Navajo Nation has offered is to have the Federal agencies, i.e., IHS, CMS, and the Department, to fund the authorized Navajo Nation feasibility study. That could be one of the ways that the State's dilemma could be dealt with. The Navajo Nation continues to advocate for full funding for the Navajo Nation Medicaid Feasibility Study. Many Tribes agree that Federal funds from HHS, including those from CDC [Centers for Disease Control and Prevention] and SAMSHA, should be going directly to federally recognized Tribes, rather than being channeled through the state. This also included funding from the Administration on Aging (AoA).

C: (Kathleen Sebelius) I appreciate the concerns about the funding streams. Some of these are really statutory guidelines, Block Grant guidelines. For instance, the Substance Abuse and Mental Health Services Administration (SAMHSA) funding is not administratively able to be changed. It's really the way the law is written. We administer funds to the State and a lot of the laws unfortunately are written with that kind of direction. It's not a discretionary decision we can make at the Department. We have similar issues with some of our mayors—where the governor may not be supportive of whatever the law of rule is. The mayor may be very supportive, but we often can't get money to the mayor, other than going through the governor's office. It causes a lot of consternation. We are trying to be as creative as possible with our funding streams. With the waiver authority, there is no question that State budgets are in pretty bad shape across the country. They are beginning to recover, but slowly. In many States, philosophically, we have many governors who may not be predisposed to spend the bulk of their funds on health and service issues. We are trying to work aggressively with States to find strategies to lower their costs without slashing populations off of health programs. As you know, Governor Brewer started with the proposal to cut 300,000 people off health services. That proposal has narrowed, somewhat dramatically. We still feel that cutting anybody off is a step backward. We'll work with her and others. Many times the problem is solved not by elimination of health service, but by more effective delivery of health services at the earliest possible time. We do have populations that are outside our legal jurisdiction. Finally, I would encourage you to weigh in on the issue that Congress is going to debate about the maintenance of effort. As you know, there is a big push by members of Congress to repeal the maintenance of effort (allowing governors to do what they want). We think this is dangerous for millions of Americans, including Native Americans; so I encourage you to weigh in on this proposal. Paul Dioguardi and his staff can get you some specifics. This would be a nationwide policy that would slash populations that are currently covered by Medicaid, and in some cases CHIP [Children's Health Insurance Plan], without providing any coverage until 2014.

C: (Roberta Bisbee) I appreciate your efforts in trying to build relationships with States and Tribes; we need that leadership. Tribes have exemptions in the ACA, but as a government we are also employers, providers, and purchasers. We are unique in terms of the entire Act. We are not getting the full resources in terms of how this affects us as an employer or as a provider. We need those

types of questions answered, aside from the exemptions that are allowed. I'd like to see more resources to Tribes, because we are unique and we are impacted by this all the way around. I want to thank our regional representative Susan Johnson, who has been trying to get into the Idaho Governor's office to build a relationship for us. I know funding being filtered through States is always a concern. You mentioned that there is a statutory way the money has to be filtered. Being a treaty Tribe, or an executive order Tribe, there are negotiations and agreements that have already been made. Congress has authorized us to have that in place. So States have a statutory responsibility for funding, but there are already agreements in place from treaties. So I don't understand why funds have to be filtered through the State when treaties were already signed and approved by Congress.

C: (Kathleen Sebelius) Your point about treaties is very well taken. The history of treaties well pre-date any of the legislation that we are talking about. Unfortunately, those treaties did not include specific language on programs. In some cases, treaties were signed before there were even States. The legal framework that we operate under, Congress gives us money with legal parameters about how we can spend it and where it has to be directed. Where we have discretion, we are trying to be as creative as possible. I hear your point on the unique aspects of Tribes as employers, providers, and beneficiaries. I think we made a step on the inclusion of Tribal workers in the Federal Employee Health Benefit Plan. At every step we are making an effort to make sure Tribes are a part of the efforts.

C: (Jace Killsback) Our relationship with our governor [is good] and our State HHS Department is working well with [the State of] Montana. The Governor asked that we convey the message to you and Dr. Roubideaux about bridging a partnership between the State and IHS, so Tribes can begin to benefit more financially from the new laws coming into effect. The Tribes in Wyoming don't have a good relationship with the State; so our issue is always going to be State and Tribal relations. It's the luck of the draw in that you don't know who the governor will be for the next term, so our issues will remain. It doesn't seem like it's going to go away, so I wonder how the statutory issue will be tackled. The Montana legislature sent back Federal funds and we felt it was deliberate because more than a quarter of the Medicaid population is Indian. So why can't funding go directly to Tribes? It's an issue this committee should try to tackle, so we can avoid occurrences like that. Fortunately, the Governor was able to protect our Montana Healthy Kids law and we did get it refunded.

C: (Kathleen Sebelius) Thank you for your time. I want to assure you that your input and ideas are taken seriously.

C: (Ken Lucero) I talked to the Secretary about looking at budget reductions in Medicaid and Medicare services as an opportunity to insert language that favors Tribes in that we don't like the relationships we have with States regarding Medicare and Medicaid programs. We also have issues with regional treatment centers, in that States are getting involved in the care of our people.

C: (Chester Antone) Regarding maintenance of effort, we need to figure out how that will affect us and voice our opinions on that. In Arizona, we are looking at how we can challenge AHCCCS [Arizona Health Care Cost Containment System].

C: (Ken Lucero) At the next meeting, I think it would be good if we prepared before the Secretary comes; then we can assign someone to address the issues so we can make better use of our time.

HHS Federal Member Roundtable Discussion

During this session, the STAC heard updates on staff and operating divisions' work on Indian issues and initiatives. Kathy Greenlee, Assistant Secretary, Administration on Aging (AoA), informed the STAC that AoA provided funds to Tribes through the Older Americans Act via dedicated funding, Title IV discretionary grants, and Title VI funding. She indicated that support was also provided through resource centers. She announced an upcoming training and technical assistance session for Tribes, scheduled to be held in Washington, DC, August 23-25, 2011. Among the other items Ms. Greenlee noted included monthly webinars and cluster trainings.

Q: (Ken Lucero) I met with the National Indian Council on Aging and they wondered how the ACA would affect the facilities. I think it is Section 124 that talks about long-term care/aging being merged with some of the IHS facilities. The discussion was around funding for new facilities. Will those facilities be included in the same funding mechanism as funding for IHS facilities? There is a tremendous backlog, so if we can set up funding through your agency, that may work better.

A: (Kathy Greenlee) I think that's an IHS or CMS question. We did not get any new funding through AoA or the Older Americans Act for ACA programs related to long-term services. We were very pleased that the IHCA was amended so that IHS could provide long-term service. I don't have the answer in terms of the outcome of that, if there is a greater need for facility funding.

C: (Yvette Roubideaux) The IHCA did provide a new authority for IHS to provide long-term care services, however, we did not receive any additional appropriations to do this. There's need for Federal-level coordination of all the players in the long-term care business. That's something we are working on now. We don't have appropriations for funding for startup and facilities related to long-term care. The question becomes how a Tribe will sustain a long-term care facility once it is setup. That gets into CMS and Medicaid issues, in terms of how they sustain the services. We need to have more conversations about long-term care, in terms of what the needs are now.

Q: (Roberta Bisbee) What was the involvement from the AoA with the reauthorization of the Older Americans Act?

A: (Kathy Greenlee) That's currently in the works. Senator Cole is having a hearing on the reauthorization next week. I will be testifying and former First Lady Rosalynn Carter will be testifying. After that the HELP subcommittee will be holding a hearing.

