

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

January 17-18, 2012 – Washington, DC

Summary Report

The Secretary's Tribal Advisory Committee (STAC) Meeting was held on January 17-18, 2012, in Washington, DC. The meeting provided an opportunity for the STAC to address committee procedures; set its priorities for 2012; hear from Health and Human Services (HHS) Secretary Kathleen Sebelius and other Federal representatives on various HHS updates; 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 the Affordable Care Act (ACA), updates on Intradepartmental Council on Native American Affairs (ICNAA) activities, and the STAC's future role in HHS budget discussions.

Members present during the roll call: Chester Antone, Phyllis Davis, Stacey Dixon, Gary Hayes, Rex Lee Jim, Jefferson Keel, Cheryl Kennedy, L. Jace Killsback, Ken Lucero, Robert McGhee, Gloria O'Neill, Steven Ortiz, (quorum met)

Action Items:

- **Mayra Alvarez** agreed to provide a copy of her presentation, placing an emphasis on what it means to Indian Country.
- **Mirtha Beadle** agreed to provide the methodology used for selection of the TLOA [Tribal Law and Order Act] committee to Gary Hayes.
- **Mirtha Beadle** agreed to get an answer regarding the enforcement mechanism/consequence that will be employed if States don't consult with Tribes.
- **Mirtha Beadle** agreed to give Stacey Ecoffey a figure on SAMHSA's overall Capacity Expansion grants.
- **Norris Cochran** agreed to pull together an agency-by-agency list of mandatory vs. discretionary funding sources.
- **Stacey Ecoffey** agreed to speak to Marguerite Salazar about getting the hotel secured as soon as possible for the Region VIII consultation session and communicate that information to the STAC.
- **Isabel Garcia** agreed to provide information on what NIHS [National Institute of Health Sciences] is doing in terms of hydrofracking.
- **Isabel Garcia** agreed to forward report information on Tribal Colleges/Universities spending once it became available.

- **Nadine Gracia** agreed to follow-up with Dr. Roubideaux on Chester Antone's request for a proposal to AHRQ [Agency for Healthcare Research and Quality] to review literature on Native American cancer and provide recommendations to one of the CER [Comparative Effectiveness Research] centers.
- **Margaret Graves** agreed to provide a link for Tribal abuse codes to Stacey Ecoffey for the STAC.
- **Ahniwake Rose** agreed to send information to Stacey Ecoffey for the STAC regarding the NCAI Executive Council Winter Session for Tribal leaders scheduled for March 6-8, 2012.
- **Gary Hayes** agreed to send Stacey Ecoffey information about the Tribal-State relationship in Colorado.
- **Sally Howard** agreed to follow-up with an update on the President's streamlining of the government and how it will affect HHS.
- **Sally Howard** agreed to follow-up on the status of the Navajo Nation's feasibility study request.
- **Yvette Roubideaux** agreed to provide an update on the status of the MOU [Memorandum of Understanding] between HHS and the Department of Justice regarding the Detention Facilities policy to Gary Hayes (if he emailed her).
- **Kathleen Sebelius** agreed to have a presentation that could assist with outreach about the impact of the ACA on Tribes drafted for the STAC's review.
- **Kathleen Sebelius** agreed to provide guidance in response to Steven Ortiz's comment that Tribes were being asked to provide a brief in support of separating the IHCIA [Indian Health Care Improvement Act] from the ACA.
- **Lillian Sparks** agreed to get information for Tex Hall from the Commissioner at LIHEAP [Low Income Home Energy Assistance Program] concerning who handles small business contracts so that he can attempt to provide vendor services.
- **Lillian Sparks** agreed to provide the STAC with a written budget update for ACF [Administration for Children and Families].
- **Lawrence Tabak** agreed to provide a legend for the acronyms used in the NIH Guidance on the Implementation of the HHS Tribal Consultation Policy.
- **Mary Wakefield** agreed to find out for Robert McGhee the service population restrictions/requirements of the Community Health Center Fund.

DAY 1

HHS Welcome

Chairman Lucero greeted the participants and thanked them for their attendance. He invited Chester Antone, Council Member, Tohono O'odham Nation, Legislative Council's Health and Human Service Committee, to provide the opening invocation, followed by committee and audience self-introductions.

Paul Dioguardi, Director, Office of Intergovernmental and External Affairs, welcomed the group and noted his hopes that the STAC set its agenda, priorities, and benchmarks for the 2012 calendar year during the meeting. He also acknowledged the new appointments of Phyllis Davis, Tribal Council Member, Match-E-Be-Nash-She-Wish; and Gary Hayes, Chairman, The Ute Mountain Tribal Council, to the committee.

Roll Call

Chairman Lucero called the roll. The following members were in attendance: Chester Antone (Council Member, Tohono O’odham Nation); Phyllis Davis (Tribal Council Member, Match-E-Be-Nash-She-Wish); Stacey Dixon (Tribal Chairman, Susanville Indian Rancheria); Gary Hayes (Chairman, The Ute Mountain Tribal Council); Rex Lee Jim (Vice President, Navajo Nation); Jefferson Keel (Lt. Governor of the Chickasaw Nation of Oklahoma); Cheryl Kennedy (Tribal Council Chairwoman, Confederated Tribes of the Grande Ronde Tribal Council); L. Jace Killsback (Tribal Council Representative, Northern Cheyenne Tribe); Ken Lucero (Tribal Council Representative, Pueblo of Zia); Robert McGhee (Tribal Council Representative and Treasurer, Poarch Band of Creek Indians); Gloria O’Neill (President and CEO, Cook Inlet Tribal Council); and Steven Ortiz (Tribal Chairman, Prairie Band of Potawatomi Nation). With 12 members present, a quorum was met.

HHS Overview and Meeting Logistics

Mr. Dioguardi reviewed the agenda.