Q: (Stacey Dixon) [for Arch Super] Does the grant for the caregiver apply to the Tribe or the individual?

A: (Kathy Greenlee) The entity that receives the money would be the Tribe, but it goes for specific services for caregivers themselves.

Q: (Arch Super) If we have a clinic, it might go to the health clinic to give some assistance to the caregiver?

A: (Kathy Greenlee) Meg Raves (sp) on my staff can talk to you afterwards. I need to rely on her to tell me who in your Tribe gets the funding. Not all Tribes receive Title VI funding; but the money is for the caregiver themselves.

Q: (Cheryl Frye Cromwell) Are alternates allowed to sit at the table when the primary is here?

A: (Paul Dioguardi) Physically yes, but virtually no.

C: (Melanie Knight) I want to encourage Dr. Roubideaux to get with Tribes that have participated in other programs, like CMS, to see how we can best use those resources for long-term care.

Lawrence Tabak provided updates on the National Institutes of Health (NIH) Tribal Consultation policy, stating that NIH accepted the HHS Tribal Consultation Policy and was working to develop implementation guidance to the policy. He stated that the Tribal community would be invited to comment on the document. Mr. Tabak acknowledged receipt of Tribal comments related to FY 2013 budget recommendations, one of which was to expand the support of the NIH Native American Research Centers for Health Program. As part of his remarks, Mr. Tabak also discussed publication, communication, and outreach projects at NIH.

Q: (Jace Killsback) It is promising to hear that you are adopting HHS' Policy. Three years ago a non-Indian lady came to our Tribe stating that she wanted to sponsor a sun dance. She said she would pay Tribal members to perform the ceremony. When other Tribal members found out about it the event was torn down. One of our Tribal members researched the woman and discovered that she had funding from NIH to research the language part of the ceremony. A year later, a couple of colleges in the State received funding to study our people, but there was no real consultation with the Tribe. We did some research and found letters signed by Indian students and one signed by someone from the college. There was nothing signed by a Tribal leader, no Tribal resolution, no consultation. At the local level we want to make sure we support research that is in line with our local community's health plan and strategies. We didn't have an internal review board (IRB). Last year we asked Tribal leaders to serve as our regional IRB. The issue of intellectual and cultural properties came up. I want to make sure that this is included in any further development of your consultation policy, along with the indirect cost issue. We are now mandating that there be an IRB process and consultation with Tribes. It seems the funding from NIH has gone "unchecked" and it's a new era of exploitation of native peoples because research doesn't directly benefit the community.

A: (Lawrence Tabak) Thank you for bringing this to my attention. Your comments underscore why a consultation process is essential and why our consultation plan needs to be vetted by Tribal leaders. If you provide me with details offline, I can look into the specific issues you raised.

Q: (Cheryle Kennedy) Has the policy been released yet? Also, we have information on your professionals and what you do; but what do you know about us? We have protocols for coming into our nations and that needs to be observed by all HHS agencies. Would you endorse an established set of set-aside funds for Tribes to access to do their own research?

A: (Lawrence Tabak) Central to NIH is peer review. We don't have set-asides. There are programs specifically designed for AI/NAs. The concept of set-aside has a specific meaning to us; but we have programs for research and research training.

C: (Cheryle Kennedy) We look at your budget enviously. We know IHS has a research department. For Tribes to conduct research, I'm thinking about a program designed to address and study Native American issues.

C: (Lawrence Tabak) Much of the work we support is investigator initiated. We do partner with IHS on some programs, and that's not to say we couldn't expand some partnerships. I would need to know more about the scientific opportunities.

C: (Cheryl Frye-Cromwell) I just wanted to make a positive remark about your Native American High School Summer Program. We've participated for 5 years and we've sent 27 youth to the program each summer. It was great for our youth.

C: (Kathy Hughes) I'm a co-chair of the Health Research Advisory Council. We have been vigorously engaging in discussions to try to get a consultation policy with NIH. I am really very curious about what this implementation guidance means. It's something different than what has been discussed. In fact, my last discussion was last week about the development of a consultation policy. The NIH is a large organization. I'm just becoming knowledgeable about opportunities for Indian Country there. As stated, it has a lot of money. There is a communications disconnect between NIH and American Indians/Alaska Natives (AI/ANs). This consultation policy is really critical. We really need to know what that implementation guidance is. We have Tribal advisory councils for CDC and the Centers for Medicare and Medicaid Services (CMS). I think we also need one for NIH. We are being left out of discussions on research studies.

C: (Lawrence Tabak) What I'm hearing is that we have to do a better job with communication.

Q: (Roberta Bisbee) We need data to show our needs and priorities. Dr. Roubideaux, is data from NIH shared with Congress? Do the departments collaborate?

A: (Yvette Roubideaux) A lot of data has been generated by the NARCH program and its shared with NIH and IHS. Some of the data has national implications and some has local implications. We've met with NIH and we are planning a roundtable at the Native Research Network conference at the end of June. We are going to have an initial roundtable of NIH institutes talk about the priorities they want to see us work on. There is a willingness to understand how we can better work together. I agree that we want the data collected to be useful.

C: (Melanie Knight) Your guidance will be important to Tribes. If you haven't already, you will be getting a document based on our initial review of the draft. The policy deals with individual members; it's not a government-to-government focus. This concerns us. You mentioned distributing another draft; you might consider a participatory process with Tribes as an alternative.

David Hansell discussed the Administration for Children and Families' (ACF) various attempts to get direct funding to Tribes, e.g., reauthorization of the Safe and Stable Families program to create a Tribal court improvement program, and Tribal administration of child welfare programs (as a result of Fostering Connections through Success planning grants). He also noted that ACF was working on getting Tribes access to the Federal Parent Locator Service, as well as discretionary grants through the Child Support Program. Regarding the ACA, Mr. Hansell said ACF would be implementing several programs that had Tribal involvement in them. Specifically, he said ACF was implementing Personal Responsibility Education Programs (PREP), Health Professions Opportunities Grants, and a Home Visiting Program. Mr. Hansell also indicated that a new funding announcement was announced the previous week for the Native Asset Building Initiative. Finally, regarding 477 program requirements, Mr. Hansell commented that ACF was reviewing comments from the last addendum to the 477 agreements and would report changes back to Tribes. He also expressed

optimism that a final rule on the ACF Tribal consultation process would be published within the following month.

Q: (Robert McGhee) When can we expect the 477 programs to resume? Hopefully when your consultation policy gets in place, we will have more of a partnership approach to developing policy. I'm not sure if you were aware, but on the House side IHS is actually listed as a means tested program within the Welfare Reform bill. Of course that cannot go forward that way, because we are not a means tested program. How do we address that issue? Finally, we would request direct funding to the Tribes through the TANF program.

A: (David Hansell) We all want to get the 477 program moving again; but we want to do it right. It is taking longer than we thought it would; but we want to address all of the issues Tribes have raised. Once the ACF consultation process is in place, all of our programs would follow it—including the IV-E program. We can take a closer look at the House proposal on Welfare Reform, as having IHS programs listed as means tested would be a concern. Finally, we have not put forward a specific TANF reauthorization proposal. We have said, if Congress is interested in considering TANF reauthorization this year, there are a number of issues the Administration would want to address as part of that discussion. [Tribes funding to Tribes,] that could certainly be one of those issues on the table.

C: (Robert McGhee) If it comes to it, maybe we can work together to come up with the drafting language so direct funding to Tribes can be considered.

C: (David Hansell) What often happens is that Congress will ask us for technical assistance. Certainly if we get the request we would be happy to respond.