HHS Remarks

HHS Chief of Staff Sally Howard updated the STAC on the Secretary’s recent activities, noting the importance of the STAC’s input regarding policies that impact Tribes and the Tribal consultation process. She said the Secretary will continue to travel around the country to talk about the ACA, noting that documents have been developed to help explain the law and highlight its benefits. Before leaving the meeting, Ms. Howard fielded questions. Comments, questions, and answers are denoted below and throughout the document by “C,” “Q,” and “A,” respectively.

Q: (Steven Ortiz) Will we get an update on the President’s streamlining of the government and how it will affect HHS?

A: (Sally Howard) I will put it on a list of things to follow-up with you on.

Q: (Chester Antone) You referenced working on Tribal issues that are “on the table,” what are those issues?

A: (Sally Howard) We look forward to the STAC identifying them. Some issues we continue to struggle with include the ACF TANF [Temporary Assistance for Need Families] program and making it flexible, while complying with reporting requirements; under the ACA, we have been working on the reimbursement provision regarding the VA [U.S. Department of Veterans Affairs]; we are working with the White House on moving the Tribal consultation process forward; and regarding Medicaid waivers, we want to work with States to do pilot programs so Tribes can get optional services that have been cut.

Q: (Jefferson Keel) The President mentioned in his policy announcement that some agencies will be cut. How will HHS be affected? How is Indian Country going to be affected and will we have an opportunity to engage in discussions before budgets get finalized?

A: (Sally Howard) Regarding the President’s streamlining, so far only one small program in HHS is expected to be impacted. The streamlining is primarily focused on trade and commerce. The Secretary continues to push for Indian Health Service (IHS) funding. The President’s 2013 budget isn’t final until February. I think where we end up will reflect the restraints imposed on us, but IHS funding is a top priority.

Q: (Gloria O’Neill) In the last few years the Department of Interior developed policy around holding Indian budgets harmless. What can we expect in our communities? Should we expect a 5, 7.6 or 9 percent cut; and will the Secretary have the authority to determine which Departments will have cuts? How much flexibility will she have and will we be able to advocate for our communities?

A: (Sally Howard) The clear guidance comes in the first week in February. The 5 percent goal from OMB [Office of Management and Budget] was for the Agency, so the Secretary did have some discretion on what the cuts look like. If we can keep IHS facilities the same as last year, that would be a huge victory. I can’t tell you where we will end up, but in the next week or so we will have the final numbers. It seems clear to me that the President and OMB understand the importance of IHS funding not decreasing. We are fairly confident.

C: (Rex Lee Jim) We have been asking about the feasibility study on Navajo. We would like to run the Medicaid program. Tribal programs should not be an extension of State government. We should be dealing directly with the Federal government, based on our treaties with the U.S. We believe we can run programs ourselves.

C: (Sally Howard) I’m not familiar with the feasibility study, so I will have to get back to you on that. We do have programs that are administered by the State and we know that is tricky.

C: (Cheryl Kennedy) I didn’t hear you say anything about the negotiation between OMB and the Secretary to balance the budget. I believe we can provide guidance. I think it would be helpful if our Chair or someone from this committee could sit in on those negotiations. I appreciate the Secretary’s commitment to “making up for lost time.” I’m concerned about the trust responsibility the government has to the Native people and I’d like to see an emphasis on this.

STAC Procedures

Mr. Dioguardi reminded the STAC about the staggering of terms in order to have regular rotation of committee members. There are three 2-year terms and two 1-year terms for At-Large members. For Area Delegates, there are six 2-year terms and six 1-year terms. Mr. Dioguardi stated that the assignment of terms would be done by random selection. After identifying the At-Large members versus Area Delegates, Mr. Dioguardi indicated that there was no limit on the terms (as individuals can be re-elected by his/her respective area). Notwithstanding opinions about the random selection process not being done in Indian Country and the lack of attendance by some STAC members, the Chairman led the process to assign membership terms. Each member drew a number (a one or a two) from the appropriate “At-Large” or “Area Delegate” envelope. Chairman Lucero drew for members that were absent. Term assignments are indicated in the charts below.

At-Large Term Assignments	
<i>1-Year</i>	<i>2-Years</i>
Jefferson Keel, Robert McGhee	Ken Lucero, Tex Hall, Reno Franklin

Area Delegates Term Assignments	
<i>1-Year</i>	<i>2-Years</i>
Gary Hayes, L. Jace Killsback, Chester Antone, Gloria O’Neill, Aberdeen Area, Phoenix Area	Stacey Dixon, Cheryl Frye-Cromwell (for Nashville), Cheryl Kennedy, Rex Lee Jim, Phyllis Davis, Steven Ortiz

Mr. Dioguardi told the STAC that all terms started that day, January 17, 2012. In addition, he said the STAC also needed to elect a Chair and a Co-Chair, noting that those terms were for 1-year.

MOTION: (Stacey Dixon) Nominate Ken Lucero as STAC Chair.

SECOND: (Steven Ortiz)

DISCUSSION: None.

VOTE: All in favor.

DECISION: Motion passed.

SUMMARY: Ken Lucero is the STAC Chairman

MOTION: (Jefferson Keel) Nominate Steven Ortiz as STAC Co-Chair.

SECOND: (Cheryl Frye-Cromwell)

DISCUSSION: None.

VOTE: All in favor

DECISION: Motion passed.

SUMMARY: Steven Ortiz is Co-Chairman of the STAC.

Chairman Lucero directed the STAC's attention to the proposed dates on the agenda for upcoming STAC meetings. The STAC agreed on the following dates:

- May 30-31, 2012;
- September 11-12, 2012; and
- December 6-7, 2012.

Update: Intradepartmental Council on Native American Affairs

Lillian Sparks, ICNAA Chair and Commissioner, Administration for Native Americans (ANA), updated the STAC on ICNAA's Access and Availability; Outreach and Technical Assistance; and Tribal Eligibility for Grants subcommittees' activities. [Details on the activities/accomplishments were provided on handouts.] Regarding the Tribal Self-Governance Expansion workgroup, Commissioner Sparks said the members were set and the workgroup will consider comments received concerning ten Tribal Self-Governance expansion questions at its upcoming February meeting and discuss strategies to advance the issue.

Sean McCarville, Budget Analyst, Office of the Secretary, assured the STAC that subcommittees' activities timelines had been updated to reflect anticipated work.

Yvette Roubideaux, Director, Indian Health Service, reminded the STAC of the importance of its recommendations in guiding the work of ICNAA. In light of decreased funding, she said the Tribal Eligibility/In-Eligibility for Grants data matrix would be adjusted (hopefully by March); and she noted the success of and requests for more Tribal Access workshops.

Q: (Robert McGhee) On the "Access and Availability" sheet, the reference to "55 records" means what? Are we talking about grants? What are "records?"

A: (Amy Haseltine) Funding opportunities.

Q: (Robert McGhee) Under "Tribal Eligibility for Grants," at the May 22nd meeting, you want us to give feedback regarding policy regulation changes. Can we get that information out before the May 22nd meeting, so we know what policy changes from the various areas and at-large groups they would like to see made to these grants? For the eligibility matrix, we will also show what

opportunities are in 2012, not just historically what was available, right? I thought this would also provide a forecast.

A: (Lillian Sparks) We met with all the Chief Grants Management Offices a week ago and talked about the grants forecast. One key task we gave was to get funding opportunity forecasts out as soon as possible.

A: (Yvette Roubideaux) The forecast tool on the web tells you what is coming. We have the 2010 data, but the goal is to do this annually.

C: (Lillian Sparks) At the May 26th meeting we will have our conversation with you first, and then you can share the information with your folks.

C: (Stacey Ecoffey) We wanted to share the synopsis at the regional sessions. When you look at it, you may not get it all. We want to make recommendations where the Secretary has authority to change things, so we will discuss that more in May.

C: (Gary Hayes) Last week we met with the Governor and the Lieutenant Governor in Colorado. This is an example of how Tribes can know what is available. The Governor and Lieutenant Governor said they have been trying to get this information. This is a big step in terms of looking at resources for Tribes. We need to be able to track the increases/decreases in funding and the impacts. Maybe we can share TTAC [Tribal Technical Advisory Committee] information with this group and come up with a resolution. I hope we don't alleviate the trust responsibility the Federal government has. We have to ensure that it doesn't go away.

Q: (Chester Antone) Can this information be shared or is it only for the STAC's review?

A: (Lillian Sparks) We haven't completed the matrix. Once it and the synopsis are done, we will give them to you. All the information on the grants forecast can be shared and we want you to find out where training and technical assistance is needed. All of the self-governance information can be shared with others.

C: (Yvette Roubideaux) The STAC's accomplishments should be shared and talked about. When you talk with States, tell them you sit on the STAC and remind them of the Secretary's recommendations regarding States working with Tribes.

C: (Gloria O'Neill) It is wonderful that we have a framework for communities to access/navigate this information. As we look at the expansion of self-governance, it can be a model. Perhaps we can engage in partnerships with States to contract pots of money to bring them together for common goals.

C: (Steven Ortiz) As a Tribal leader, there is no connection between Tribal leadership and people that do grants. Program people should attend your training. It would be good if that could be mandated.

C: (Lillian Sparks) For ACF, we are working on a required training for all ACF staff via quarterly sessions; we will be happy to share this as we move forward.

Setting Priorities for 2012

Chairman Lucero asked the STAC to set three priorities to focus on in 2012. He reminded the committee of its duty to look at things on a broad scale and to consider how they impacted policies of HHS in terms of moving the Indian agenda forward. Noting a plan to prioritize regional sessions around Tribal-State relations, transparency/collection of data, and the ACA, Commissioner Sparks asked the STAC to think about other areas the Department needed to focus on, if any. During the discussion, the STAC proposed the following items as 2012 priorities: funding issues; expansion of self-governance; contract support dollars; embedding Tribal consultation into policies; holding Tribal set-asides harmless from budget cuts; providing technical assistance to Tribes that receive grants; the “477” initiative; giving Tribes a voice in the HHS budget process; monitoring Tribal-State relations; the definition of Indian; increasing funding for Indian programs; tracking of MOUs with BIA [Bureau of Indian Affairs], Justice, and VA; looking at Tribal Action Plans; State Medicaid waivers; contract health service dollars; a non-compete focus on grants/continuation of funds, i.e., no-cost extensions; policy and regulatory issues regarding accessibility to funds; HHS absorption of VA services in light of closing VA facilities; and Tribes’ access to funds. During the discussion, the following recommendations were made:

- In terms of the regional sessions coming up, a matrix on the testimonies and consultations done in the past would be helpful, as well as changes in policies that were made as a result of the testimony. (L. Jace Killsback)
- As Tribal leaders, we should pick three areas we could sustain a cut on as we approach budget hearings. (Steven Ortiz)
- Tribes have constitutions and treaties. They should be able to present their data the way they have it. (Chester Antone)
- The establishment of a Tribal-specific health and social plan could be a useful tool. (Cheryl Kennedy)
- Secretary Sebelius should recommend to Cabinet members to have a day-long session in Indian Country to see what [services] are available. (Rex Lee Jim)

Lieutenant Governor Keel encouraged his fellow STAC members to send a resounding message to Congress, the Secretary, and the President that says, “All HHS programs that have an Indian component ought to be held harmless. Indian Country can’t stand any cuts.”