Pam Hyde, Administrator, SAMHSA, provided the STAC with various SAMHSA updates. She indicated that SAMHSA purposefully tried to be very clear about FY 2011 grants and programs for which Tribes were eligible to apply; it was in the process of rebuilding its technical advisory committee; the SAMHSA Tribal consultation process had been updated to reflect the HHS policy; and States were being encouraged to consult with Tribes in light of the fact that attorneys indicated that Tribes could not receive direct Block Grant funding. Other highlights from Ms. Hyde's remarks included a request for Tribes to provide comments on a recommended formula for the proposed Behavioral Health Tribal Prevention Grant, the announcement of the establishment of the Office of Indian Alcohol and Substance Abuse; and a discussion about SAMHSA's role in the Tribal Law and Order Act.

Q: (Roberta Bisbee) Does SAMHSA collaborate with NIH to do research studies? There seems to be a duplication of efforts and research with the limited resources that we have.

A: (Pam Hyde) The term "behavioral health" is used differently in different places. We use it to mean substance abuse and mental health. Behavioral research goes beyond that. I don't know of anything where we are duplicating efforts with them. If you see some, please let me know.

Q: (Jace Killsback) Why is the Federal government talking to States about consultation instead of contracting out with Tribes to work with States?

A: (Pam Hyde) This is a new enterprise. We've never asked States this question. So, right now we are trying to understand what States need. Your point is well taken.

Q: (Cheryle Kennedy) The mission of SAMHSA is to reduce the impact of substance abuse and mental illness. We know there are great disparities in Indian Country. We need health professionals. How can we get health professionals to come to our community?

A: (Pam Hyde) We have been doing work with HRSA on workforce development. We have very little money for workforce development, so we partnered with HRSA for this.

C: (Marcia Brand) HRSA has set up an Analytic Workforce committee to address this issue. You can't provide comprehensive care without persons appropriately distributed.

C: (Pamela Hyde) We are also working with CMS around the delivery of peer support and other practice personnel. In the Tribal prevention grant, we want to build in a traditional practices component. Will have to look at different ways to deliver care.

C: (Robert McGhee) I just want to thank you for your support of the Circle of Care grant; it has been helpful.

C: (Ken Lucero) Senate Bill 417 is for a clearinghouse of Native American programs. Maybe you can look at developing this for Tribes.

Judith Monroe, Director, Office for State, Tribal, Local, and Territorial Support, CDC, provided updates from CDC. She informed the STAC that a vacancy announcement for an Associate Director for Tribal Support within the Office of State, Tribal, Local, and Territorial Support would be coming out soon. Ms. Monroe said she expected CDC's Tribal Consultation Policy to be in the Federal Register later in the month. She indicated that the CDC Tribal Consultation Advisory Committee (TCAC) had a meeting scheduled for August 22-24, 2011; and she noted that CDC funded eight Tribal organizations under the ACA's National Public Health Initiative. Finally, Ms. Monroe stated that CDC wanted to increase Tribal participation and recruit for its Public Health Associate Program.

Q: (Roselyn Begay) Does CDC offer technical assistance to Tribes who plan to transform to a Department of Public Health?

A: (Judith Monroe) Yes, but it's typically done through our partners.

Q: (Herman Honanie) Are there plans to create a Men's Cancer Program? Since the women's program started, men have been coming in asking for services.

A: (Judith Monroe) I've not heard discussions about that, but our office has deployed Senior Liaisons and I will take that request back.

Marcia Brand, Deputy Administrator, Health Resources and Services Administration (HRSA), updated the STAC on Tribal activities conducted at HRSA in the last 8 months; and she provided an overview of HRSA programs. Notably, she commented that HRSA's website now included a "Find a Health Center" widget; 35 new AI/ANs had registered in HRSA's reviewer database since June 2010; and the ACA allows Indian Health Facilities that serve only Tribal members to qualify as National Health Service Corps (NHSC) sites. She solicited input on how to encourage individuals from Tribal communities to go into health professions, noting that 229 vacancies at NHSC-Tribal sites were ready to be filled. Ms. Brand informed the STAC that HRSA did not have a formal stakeholder process. To that end, she said, the Agency was beginning to develop a consultation

process that she anticipated would mirror the HHS process. She invited questions to be sent to her email at mbrand@hrsa.gov or to aianhealth@hrsa.gov.

C: (Cheryle Kennedy) Thank you for the initiative to approve all IHS facilities as NHSC sites. Please clarify if Tribes will have to comply with sliding fee requirements.

A: (Marcia Brand) If they get “330” money, they have to comply with the requirement.

C: (Yvette Roubideaux) The National Health Service Corp has behavior health providers that can come to work at our sites.

Caya Lewis, Chief of Staff, CMS, distributed contact information for key CMS staff at Headquarters and in the Regions, noting that CMS had undergone an internal reorganization. She stated that Teresa Nino now presided over the Office of Public Engagement; and the former Office of Consumer Information and Oversight (OCIO) was now the Center for Consumer Information and Oversight (CCIO). CCIO, she said, was working on proposed regulations on ACA insurance exchanges. She indicated that CMS’s Cindy Mann would have to respond to questions concerning the timing of waiver requests and the transparency regulation that the Secretary referred to when she joined the meeting the following day. Ms. Lewis indicated that CMS was developing its own Tribal Consultation Policy, with assistance from its Tribal Technical Advisory Group (TTAG). Other highlights from her remarks included communication of outreach efforts for the Children’s Health Insurance Program, including a public service announcement (PSA) released in January 2011 and a Native call-in radio show that featured the CHIP program. Ms. Lewis assured the STAC that CMS was actively discussing the FMAP issue; and she also indicated that CMS welcomed comments on the Medicaid Electronic Health Records (EHR) Incentive Program.

C: (Ken Lucero) Questions can be directed to Cindy Mann tomorrow.

Dr. Garth Graham, Deputy Assistant Secretary for Minority Health, Office of Minority Health (OMH), discussed the role of the American Indian/Alaska Native Health Research Advisory Council (HRAC). He noted that the Council was created to serve as a formal venue through which the Department could gather Tribal input on research matters. Dr. Graham indicated that OMH coordinated the preparation of the annual HHS reports for the White House initiative on Tribal Colleges and Universities (TCUs); and he shared information about new OMH grant programs: Tribal Epidemiology Centers and National Umbrella Cooperative Agreements. Finally, Dr. Graham invited input from Tribes on health disparities in Indian Country, noting that the Action Plan on Health Disparities was a good start to addressing the issue.

C: (Yvette Roubideaux) I just wanted to mention that it’s the Department’s first ever disparities action plan. It opens the opportunity for Tribal discussions on all issues.

Q: (Ken Lucero) There are seven items Congress said they would do and one is decreasing health disparities in Indian communities. Is this why it’s being developed?

A: (Yvette Roubideaux) This was requested by Secretary Sebelius. It has a number of action steps that can be done over time.

Dr. Roubideaux provided updates for IHS. She referred the STAC to the meeting packet for copies of previous Dear Tribal Leader letters. She told the STAC that Tribal consultation was a top priority and a Tribal consultation summit (with audio teleconferenced sessions) for all IHS consultation activities was tentatively scheduled for July 6-7, 2011, in Washington, DC. Dr. Roubideaux reminded the STAC that updates concerning IHS were continuously uploaded on her Director's Blog; and she stated that she would be sharing information on what the operating plan increase of \$16 million approved by Congress meant for Tribes soon.