In response to Chairman Lucero’s request for Federal staff’s input regarding what the STAC should focus on, Dr. Roubideaux impressed upon the committee to focus on all of HHS, not just IHS; Mr. Dioguardi agreed that it was important that Tribes input on the budget be heard and he stated that clear guidance from the STAC would be most useful. Ms. O’Neill suggested that the STAC draft a letter to the Secretary, stating its priorities. In response to her suggestion, Dr. Roubideaux cautioned that the 2013 would be announced in February and therefore the committee’s influence would be limited unless the letter was drafted immediately. To that end, Mr. Dioguardi said, “The President’s budget seldom gets approved as-is; and it’s never too soon to talk about the 2014 budget.” In terms of the appropriations process, Mr. Dioguardi also said the issue of holding Indian programs harmless if there were across the board cuts would come into play if sequestration occurred next year. Commissioner Sparks suggested that once the budget was known, that the STAC focus on how to advance items therein. In regards to funding/holding programs harmless, she said March 2012, would be the time to put those proposals forth. Ms. Ecoffey offered that after the budget was done

that the technical advisors could develop a position paper for the STAC. In response to Ms. Ecoffey's suggestion, Chairman Lucero said the STAC could offer its opinion and serve in a supportive role, but should respect the workgroups already in place, e.g., the Budget Formulation Workgroup.

MOTION: (Steven Ortiz) Keep the priorities from the previous year and add "budget" to the list.

SECOND: (Cheryl Frye-Cromwell)

DISCUSSION:

(Robert McGhee) It would be helpful to put all the ideas presented under four main categories: Budget, ACA, Tribal-State Relations, and Data.

(Stacey Ecoffey) "Funding" was on the list last year.

(Yvette Roubideaux) Last year the "funding" referred to access to grants; this year it's more about Department's budgets and the budget process.

(Gloria O'Neill) The issue of "477" is the one thing that doesn't fit into one of the categories. It really speaks to cross-departmental collaboration. Maybe we can make it a priority to get the "477" issue resolved.

(Ken Lucero) What exactly is "477?"

(Gloria O'Neill) It's a funding mechanism where Tribes can put funding from various agencies into one contract. We've had issues within the Department, TANF in particular, where the spirit of the law hasn't been supported, although it has been a successful program in Indian Country.

(Rex Lee Jim) We need to get back to "477" as much as possible. We also need to make sure we use language that says we want budget increases, not to just be held harmless.

(Robert McGhee) "477" is really a regulatory issue, so maybe we need a policy and regulatory issue category.

(Lillian Sparks) I can assure you that "477" is a priority and ACF is the main agency involved in these conversations. We have a workgroup now and we have discussions with OMB and [the Department of the] Interior weekly and sometimes daily. We will have more updates tomorrow.

(Ken Lucero) So we will add policy and regulations as a category, with "477" under that.

VOTE: All in favor.

DECISION: Motion passed.

SUMMARY: [STAC priorities for 2012 are provided as Attachment A: 2012 STAC Priorities.]

HHS Federal Member Roundtable Discussion

Staff and Operating Divisions' work on Indian issues and initiatives was highlighted during the *HHS Federal Member Roundtable Discussion*.

National Institutes of Health

Lawrence Tabak, Deputy Director

Dr. Tabak shared information on the NIH Guidance on the Implementation of the HHS Tribal Consultation Policy, saying it gives direction to the NIH Centers on the HHS Tribal Consultation Policy. He directed the STAC to send comments about the draft policy to the mailbox Tribalpolicy@mail.nih.gov. After highlighting select NIH-supported activities and funding announcements of special interest to Tribes, Dr. Tabak invited anyone more interested in learning about training opportunities to contact him directly.

Q: (Robert McGhee) Can you provide a key page for the acronyms used?

A: (Lawrence Tabak) Yes.

C: (Robert McGhee) I'd suggest that you put where we can find more information and include next year's funding dates. Maybe we can get you on an agenda at various youth summits to speak about these opportunities.

C: (Lawrence Tabak) We would be happy to interact and share this information.

C: (L. Jace Killsback) The last time we met I spoke with you about the IRB [Institutional Review Board] process. Our region has taken on this issue for about the last 2 years. We would like to see that recognized within NIH, i.e., when funding becomes available for academic institutions/colleges they should go through the IRB process. Too many times our Tribal leaders feel that we are being exploited and robbed of our cultural and intellectual properties. We also have an issue with the way indirect costs are managed with these grants, i.e., universities are allowed to get huge indirect costs to build facilities off of the research done on Indian people. The Tribes aren't benefiting. Again, we ask that you consider the IRB process and make it a requirement to get a Tribal resolution or Tribal support.

C: (Lawrence Tabak) We are sensitive to local requirements regarding IRBs. I'm trying to construct a scenario where a local Tribal IRB would not be consulted. Presumably they would be able to object to research that they felt was not of value to the Tribe. The issue of indirect cost is complicated, but I hear your point. As more AI/NAs [American Indians/Native Americans] become principal investigators, the more the dynamics will shift. In the long-term, that is the best solution. We should look at what can and can't be done.

C: (L. Jace Killsback) A university in Montana got a Tribal member who was a student at the college to write a letter of support instead of getting Tribal support and the project got funding. They went to the Tribal College and had an administrator sign the letter. They should have had a Tribal Council resolution, being that it was a local project. We also had a non-Indian lady put in a research grant for language. She tried to sponsor a ceremony in our community with NIH funding. She had not consulted with the Tribal government or Tribal leadership of the Tribe she was doing research on.

C: (Lawrence Tabak) Ignorance is no excuse, but often we don't know who the key person at the local level should be.

C: (Isabel Garcia) Under the NARCH [Native American Research Centers for Health] program, a big effort has been to increase research capacity and one aspect of that has been community-based participatory research—where you engage the researcher with the community from the start. We do recognize that many researchers do it right. We are trying to ensure that our funded investigators work with the community from the start. Regarding the local IRB issues, we are making great strides in making sure we can conduct research while being respectful of the local health centers and the community. Admittedly, we have work to do because not all of our communities have engaged honorably with Tribal members.

C: (Cheryl Kennedy) Some things can be remedied in the application form by asking for a resolution from the Tribe.

Q: (Lawrence Tabak) Would that solve the issue?

A: (Chester Antone) These issues are what brought about the need for Tribal consultation. I am encouraged with the NIH guidance policy. Some form of standardization is important, like obtaining a resolution from the Tribe. I hope a lot of comments come in for this draft document.

Q: (Phyllis Davis) I didn't see a Tribal Advisory Committee under NIH. If there is one, would you look at recommendations from them?

A: (Isabel Garcia) The guidance calls for the creation of such a committee and it speaks to the frequencies of meetings that will occur. Right now the centers conduct their own consultations. If they see a solicitation for funding that will affect Indian communities, separate institutes hold consultations, rather than a central committee that is called in for guidance.

Q: (Tex Hall) The Tribal resolution gives you the authority to do research. Have you heard of hydrofracking? EPA is doing a study. I don't believe there is a study on the water table or the ground soil. We are talking about more oil than there is in Saudi Arabia. There will be an aggressiveness to "drill up" before the leases expire. I'm letting you know because NIH might want to take a look at this.

A: (Isabel Garcia) NIHS [National Institute of Health Sciences] is looking at the issue of hydrofracking; it is central to their mission. I'd be happy to pass information on what they are doing to you.

A: (Nadine Gracia) ATSDR [Agency for Toxic Substances and Disease Registry] is also working with EPA on hydrofracking.

C: (Tex Hall) There has been no Tribal study on spills. It doesn't have to be specific to hydrofracking.

C: (Cheryl Kennedy) Years ago Tribes developed databases on their health [status]. I would suggest that we undertake similar work so we know the health status of our people. There may be funding there, it just takes collaboration to occur to see how this can be done.

Administration on Aging (AoA)

Kathy Greenlee, Assistant Secretary

Ms. Greenlee announced the hiring of Cynthia LaCounte as the AoA's Director of the Office of American Indian, Alaska Native and Native Hawaiian Programs. Noting the signage of a MOU with IHS and CMS [Center for Medicare and Medicaid Services], she said a joint webinar and subsequent conference on long-term supports would be held on January 25, and March 21-23, 2012, respectively. She also acknowledged a relationship that the AoA brokered with the VA and area agencies to assist returning veterans with long-term supports in their communities. Among other items addressed by Ms. Greenlee included AoA's annual listening session on July 11-13, 2012, in Denver; monthly webinars and conference calls; AoA's commitment to addressing elder abuse, including support for materials to American Indian elders on how to access services and an anticipated funding announcement aimed at screening and detecting elder abuse; and set-aside Tribal funds versus open grant competitions. Before ending her remarks, Ms. Greenlee invited persons interested in the field of aging to become grant reviewers; and she said that despite the Older Americans Act not being reauthorized, programs would continue as long as funding was available. She also encouraged the STAC to pay attention to upcoming legislation in the Senate, saying it would provide an opportunity to talk about aging in the country and educate people on the needs that exist.

Q: (Steven Ortiz) Is there any role for your Department to play in establishing elder abuse codes for the Tribes?

A: (Kathy Greenlee) That is something we can look to the Resource Center that we are funding for. I don't know if we can establish the codes. We may be able to pull together a compilation of what is out there using the Resource Center. There is a cultural sensitivity issue. Often it's not just physical abuse, but also financial exploitation.

C: (Margaret Graves) One of our Resource Centers based at the University of North Dakota has pulled together all of the Tribal abuse codes and I can give the link to Stacey Ecoffey for distribution to the group.

C: (Gary Hayes) This generation forgets what the elders have contributed. Every Tribe is different in terms of how they view male and female roles in the home. To get elders to agree on the codes is a challenge. One thing that will help is to keep the issue "close and confidential."

Health Resources and Services Administration

Marcia Brand, Deputy Administrator

Ms. Brand provided funding updates on HRSA [Health Resources and Services Administration] programs, with a special emphasis on awards made to Tribes. She said HRSA was working on its Tribal consultation process and drafting its Tribal Consultation Policy, which she expected to be available in March 2012. Among other highlights she shared included the anticipated announcement of the School-Based Health Center Capital Program in February 2012; work with ACF and SAMSHA to provide project officers with training on Tribal issues; HRSA's ability to support veterans and their families; and work on the Collaborate for Healthy Weight.

There were no questions from the STAC following Ms. Brand's presentation.

Indian Health Service

Yvette Roubideaux, Director

Dr. Roubideaux informed the STAC that the IHS 2012 budget received a 6 percent increase, primarily reflected in the areas of contract support costs, staffing, and facilities. Noting the upcoming HHS Tribal Budget Formulation and Consultation sessions, she said IHS was in the final stages of wrapping up its 2013 budget. Among other highlights addressed by Dr. Roubideaux included the mid-March IHS Tribal Consultation; IHS' audit results; and working with Congress on the definition of Indian. Dr. Roubideaux also indicated that she hoped to provide a written update on the IHCIA [Indian Health Care Improvement Act] soon.

Q: (Gloria O'Neill) What is IHS' plan to fully fund staffing packages, especially for those organizations coming online that are building primary care centers in hospitals?

A: (Yvette Roubideaux) In the 2012 budget we requested all the packages we wanted and we got them in the budget. We work with the joint ventures and all the constructions and try to figure out when they are going to be done. By projecting that we know what year to ask for the appropriations for the staffing. The climate in Congress determines what gets passed. I know there are several Alaska sites that need to let us know as they approach completion dates.

Q: (Gary Hayes) Can we have an update on the MOU between BIA and Justice? How is that progressing with the detention facilities?

A: (Yvette Roubideaux) It is between HHS and Justice. I have to see about the detention policy update. If you email me I can get you an update.

Substance Abuse and Mental Health Services Administration

Mirtha Beadle, Deputy Administrator

Ms. Beadle provided the STAC with a written update on SAMHSA activities. Among the items she highlighted in her presentation included the anticipated release of a report on the collaboration among BIA, BIE [Bureau of Indian Education], IHS, and SAMHSA's suicide prevention activities for FY 2011; redesign of SAMHSA's State Community Mental Health Services and the Substance Abuse Prevention and Treatment Block Grants for 2012/2013; SAMHSA TTAC vacancies (for Billings, Navajo, and Oklahoma Areas); Regional Administrators in all 10 HHS regional offices; and finalization of the selection of a permanent Director for the Office of Indian Alcohol and Substance Abuse.