C: (Roselyn Begay) I know you are conducting listening sessions with Tribes. During the Navajo's Tribal consultation session, our President and Vice President indicated that they wanted you to come out in person. So, please consider coming to Navajo instead of doing a teleconference.

C: (Yvette Roubideaux) Last year I went in person and this year we did the teleconference because of the budget. Now that I've got a budget, I'm checking my calendar to see if I can come.

C: (Yvette Roubideaux) I also wanted to let you know that we are planning a Suicide Awareness conference in the first week of August. Please save the date for the latter part of that week. More details are coming soon. We need to think about creative solutions to address this issue; this meeting will allow us to do that.

Q: (Herman Honanie) We are lacking an inpatient wing and I'm wondering where in the priorities is construction (for additions to existing facilities, not new facilities)? Also, there is never really an increase in CHS and I've been concerned for our EMS program. Also, we have run up against a couple of challenges regarding creating satellite clinics, but it warrants consideration to see if this is possible. We have been informally told that IHS can't perform services outside of its facility walls, has that changed?

A: (Yvette Roubideaux) The issue of expansion is a challenging one. The funding for health care facility construction has been limited, so we have the priorities list. Tribes agreed not to add to the list before we get through the current items on it. The only other source [of funding] is the Maintenance and Improvement Fund. There is a backlog of maintenance of essential repairs. A lot of facilities use collections money to do expansions. There are no additional dollars for satellite clinics. The details surrounding providing services outside of IHS facilities are complex, so I'd refer you to my Chief Medical Officer. There is limited budget for items like CHR, EMS, and other areas. In light of this, we are putting an emphasis on CHS, the Indian Health Care Improvement Fund, and others on top of the National Tribal Priorities list. The EMS issue is a rising issue. I've been asking staff to look at how we pay EMS in the system and listen to Tribal recommendations regarding EMS, so it is rising a bit in terms of priority.

Q: (Herman Honanie) With regard to satellite clinics, can a situation work where Tribes build a facility and then contract with IHS for staffing needs? Also, regarding the stipulation that a person that ends up in a hospital in the case of an emergency has 72 hours to notify their IHS Area, that needs to be extended. Would this require a policy change and would that occur at your level?

A: (Yvette Roubideaux) For contract health services (CHS) we follow our regulations for that program, so the notification time, I believe, is in regulation. I'd have to check on that for sure. I don't think Congress told us about the notification timeline, so I think that's agency policy. To change that, we would need to change the regulation. I'm interested in seeing if this issue came up during the CHS listening sessions we just had. If we do need to change the regulation we can do

that, but we would do that in consultation with Tribes. Via the joint venture program that we have, the Tribe can build the facility and then we agree to request staffing for the facility from Congress. We are not scheduled to think about new applicants for that program until 2013. However, we've got so many requests in the pipeline that we are concerned about meeting the staffing needs. We will have to monitor the budget; it might not be in our best interest to open up opportunities for new joint ventures.

Q: (Herman Honanie) So EMS is not a line item in the IHS budget?

A: (Yvette Roubideaux) It's not, but its covered through other ways. We may need to think about if it should be sub-activity or line item, as opposed to an ad hoc item.

Mr. Lucero informed the STAC that due to time constraints the group would discuss *Tribal/State/HHS Relations* the following day.

DAY 2

Tribal Opening

Arch Super provided the opening prayer.

State Medicaid CHIP and Center for Medicaid, CHIP, and Survey & Certification

Cindy Mann, Deputy Administrator and Director, CMS, discussed challenges in the Medicaid program and opportunities available to Tribes. On February 3, 2011, she said, Secretary Sebelius sent a letter to State Governors. The letter was intended to help them move forward to improve coverage for people in the Medicaid program and it talked about new initiatives for States, while inviting ideas regarding the program. As part of her comments, Ms. Mann discussed how States could lower Medicaid costs and improve care, e.g., reducing patient readmissions. To assist States, Ms. Mann said CMS was working with the Innovation Center to test various strategies to address Medicaid concerns; using Medicare State Medical Assistance Teams to help States; and conducting webinars for States.

Q: (Herman Honanie) When you talk about readmission of disabled persons, I'm wondering, why they don't see a doctor prior to being readmitted?

A: (Cindy Mann) Discharge planning is a big area. Groups argue you need a discharge plan before you even get into the hospital. In the Medicaid program, if you are disabled, you shouldn't end up out of the hospital without a care network. There are a lot of hospital and care protocols, and people with disabilities have a lot of good ideas about how to develop care plans that don't leave them without alternatives when they get out of the hospital.

Q: (Chester Antone) Yesterday I asked about the waiver request for Arizona. When will it be granted? There is a workgroup trying to figure this out.

A: (Cindy Mann) In Arizona, the State has a waiver that expires September 30th. The renewal was submitted with a number of changes. So, one change is the elimination of coverage for childless adults. They have a plan, as of July 1st, to not enroll new people; but they won't cut anyone out of the program. CMS is still concerned about this plan, but they have the legal authority to do it. The State is submitting a draft plan on how to accommodate this, and the plan is subject to public

comment in Arizona. They also proposed additional cuts, e.g., co-payments, cuts in certain services. We (CMS) have to act on these things by September 30th. I think the plan on the childless adults will be earlier. I encourage everyone to get involved in the process in Arizona.

Q: (Chester Antone) Can you talk about Medicaid covering transportation in Arizona?

A: (Cindy Mann) They have proposed to eliminate transportation for non-emergency transportation services in two counties. It would be helpful for us to have specific information on what it would mean if there were no transportation services available in those two counties. We want to hear from people in the community. So, information on impact would be helpful.

C: (Chester Antone) You can Google the maps and see that bus routes are not available. In the long run, it will affect mobility. You have many places where people have to travel far to get to the clinics and some specialty clinics. They may have to close because of the overall cuts.

C: (Cindy Mann) I think it would be helpful to have a conference call with all the Tribes and 638 folks in those two counties to get some of that information.

C: (Herman Honanie) The ADOT [Arizona Department of Transportation] has plans for road systems; but people in outlying areas don't have transportation. They rely on this transportation. Depending on where you are, there could be 4 to 8 hours of travel involved.

C: (Cindy Mann) We have been talking to the State about transportation systems outside of taxi cab services. It would be useful to hear about other services that may be operating with subsidies from the Medicaid program, to ensure that transportation is provided in the most cost effective way.

Q: (Cheryle Kennedy) I'm concerned about the transformation process in Oregon and the lack of participation of Tribes regarding this. I was told that Tribes would be involved in July, but that means 7 months of planning would have occurred. We ask that this be looked into and Tribes be able to participate earlier than July. I speak from experience, because when Oregon went through Managed Care we were left out; and for 3 years we had to fight to be recognized as a deliverer of managed care. We also understand that there is a plan to pool Medicaid funds and redistribute them. We are opposed to that.

C: (Cindy Mann) We've had a preliminary conversation and there is nothing in writing, but what our proposed regulations say is that a State will have to have consultation at least 60 days prior to coming to us with a proposal. So, now would be the time for meaningful consultation with the Tribes. I'll send a note to Bruce Goldberg to say we really want meaningful consultation with Tribes before Oregon's proposal is submitted to us. Once we get a proposal, we will want to engage and hear what your viewpoint is.