Q: (Gary Hayes) For the Tribal Action Plan I know there is supposed to be a committee. Is there a committee for the Tribal Law and Order Act (TLOA)?

A: (Mirtha Beadle) There is.

Q: (Gary Hayes) How was that selection done? It was supposed to be done by regions, by Tribal leaders. Is that correct?

A: (Mirtha Beadle) I'd be happy to get you the methodology. They are working diligently to get to the Tribal Action Plans.

Q: (Gary Hayes) There was a \$50 million set-aside for your program, right?

A: (Mirtha Beadle) It was included in the President's 2012 budget. Congress did not fund it. [It was the Behavioral Health Tribal Prevention Grant.] Hopefully we can get funding in the future.

Q: (Robert McGhee) Are those set-asides in Item 12 on the handout?

A: (Mirtha Beadle) Those are current grants. They are not programs that are specifically set-asides.

Q: (Gloria O'Neill) Are they considered discretionary funds? Was the TLOA adequately funded?

A: (Mirtha Beadle) SAMHSA has block grants that are formula driven and discretionary programs. For FY 2012, our block grants did well; our discretionary programs did take a hit. So, there were some reductions there. For TLOA, we have a very specific function. It does not come with funds. We willingly made it work.

Q: (Tex Hall) Is there an enforcement mechanism if States don't consult with Tribes? What can Tribes do if we feel we haven't been adequately consulted?

A: (Mirtha Beadle) I'll have to get that answer for you. What is important is that they have to provide evidence of consultation. I don't know the consequence; I'll have to get that for you.

Q: (Tex Hall) Has SAMHSA considered "638" (P.L. 93638) contracting instead of money going to the States?

A: (Mirtha Beadle) Not necessarily via "638," but there is a desire to figure out if there are portions of SAMHSA's funds that can be looked at differently.

C: (Lillian Sparks) That is one of the things the ICNAA is looking into, across the department. There is some information in your packet.

Centers for Medicare & Medicaid Services

Caya Lewis

Ms. Lewis said CMS' new Acting Administrator Marilyn Tavenner was looking forward to meeting the STAC. She commented that CMS has a Tribal Consultation Policy that is consistent with the HHS policy and she said it wants regular review and evaluation of the policy. Ms. Lewis provided updates on Exchange regulations in terms of Medicaid expansion, saying CMS was going to promulgate final regulations on Exchange eligibility and was working on getting comments processed from the proposed rules and looking forward to having further dialogue on Tribes' concerns. She also said CMS was interested in working with Tribes during these tough economic times through programs such as the Health Innovation Challenge.

C: (Chester Antone) CMS will be at the CDC meeting on February 3, 2012, so I hope there will be follow-up on the Arizona issues at that time.

Q: (Caya Lewis) Is it a consultation?

A: (Chester Antone) It's a roundtable.

C: (Caya Lewis) It's my understanding that we are working with the State and OMB and others to move forward on covering optional services at IHS facilities. I think we are now having forward movement.

Q: (Cheryl Kennedy) Do you have an update on the how the Exchanges are being worked out with Tribes across the country?

A: (Caya Lewis) We did do a set of consultations focused on the Exchange. I was often asked, "What is each State doing?" I don't know the answer to that. For many States, they are just getting started and they haven't formally set up a body for the Exchange.

C: (Yvette Roubideaux) Mayra [Alvarez] will be here later to talk about the ACA.

C: (Steven Ortiz) On the website www.healthcare.gov, they put out a weekly bulletin. It is a good tool to keep us informed.

C: (Caya Lewis) We are also working on a general set of slides for all of us to use when speaking about the ACA. www.healthcare.gov is a great resource; I'm glad you mentioned it.

Q: (Gloria O'Neill) Are you thinking of establishing a policy to continue to engage Tribes as you implement Exchanges in the States? How do you ensure ongoing consultation?

A: (Caya Lewis) I don't know about establishing a policy, but what I can say is that we know how important the set-up of Exchanges are. Each State will be different. We don't have control over each States' policy, but we have an underlying guideline for what Exchanges will look like. Some Exchanges will be State run and others will be Federally facilitated. We will be in constant dialogue/consultation with Tribes in terms of how we set up Exchanges. As States start to do their work, we need to hear from you. We need to know who is having challenges.

Office of Minority Health

Nadine Gracia, Acting Deputy Assistant Secretary for Minority Health

Dr. Gracia updated the STAC on Office of Minority Health (OMH) activities, including the last Health Research Advisory Council (HRAC) conference call (held October 13, 2011) on which it was

noted that the ACF, HRSA, and SAMHSA had all accepted invitations to become Federal partners on the HRAC. At the HRAC Research Roundtable (held November 10, 2011), she said members discussed research priorities in Native communities, e.g., data ownership; data sharing; improving qualitative data; and research in the areas of cancer, mental health, and men's health. She noted that the Annual HRAC Report and the Annual Research Report for FY 2011 will be available on HRAC's website. Other highlights included the *Native American Healthy Babies Begin with You* campaign and continued Tribal initiatives on HIV/AIDS. Dr. Gracia also provided an update on the American Indian/Alaska Native Health Disparities Program.

Q: (Cheryl Kennedy) How do you know which groups have a health disparity?

A: (Nadine Gracia) We look for disproportionate impact and burden. We look at the burden of disease in a community.

Q: (Cheryl Kennedy) What data do you rely on?

A: (Nadine Gracia) It is driven by the funding announcement. So it's the burden of disease in an area. The applicant has to show the need.

Q: (Cheryl Kennedy) So you are soliciting for certain disease categories? You only know about those that apply?

A: (Nadine Gracia) That is where I believe the services of the resource center are important. We have newsletters that describe funding opportunities and it is dependent on who applies; but we have regional networks to share information on programs we support. We have an active role in making sure communities know that programs are available.

Q: (Cheryl Frye-Cromwell) On adolescent health, you mentioned in Tier 2 that there were two recipients. Who are they?