C: (Roselyn Begay) I think it's important to raise the issue of what is happening in Arizona. There are three IHS Areas in Arizona. I'm with the Navajo Nation. Navajo people live in three States. We know that the AHCCCS program has held a series of Tribal consultations. We have a good relationship with AHCCCS and they have done their best to work with Tribes to safeguard potential cuts. Regarding the waiver that is pending at CMS, we are hopeful they will work with Tribes and we appreciate your offer to have a conference call. What is devastating is that the plan includes elimination of all new enrollments for childless adults and a 5% reduction in reimbursement rates for

health providers. It also includes implementation of and increased co-payments, including a fee for missed appointments, among other things. Overall, this has a serious financial impact on the already underfunded system. By October 1st, about 27,000 Native Americans will be terminated from the AHCCCS program. The spend-down is of great concern to the Navajo area because it directly affects the CHS program. The other thing I wanted to mention is that the AHCCCS will be doing eligibility redetermination every 6 months instead of annually. Our Medicaid beneficiaries already have limited resources. They will not make it a top priority to go to a health facility or to a Department of Economic Security to renew their Medicaid eligibility paperwork. It can be done online, but not everyone has internet access. Several years ago 10,000 Medicaid beneficiaries fell off the roll and it directly impacted the IHS facilities in New Mexico. They lost a lot of their third-party billing, couldn't hire staff, couldn't purchase equipment, and couldn't provide the necessary services. This will happen in Arizona. Overall, this means there will be a rise in morbidity and mortality rates and access to health care will be decreased. The Navajo Nation has proposed a possible solution to this via funding of the Navajo Nation Medicaid feasibility study.

C: (Cindy Mann) On the redeterminations, the Arizona request violates the maintenance of effort provision as defined in the ACA, so we are looking closely at that.

Q: (Kathy Hughes) On an All Tribes call last week that I missed, there was discussion about the EHR Incentives Program. I was hoping for an update on this. We are very appreciative of the I/T/Us being recognized as Federally Qualified Health Centers (FQHCs). I understand, however, that there is some interpretation by CMS in regards to consistency in applying the method of payment. From a Tribal perspective, we feel that shouldn't be part of the component. If we look at the ACA, it doesn't have that application. With the definition of the FQHCs now, almost all the clinics will be able to meet the threshold to apply for incentive payments for their EHRs. But, with the consistency issue not being resolved right now, it will directly impact the Tribes. Do you know if there has been more discussion on this?

A: (Cindy Mann) Last night we had the consultation call. Generally, how we've organized the payments on EHRs has been the way we pay facilities. We recognize that this is likely to lead to fewer "638" facilities being able to get incentive payments. Clearly our goal is to provide incentive payments to those facilities. We are reviewing what it would mean if we departed from our normal payment procedures.

C: (Roberta Bisbee) We are concerned that these payments are not for health care services, they're more of an adoption of the health information technology. There are challenges in recruiting in rural areas. The Portland Area Board reviewed 20 Tribal health programs, and only 7 would meet the Medicaid patient volume requirements to participate in incentive programs. When there is extra funding you could evaluate this, as some of these incentive programs don't work for us. It would mean 60% of Tribal health programs in the Portland Area would have difficulty with meeting some of the Medicaid programs. We currently have a user population in the Portland Area of 80,000. The most recent Medicaid patient volume was averaged at 26%. We are in need of providers (to the tune of 42%) in the Portland Area. We can provide you with data that shows our difficulty in meeting need thresholds for incentive programs.

Q: (Melanie Knight) Oklahoma decided to develop its own insurance exchange. In regards to Federal default exchanges, how will Tribes be involved? And will Tribes have an opportunity to develop their own exchanges or collectively develop exchanges?

A: (Cindy Mann) In 2014 there has to be one system. Oklahoma hasn't accepted the Innovative Grant, and I'm not sure what that means going forward. On the Medicaid side, it's mandatory (unless you pull out of the Medicaid program). We have talked to Oklahoma and they have not said they won't move ahead with Medicaid changes. We are beginning to think about what the Federal exchange would look like. I have not heard a question about Tribes or groups of Tribes collaborating to do an exchange. I will commit to find out if that is possible legally. We will put that on the list of things to talk about.

Q: (Jace Killsback) Is there any effort to engage State Health Officers or Secretaries of Public Health and Tribal leaders to plan for exchange programs?

A: (Cindy Mann) Our mantra is "2014 is now." The planning process should be going on now. We should be building eligibility systems and planning should be underway. States are in various stages. Medicaid Directors are coming into town next Monday. We want to facilitate engagement now. It would be good to hear from Tribes across the nation to see if they are involved. 2013 should be an implementation year, so we only have the rest of 2011 and 2012 to do planning.

Q: (Cheryle Kennedy) One of the things that would be helpful is if Tribes had the ability to determine eligibility of their members. What can you do regarding difficulties in the mindsets that States have in their failure to engage Tribes early?

A: (Cindy Mann) We've put out rules and encouragement. I'm hard pressed to figure out how to make consultation meaningful. We have rejected State plan amendments when they come in without consultation with Tribes, but when it comes to being meaningful, that is more difficult. We would like to know from you what works or what is meaningful (and also what doesn't work). Please give us suggestions/models and we will share those and get States on conference calls. We are happy to pull together State-Tribe meetings.

C: (Jace Killsback) I had mentioned that State officers need to create a team or workgroup to facilitate those discussions. Include the TTAG, States, Tribes, and IHS in the discussion.

C: (Judith Monroe) The Office of State, Tribal, Local, and Territorial Support pulled together State health officials and Tribal leaders in February to talk about best practices around this issue. We stand ready to work with you. I think it would be great to bring Medicaid Directors, State health officials, Tribal leaders and IHS together. And I like your sense of urgency.

C: (Ken Lucero) We are really feeling the pressure in New Mexico. We had hoped to get some legislation passed and it didn't pass. We feel like we are stuck now. We are really feeling the pressure and wondering what we are going to do by 2014.

C: (Cindy Mann) On the legislation, a year ago we all expected that this would be the year for State legislation on exchanges. For a variety of reasons it really didn't turn out to be the case. There is a lot of planning and activity that can still go on. I think the legislation will follow. Some States are doing Executive Orders, but I think the legislation will follow. To the extent that people tried to get

legislation and it didn't happen, it doesn't inhibit the ability to go forward and robustly continue on our planning work.

Intradepartmental Council on Native American Affairs

Lillian Sparks, Chair, Intradepartmental Council on Native American Affairs (ICNAA), informed the STAC that feedback from its last meeting helped the ICNAA improve outreach and communication in regards to expanding services to Tribes. Dr. Roubideaux provided an update on ICNAA's first workgroup, Tribal Access Workgroup. Among their activities included working on Tribal access to grants; continued updates to the grants forecast tool on the HHS grants website; creating a CFDA template to highlight Tribal/Native grants eligibility; and planning a workshop later in the year for Federal staff, to train them on best practices to increase the number of Tribal grant applicants. Ms. Sparks explained that the second workgroup was charged with looking at the issue of technical assistance. The workgroup administered a survey on April 11, 2011, to see what technical assistance was being provided. She noted that most offices provided pre-application and post award training, with the most common method of notice about technical assistance coming from agency or Tribal websites, followed by word-of-mouth, mass emails, and funding announcements. She said most technical assistance was provided face-to-face in a classroom style, followed by electronic technical assistance. After sharing common topics that required technical assistance and explaining the peer review process, Ms. Sparks encouraged the STAC to provide input regarding appropriate technical assistance for Tribal communities.