A: (Nadine Gracia) For Tier 2 there are actually three grantees: University of Denver, National Indian Youth Leadership Project, and Rural America's Initiative.

Office for State, Tribal, Local, and Territorial Support from the Centers for Disease Control and Prevention

Judith Monroe, Director

Ms. Monroe said Delight Satter was hired as the Associate Director for Tribal Support. She shared notable dates on the horizon, including an upcoming TAC meeting and Tribal Consultation session on January 31-February 1 and February 2, respectively; and a February 3rd follow-up meeting for State health officials, Tribal leaders, and CMS to talk about Medicaid/public health. Ms. Monroe also indicated that CDC has completed its Tribal Consultation Policy and it is now being reviewed by the Tribal Support unit; and there is a 2012 funding opportunity for national Tribal organizations serving Tribal health departments.

There were no questions following Ms. Monroe's presentation.

Administration for Children and Families

Lillian Sparks, Commissioner, ANA

Commissioner Sparks distributed ACF's responses to issues raised at the last STAC meeting, noting specifically that a Tribal-Federal workgroup was working on the "477" issue. She encouraged

STAC members to go to the Federal Register to comment on the ACYF Tribal Child Welfare Final Rule that provides guidance on the transition of Tribal Child Welfare Plans from the States to Tribes. Regarding the re-competition of some Head Start programs, she said specific Tribal programs affected were not known at this time. Commissioner Sparks discussed ACF collaborations with other agencies. She said the ACF Tribal Consultation meeting is slated for March 5-6, 2012, in Washington DC; and an ACF grantee meeting (held jointly with CMS) is planned for June 6-8, 2012, to talk about cross cutting issues. Finally, Commissioner Sparks said the ACF website contained an updated grantee matrix for 2011, allowing Tribes to see grants, due dates, and funding amounts for Tribal eligible grants.

Q: (Steven Ortiz) Is child support enforcement under your area? Can you give us an update on that tomorrow?

A: (Lillian Sparks) Yes, we can do that. What I do know is that Vicki Turetsky, who is the Commissioner for Child Support Enforcement, is very active in terms of making sure that Tribes are aware of programs and consulted on policies as they move forward. She is looking for Tribes' input on Tribal Medical Support. She is also looking at the limited amount of discretionary funds she has and making it a priority that Tribes can apply for those. She is looking at the Model Child Support Enforcement System and helping Tribes implement and support that system. We will look at providing an update tomorrow and if not, then during the March budget consultation. The Tribal Court Improvement Program is a recommendation that came out of a budget consultation, so we do pay attention to the recommendations from Tribes during those sessions. I know we are not always good at reporting out.

Q: (Tex Hall) We are building a refinery and we can make propane for your LIHEAP [Low Income Home Energy Assistance Program]. Is there an Indian preference for vendors, similar to what the Small Business Administration has, or can you point me in the direction of who handles small business contracts?

A: (Lillian Sparks) I can go back to the Commissioner over at LIHEAP and get information for you. We do a lot of workforce and economic development programs and we are doing workshops on how you can piecemeal small pots of money.

Affordable Care Act Update

Mayra Alvarez, Director of Public Health, Office of Health Reform, provide the STAC with updates on the ACA. Among the highlights of her presentation included information on Innovation Challenge Awards (which will close in the next week or so); announcement in December 2011, about \$14 million awarded to 45 School-based Health Centers; continued work on the Partnerships for Patients initiative; various activities/projects that have helped to strengthen Medicare; significant increases in National Health Service Corps members; a new Innovations Advisors Program; and progress on meeting goals set for the 2014 insurance Exchanges.

Q: (Ken Lucero) Can you talk about Tribal consultation in the ACA? Can you talk about that in terms of the Implementation grant?

A: (Mayra Alvarez) As we move forward with the regulation, we continue to emphasize to the States how much of a priority this is for the Secretary. We are open to having dialogue with you to figure out how we can make that more clear. For example, what are some examples across the country of

successful consultation policies? What makes the relationship work? We look forward to having that dialogue with you.

Q: (Tex Hall) Can we get a copy of the presentation you just shared? It would be helpful for us to have the facts.

A: (Mayra Alvarez) Yes. And I think your point is well taken, because we have to supply our community with education so they can be informed.

Q: (Steven Ortiz) Can you narrow the information down to what it means to Indian Country?

A: (Mayra Alvarez) Yes.

C: (Geoffrey Roth) We can support the STAC with outreach and education and I'm working on a presentation specific to Indian Country. If you have suggestions on how else we can support you, please let us know.

Q: (Chester Antone) Are any States that got funding for the Exchanges a part of the lawsuit?

A: (Mayra Alvarez) Some States that continue to move forward with implementation are a part of it.

Q: (Cheryl Frye-Cromwell) Was the Health Care Innovation Challenge grant just for Tribes?

A: (Mayra Alvarez) It was a \$900 million funding announcement that targets everyone. The idea is to redefine the healthcare workforce to save the system money.

Q: (Cheryl Frye-Cromwell) When does it close?

A: (Mayra Alvarez) You had to submit a letter of intent in order to apply; but check with your colleagues because someone may have sent one in.

Geoffrey Roth, Senior Advisor, IHS, provided the STAC with updates on the IHCIA. He said the Director's Blog has a six-part series on the Contract Health Services program; last week a letter was distributed about long-term care provisions in the IHCIA (and he requested feedback on it); and a letter also went out concerning the FEHB [Federal Employee Health Benefit] plan (with coverage for Tribes available May 1, 2012). Additionally, Stacey Bohlen, Executive Director, National Indian Health Board (NIHB); and Ahniwake Rose, National Congress on American Indians (NCAI), spoke about outreach and education activities related to the ACA. Among the products/activities include a series of videos, training sessions, toolkits for Tribal leaders, a new Health Care in Indian Country website (forthcoming), and a national conference that is tentatively scheduled for April 2012.