Sean McCarville, Budget Analyst, Office of the Assistant Secretary for Financial Resources (ASFR), described the work of the third workgroup (Tribal Eligibility for Grants). He said the goal of the group was to develop more specific information regarding Tribal eligibility/ineligibility for HHS grants and similar funding opportunities to increase access. He said the information gathered would be used to determine technical assistance priorities and to inform Tribes on the basis of their ineligibility. Among the workgroup's activities include updating the Catalogue of Federal Domestic Assistance (CFDA) to verify Tribal/Native eligibility by first coordinating the completion of a spreadsheet to collect data on Tribal/Native eligibility; creating a similar spreadsheet for HHS funding opportunities for which Tribal/Native entities are not eligible; adding funding opportunities not previously identified through the CFDA process to both spreadsheets; and providing progress reports to ICNAA and the STAC after the information has been analyzed. As part of the presentation, Sue Clain, ASFR, walked the group through a sample spreadsheet.

Ms. Sparks provided an update on the fourth workgroup, which is focused on expanding self-governance outside of HHS. She indicated that the ICNAA was working closely with other agencies, e.g., ACYF, SAMHSA, AoA and OGC to develop a plan to do outreach to communities. With no authority in any program to do a demonstration project, she solicited the STACs feedback and requested feedback from Tribes about how to move forward.

Q: (Robert McGhee) How will you get the word out on what you are doing as far as tracking grants?

A: (Lillian Sparks) We haven't gotten that far; we are still in the process of collecting information. We welcome your feedback.

Q: (Robert McGhee) I think it would be great if you could do training on this whole concept, instead of just sending a letter out telling people to go to a website. Go to various groups and give your

presentation. It would be nice if you could look at the collection of the data from Tribes, so when we apply for grants we can click on a button that would pre-populate a lot of the information. Also, you can draw upon the experience the Children's Bureau has with working with Tribes. We need to focus more energy on providing training on working with Tribes. If you are going to have Tribal liaisons, where does that person go to get extensive training to work with Tribes? Also, can you provide more information on the 2004 legislation on self-governance?

A: (Lillian Sparks) The Department did not weigh in or comment on the 2004 legislation. I also asked what happened in 2004. The response I got was that HHS didn't move on it and perhaps that is why it stalled. We know we need legislation, but in its absence we want to know if there are other things we should consider to help advance self-governance.

C: (Yvette Roubideaux) We constantly hear "just do it," but we need Tribes to participate in developing how this might work in the Department. Tell us which programs are your priorities and what the process is going to look like to actually have self-governance for a SAMHSA, ACF or other program. If we work together on how to do self-governance in other agencies, we can be prepared to move forward. HHS wants to find ways to do this. Let's look at current program authorities and start practicing and building examples that will help us move towards that eventual goal.

C: (Lillian Sparks) I will defer to IGA and/or OGC, but maybe we can put together questions for the STAC to answer. It wouldn't be something that would be broadly distributed for everyone, but rather advice from the STAC to the Secretary on how we move forward on this, keeping in mind that these are all grant programs.

C: (Stacey Ecoffey) A lot of our legislation comes down in the form of grants; so we do have a lot of questions about how to make this work. Giving us concrete examples will help us be better advocates. The President is asking questions about flexibilities in government. Use some of that [language] when you send in your ideas about self-governance.

C: (Melanie Knight) The Cherokee Nation is involved in both a feasibility project and proposed legislation. It sounds like you are dealing with implementation issues; we'd be happy to participate with that. The 13 programs that were the focus of the feasibility study were by in large formula based programs that Tribes are already accessing, e.g., CCDF [Child Care and Development Fund]. We can develop implementation ideas to assist you. It would be helpful if you can tell us which of the 13 programs you have regulation authority for to waive requirements. My other comment is on the grants process. On the chart, for column K, if Tribes are only eligible through another entity, it would be helpful for us to know the basis for that and whether we can advance Tribes being directly eligible for those funds. So the way you are dealing with [column] L, it would be helpful to know the same information for [column] K. My question to you is, do you have a project timeline to have this material collected and available?

A: (Sean McCarville) We expect this will be a huge undertaking, so we are just trying to collect the data from all the agencies this summer. We expect that we are going to need a lot of time reviewing the data and compiling it.

A: (Sue Clain) It will be two-phase process. We started with about 100 grants where the CFDA identifies Tribes as probably eligible. We thought this would be the easiest way for the operating division to get their feet wet. Where Tribes are currently listed as ineligible, Tribes are not

necessarily ineligible, it's just that the program really hasn't focused on it in many cases. That will likely be a more time consuming process. Phase two will look at items missing from the catalogue all together. That will take a little more time. We will keep you updated.

C: (Cheryle Kennedy) Moving to self-governance removes administrative barriers, it removes duplication, and it improves efficiency. For the Confederated Tribes of Grand Ronde, we worked with our State in the 1990's to do a "master contract." We shared all of the services we were providing and we looked at State services being provided, with the thought that we would be eligible for those services. We identified the services we would contract for. The idea of a master contract was to have one body of services in one contract and then the reporting mechanism would be the annual report. In the auditing process we were willing to submit ourselves to the State auditors for review. That was done and it was a big change in our DHHS department. The Warm Springs Tribe also wanted to start this effort. For practical reasons, the State needs to be involved because the services flow through them. But that's a practical approach that is doable. Clyde Senocky (sp) was the lead attorney on the State side if you want someone to talk to.

C: (Lillian Sparks) I know that OPM [Office of Personnel Management] has various learning portals and one of them is on Tribal governance. It is being revised as we speak. It's something that ACF will promote and make sure that all staff participates.

C: (Cheryl Frye-Cromwell) I received, at another meeting, a list that showed all funds received by 5 Tribes funded through ACF. Is there a way we can get a list of programs funded through ACF or HHS for Tribes in our regions?

A: (Stacey Ecoffey) You can go to the HHS website and access the TAGGS report.

Affordable Care Act Update

Dr. Roubideaux spoke to the STAC about the ACA, noting that its one year anniversary was in March 2011. She said discussions during the first year focused on health insurance and looking at ways to increase coverage. She also said getting the State exchanges established by 2014 was a huge part of the ACA; noting that the Medicaid improvements and expansion up to 133% of the poverty level would go into effect at the same time. She reminded the STAC that States' funding opportunity had a requirement that they consult with Tribes. She added that consultation with Tribes was also required for Medicaid expansion and Medicaid waivers. To that end, she told the STAC that it would be helpful to have examples of what could be put in the guidance/regulations to make sure States held meaningful consulting with Tribes. Specifically, she suggested that Tribes detail the frequency, types, and venues for meetings that would make consultation meaningful. She also said they had to look at the fallout of States that don't consult with Tribes. Regarding the issue of defining "Indian" and differing definitions, she assured the group that issue was being addressed. As opposed to a year ago, she said conversations now focused on health delivery system reform, i.e., improving the quality of care and reducing costs. Finally, she acknowledged an amicus brief submitted by Tribes to separate the IHCA from the ACA (saying the Secretary was moving ahead with implementation of both); she indicated that OPM determined that all Tribal employees would be eligible for Federal Employee Health Benefits; she said the CHS five-page template the Tribes had been requesting would be coming out very soon; and she indicated that they were trying to move forward on the Navajo feasibility study related to Medicaid and the 51st State concept.

Ms. Ecoffey directed the STAC's attention to the next draft Quarterly Report to Tribes in the meeting materials. She also encouraged the group to submit ideas for items to be covered on the monthly calls to her or Dr. Roubideaux.

Q: (Jace Killsback) Dr. Roubideaux, your May 5th letter to Tribal leaders mentioned reports, plans, and assessments. Are those going to be released to Tribes, in the scope of transparency?

A: (Yvette Roubideaux) We are checking with Congress to see when they can be released. We are planning on putting out as much as we can, as early as we can. Things would be released on my Director's blog.

C: (Arch Super) We always have the issue of Tribe-State relations come up in consultations. Somehow, the solution has got to be to mandate that States consult with Tribes.

C: (Yvette Roubideaux) Go to healthcare.gov for fact sheets and announcements.

C: (Stacey Ecoffey) If you are not getting IGA emails, let me know.

Tribal/State/HHS Relations

Ms. Ecoffey asked the STAC for its feedback on the types of questions that should be asked of States regarding Tribal/State/HHS relations. She committed to sending out an email reminder to solicit input, stating that she would offer a few questions for the STAC to consider. She said she would share their thoughts with the ICNAA.

C: (Roselyn Begay) Administrator Hyde has done a great job working with Tribes in the State of New Mexico. She can help you guys in the Department on this issue.

Q: (Herman Honanie) A few years ago when Napolitano was in the seat, she had a good rapport with the States. We keep hoping we can get back to that level. There are still some positive relationships with some programs and our Tribes; but I wish the Governor and the Tribes would get together on a quarterly basis like they used to. Dr. Roubideaux, can you repeat the information you shared on OPM?

A: (Yvette Roubideaux) OPM administers the Federal Employees Health Benefits and the Federal Employees Group Life Insurance. An IHCA provision allows Tribes to purchase insurance for their employees. There was a big issue about the "kind" of Tribal employees. After consultation and discussion, OPM announced that it was available to all Tribal employees. It's not available yet because they are still implementing it. Letters were sent to Tribes last month that talked about wanting to have some sessions to discuss details so this can be put in place.

Rules of Order (Continued)

C: (Ken Lucero) Please look at Page 6 regarding the minutes and see if you are amenable to what is there.

MOTION: (Robert McGhee) Include the Minutes section.

SECOND: (Roberta Bisbee)

DISCUSSION: None.

VOTE: All in Favor

DECISION: Motion passed.

SUMMARY: The Minutes section was approved.

C: (Ken Lucero) Please review the Agenda piece on Page 6.

Q: (Robert McGhee) Do we want to add line to say we will approve the agenda at the start of the meeting?

MOTION: (Robert McGhee) Accept the Agenda section with the addition of stating, "The agenda will be approved at the start of the meeting."

SECOND: (Roselyn Begay)

DISCUSSION:

(Roselyn Begay) Will the entire document be cleaned up?

(Ken Lucero). Yes. You have another document that has those sections cleaned up. Once we do these two pieces, then we will send a final that is approved.

(Stacey Ecoffey) There are some formatting issues that we will have to fix. If you have any edits written on your sheet, for formatting or spelling, just give them to me and I can incorporate them.

VOTE: All in favor.

DECISION: Motion passed.

SUMMARY: The Agenda section was approved, with the addition of the language, "The agenda will be approved at the start of the meeting."

C: (Ken Lucero) Mr. McGhee requested that we go back and look at Page 5.

C: (Robert McGhee) On Page 5, regarding Termination, I have an order preference on the vacancy issue. You talk about when a vacancy occurs with the primary delegate, for reasons such as resignation and loss of Tribal election/appointment, but then we go into the appointment process. It seems like we should include the second point "IGA verify the vacancy by contacting the individual, the respective Tribe..." and then go to "IGA will send a regional or national letter...to nominate a replacement." Then go down to finish off with that last sentence, "...replacement in a timely manner." It's the three sentences. Put the second sentence as number one. And then on "B-b," where it says "If the STAC Alternate..." we would want to put in there "in the official capacity" because they are not always required to be here.

C: (Ken Lucero) Is there a motion to accept those two changes?

MOTION: (Roberta Bisbee) Have Page 5 changes incorporated.

SECOND: (Cheryl Frye-Cromwell)

DISCUSSION: None.

VOTE: All in favor.

DECISION: Motion passed.

SUMMARY: Modifications to Page 5, Termination, A (Vacancy) and B (Removal)-b as cited by Robert McGhee approved.

C: (Ken Lucero) Next we will go on to the Tribal Advisory Committee section. For this part, please look at the single page handout that has the tracked changes on it. Hilary is here if we need to discuss it. Please take a look at it. I think there are some questions that we need to ask before we finish it off. So, I'll turn it over to you [Hilary].

C: (Hilary Frierson Keeley) We were asked to provide recommendations to the STAC based on the Federal Advisory Committee Act exemption. The first comment that we made is to just make sure that you don't have to go back and revise your Rules of Order. HHS currently has four TACs, but to add a statement in that says "if other HHS op-divs add TACs, they would also be covered by this provision) just so you wouldn't have to go back and amend the bylaws. So that would be Comment 1. And then, what we did was we went through and answered each of the questions that you all posed. I don't know if you want to walk through those, and then I can show you how we proposed language. So the first question was, "How does STAC engage with the TACs?" This is something we discussed a little bit yesterday. The STAC doesn't exercise any control over the TACs and you also don't have any ability to monitor the meetings of the TACs. So, OGC's recommendation is that you treat the TACs just as you would any other technical advisor or outside party coming to present to the STAC—that you have one of the STAC members cede their seat during the presentation and the TAC would be given the opportunity to speak for the limited purposes that you identify. The TAC representative wouldn't have any general presentation privileges or any voting rights. That is our recommendation because, if for some reason a TAC was found to be in violation of FACA and there were any appearances that you relied on the TACs recommendation in making your deliberations, it could invalidate the work that you've done on a particular issue. What we'd like to do, is by having a technical advisor speak on behalf of a member, you still preserve the autonomy of the STAC because you (as collaborative members) make decisions based on your leadership expertise. Whether or not you agree with the technical advisor's position, it gives you the autonomy rather than the appearance that a TAC is a subcommittee of the STAC. If you agree with that position, then we propose language that mirrors the language of the technical advisors. That is under Comment 2. That was starting with "members of the STAC may invite members from an HHS TAC to speak to the STAC." If a TAC representative addresses the STAC, a STAC member must cede his/her seat during the presentation. TAC representatives will only be allowed to present on the issue requested by the STAC and will not have general participation or voting privileges.

Q: (Ken Lucero) That's directly the language we used for the technical advisors, correct?

A: (Hilary Frierson Keeley) It's not verbatim, but it mirrors what the discussions were yesterday.

Q: (Ken Lucero) Do you need a response from us now?

A: (Hilary Frierson Keeley) We can just walk through them and see if you all have questions for me. Ultimately it's your decision. The second question is "How does the STAC advocate the TAC issues?" This is a policy issue for the STAC. The STAC determines which issues to advocate to the Department. Just like including the TAC issues. One of the things that OGC raises is that it might be more important to discuss how you would like to receive your information from the TACs. Do you want quarterly, written updates? Do you want in-person meetings? We don't see this as a legal issue.

Q: (Robert McGhee) Would this be a Rules of Order issue or is this just a request that we would send out? Do you think it should be in the Rules of Order?

A: (Hilary Frierson Keeley) The way that the language was drafted originally, it said "Each HHS TAC will also be required to provide an official annual report. If you want something more than that, you might want to add that in. Or you could delete that sentence also.

C: (Robert McGhee) I think since the TACs are pretty much all agency specific organizations, I think we should at least get the reports quarterly. Sometimes I don't feel as though their voices are being heard regarding their issues at the Secretary level, but just at the Administrative level at that agency. I would look at it as part of our job to look at these issue specific papers that they present and see what we can identify to carry on to the Secretary's level. So, I think quarterly, at least; once a year wouldn't help this committee.

Q: (Ken Lucero) You are saying we have no advisory capacity or any control over the TACs. Can we require the TACs to provide us these reports? Can we just ask?

A: (Hilary Frierson Keeley) I think you ask; the STAC requests a quarterly written report from each TAC.

C: (Chester Antone) Some TACs only meet twice a year.

C: (Ken Lucero) Maybe we can just be flexible and say, "as often as they meet." We, as the STAC, are going to provide a report out every time we meet. We could mutually exchange that information. We can send our executive report to them and if they can send us a report of their meetings (whether they meet quarterly, annually, or semi-annually), then it's developing that relationship.

C: (Kathy Hughes) I think it would be helpful for all the TACs to at least know that the STAC is going to be receptive to receiving reports from them. I agree, we can't really have the oversight; but serving on three of those TACs myself and sitting here for the first time, it's like I'm in a silo when I'm at a CDC advisory meeting, and the HRAC only reports to HHS. So I'm in 3 silos and there's a lot of information that could be exchanged. Particularly with the HRAC, we have an issue and we need to know where to go with it because we are not getting a response. One of the suggestions we had through email exchanges (and we'll discuss it at our June meeting) is bringing it here to the STAC, but we didn't know if we could do that procedurally.

C: (Stacey Ecoffey) Keep in mind, as STAC members, that the reason we have one or two at these meetings is so that each of you can have an intimate relationship with them. Because many of you do sit on these other committees, you can advocate in those roles with these guys. We do see that sometimes in the TACs, they are not getting the agency heads or the number two [person]. It's a system problem within those respective agencies. Because we have the backing of the Secretary for this one, everybody knows they have to attend. To communicate with your TACs internally, I go to the Federal partner because that agency oversees that TAC, so my communication is with them when I need to request a report or get something back. It's also important, like you guys have a relationship with me, it's important for the SAMHSA one to have a relationship with Shelia. Sometimes at different agencies; it depends on where the TAC is housed in that agency. Considering those committees that you all sit on, being able to raise some of those issues besides having a report [is important]. I don't think we have to put that in there, but just keeping that as a house policy and in mind [will be good].

C: (Melanie Knight) I agree with that. I think frequent input is necessary. Hopefully it's not just a report of activities, but rather an "issues" type of report, i.e., something that shows the top level issues that they want to elevate to this level (so we know what those issues are). It would be helpful to have the most recent issues from each of those TACs at each of our meetings, so that we are not retreading ground and we can know the hot topic issues that we may not have brought with us to this meeting.

Q: (Ken Lucero) Do you all prefer written reports or do you want a person to be here to deliver that report?

A: (Robert McGhee) I would say written issue reports.

C: (Ken Lucero) If we standardize a formal in-person report, we [still may] get crunched for time. No matter how well we plan out the agenda, it seems we end up rushing. I would hate to not give them adequate time. Maybe for now we just do written reports until we get more operationally settled. We should leave the option open for invitations.

Q: (Hilary Frierson Keeley) That was my suggestion, to leave the option in the Rules of Order in case there is a need for an oral presentation. So would you want the language [to say], "Each HHS TAC is requested to provide a quarterly issue paper to the STAC?" And do you want 5 days in advance of the STAC meeting? How many days are a good timeframe?

A: (Stacey Ecoffey) It helps if I could have it a full working week before the meeting actually starts, because it takes me a while to get all the information compiled and put into everyone's packets.

Q: (Jace Killsback) If the TAC only meets twice, how are we going to request quarterly reports? Can it just be frequent reports, as far as language is concerned?

Q: (Robert McGhee) Can we just say after their meeting they can submit an issues report to the STAC?

C: (Hilary Frierson Keeley) So what about, "After each official TAC meeting, each HHS TAC is requested to provide an issues paper to the STAC." Do you want a time?

C: (Cheryle Kennedy) I'd like to have the Department have an opportunity to hopefully resolve some of those issues that seem to be at an impasse. I'd like to see what resolution was made and have that included as well, once it comes to us.

C: (Ken Lucero) I believe that every time that we meet, we do get the reports from the different agencies and their heads. I think that's our opportunity to follow-up on the issues, or they can report that it's been resolved and state what the resolution was.

C: (Chester Antone) I think it's okay to request that reports are provided after every TAC meeting. I think it should also be the other way around. So, if there are burning topics that need resolution, the TAC should be able to request that they be on the STAC's agenda. And one of the issues is direct funding.

C: (Ken Lucero) So it looks like we addressed the last sentence. How do you all feel about the other piece, in terms of just having them mirroring how we interact with TACs in the same way we do with technical advisors? They can be invited in or request through us to be placed on the agenda. Then we would make the determination to put it on the agenda. It just follows the same thing we are doing with the technical advisors. If I can get a motion on that, with the changes, then I think we can wrap this up.

MOTION: (Robert McGhee) Approve Tribal Advisory Committees (TAC) section with changes.

SECOND: (Melanie Knight)

DISCUSSION: None.

VOTE: All in favor.

DECISION: Motion passed.

SUMMARY: Changes in the Tribal Advisory Committees (TAC) section approved.

C: (Ken Lucero) Can I get a motion to approve the overall Rules of Order?

MOTION: (Herman Honanie) Approve Rules of Order with changes.

SECOND: (Roberta Bisbee)

DISCUSSION: None.

VOTE: All in favor.

SUMMARY: Rules of Order approved with changes agreed upon by the STAC.

Next Steps

After much consideration and discussion, the STAC decided not to accept an invitation from NIHB to have the next STAC meeting in Alaska at one of its supported conferences. The decision was made on several factors, including the length of time individuals would have to spend in Alaska; the uncertainty about the availability of the Secretary and other HHS officials to attend; the challenge of meeting near the end of the fiscal year; and limitations placed on Indian Country participation per the Rules of Order. It was suggested that the STAC meet two weeks prior to the meeting so that talking points on STAC activities could be shared during caucuses at the NIHB-sponsored conference. The final decision on the date for the next STAC meeting was set for September 13-14, 2011, in Washington, DC.

HHS Closing Comments/Announcements

Ms. Ecoffey announced that work was being done on the IGA website to include a section for the STAC. She said the section would contain meeting summaries, excluding Executive Session information. She asked for the STAC's approval to post members' emails on the site and was granted permission. Finally, Ms. Ecoffey indicated that she would send a note to committee members when the site went live; and she said a one page summary of talking points would be provided to them on the STAC meeting.

Q: (Robert McGhee) What was the date of the NIHB conference?

A: (Jennifer Cooper) [for Jack Killsback] September 26-29, in Anchorage, Alaska.

C: (Cheryl Frye-Cromwell) The Indian Health Direct Service Tribes Annual National Meeting will be August 23-25, in Nashville. The Nashville Area is one of the newest members of the Direct Service Tribes. I was asked to announce it to the STAC. More information can be obtained from Roselyn Kao (sp) from the Office of Direct Service and Contracting Tribes at IHS.

Q: (Herman Honanie) Is it possible to have a picture session with Secretary Sebelius the next time we meet here? I think it would be really good public relations.

A: (Ken Lucero) Sure.

HHS Closing Comments

Sally Howard told the STAC that she was delighted about its formation and thanked the members for their advice and input. She said she learned a lot about consultation issues and how programs could better serve Tribes; and she recommended that the Health Disparities Plan be distributed to the STAC once it was cleared.

Tribal Closing Comments

Mr. Lucero thanked the STAC for its hard work and dedication; and he welcomed Ms. Howard to the team.

Tribal Closing

Mr. Super provided the closing prayer.