C: (Geoffrey Roth) The summary table produced in July 2011, which summarizes section-by-section the IHCIA and provides updates on implementation, is being revised. We will get it out as soon as we can.

C: (Mayra Alvarez) I just want to say that the PowerPoint slides that serve as educational material are to explain the health reform law to the general public. The opportunity to partner with NIHB and NCAI is to educate the savvy advocates for implementation.

C: (Steven Ortiz) We need to know things like: no co-pay; no penalty; and Tribal governance picking up the cost for Medicare. Specifics like these would be helpful.

C: (Mayra Alvarez) That is great feedback.

Q: (Chester Antone) Do we have an ACA component on the regional consultations?

A: (Stacey Ecoffey) It will be one of the cross-cutting issues we address.

Q: (Chester Antone) Can you speak to the Office of Men's Health?

A: (Geoffrey Roth) On March 23, 2012, we have a report due to Congress on the Office of Men's Health. I don't know the specifics.

Q: (Gary Hayes) What are the deadlines for OPM again?

A: (Geoffrey Roth) I can give you the list of deadlines.

C: (Gary Hayes) I just got deadlines from BIA on Thursday. We haven't really had a chance to look at this. There is also a concern with the "638" Tribes. Were you saying the deadline is February 1st?

C: (Geoffrey Roth) The February 1st deadline is for a May 1st start date. The enrollment will be rolling.

C: (Ahniwake Rose) I will send information for our winter executive session for Tribal leaders (March 6-8, 2012) to Stacey.

C: (Ken Lucero) We need to get information out there about what we do as the STAC. After our meetings, I think we should get out a report/talking points to all of you so you can start discussing STAC activities in your conversations. Geoffrey, your help with creating a report or one-pager will be good for us to pass along in our communities.

Tribal Prep for Secretary's Meeting

The STAC decided to address the *Tribal Prep for the Secretary's Meeting* session the following day.

DAY 2

The second day of the STAC meeting began with Councilman Antone providing the invocation, immediately followed by an Executive Session that was closed to the public.

HHS Budget Updates

Norris Cochran, Deputy Assistant Secretary for Budget, provided an overview of the budget process and updated the STAC on the status on the HHS budget. He noted that in December 2011, Congress passed a "megabus" and provided a 5.8 percent increase to the IHS budget over the previous year. He stated that among the IHS areas that received increases included contact health services, contract support costs, and healthcare facilities. He cautioned that sequestration was still on the table, possibly triggering \$1.2 trillion in automatic reductions over coming years (with Medicaid and certain ACF programs being exempt). Mr. Cochran informed the STAC that the President's budget would be released on February 6, 2012, followed by hearings and presentations by Secretary Sebelius and Dr. Roubideaux.

Q: (Ken Lucero) Are the Exchange subsidies exempt from sequestration? Are those funds safe?

A: (Norris Cochran) We are struggling with that question. I believe there is an estimate that makes up the budget baseline. The Exchanges are entitlements, so I think it would be a reduction off of the estimated spending.

Q: (Gloria O'Neill) Within many of our communities we participate in other programs outside of IHS. It would be helpful to have a list of mandatory vs. discretionary funding sources within the Department. Does the Secretary have broad decision-making power to say that instead of a 9 percent across the board cut, there will be different cuts for different agencies? Also, will we be expected to take a cut for existing programs?

A: (Norris Cochran) We can do a table for you. Most of our money is mandatory. Most of our programs and activities are discretionary. If there is sequestration in January of next year, IHS is limited to 2 percent cuts. The Secretary will not be able to completely exempt IHS. In general, sequestration calls for cuts across the board. You could have specific grant competitions within an account and maybe you would have some flexibility there; but again, that is within the same account level.

Q: (Yvette Roubideaux) How many accounts are within ACF?

A: (Norris Cochran) At least a half dozen on the discretionary side. In theory, if we are asked to take cuts across the board, there would be flexibility in how to handle that within a program. So a program could decide to protect continuation grants and not put out new grants.

Q: (Tex Hall) Regarding the Budget Control Act, when does sequestration kick-in? I hear the House will defeat any proposed increase in the debt limit.

A: (Norris Cochran) Under the Budget Control Act, if savings are not identified and if the Act is not amended, in January of next year we would have the sequestration. It also then resets spending limits for the future.

Q: (Tex Hall) What is the vote in the House for?

A: (Norris Cochran) The vote in the House is related to the debt limit. The Budget Control Act allowed for the President to submit an update to the Budget that increases the debt limit.

Q: (Cheryl Kennedy) If IHS is reduced by 2 percent, would the medical inflation rate and population growth rate be considered?

A: (Norris Cochran) I believe those factors were considered in setting the 2 percent ceiling.

C: (Jefferson Keel) It was my understanding that the STAC would have the ability to advise the Secretary on all issues. When we talk about budget formulation, we've asked people to hold us harmless. That represents about a 10 percent cut to services, because of medical inflation. This body ought to be able to advise the Secretary before decisions are made. There are other agencies that have a lot of money and IHS is less than 1 percent of HHS' budget. Why not make funds available from them to IHS for Indian people. We want to talk about the budgets as they relate to Indian programs before decisions happen.

C: (Cheryl Kennedy) We know there can be a remedy. I believe that the idea of achieving a 55 percent level doesn't sit right with anyone. We want set-asides for all HHS departments.

Q: (Ken Lucero) Is the alternative to sequestration Congressional action? Does Congress need to do something before January 2013 in order to achieve certain levels of cuts?

A: (Norris Cochran) Congress can do one of two things: change/amend the Act, or come up with the targeted reductions at the levels the Super-committee was asked to do. The Administration submitted a package of proposals that would get us there back in September 2011. We'll want to work with Congress to complete that work.

Q: (Yvette Roubideaux) We talked earlier about calculating need. The IHS deals with the Indian Health Care Improvement Fund. I want to clarify that even though the goal was to get everybody up to 55 percent, the ultimate goal is to get everybody at 100 percent. It would be interesting to figure out if there are ways to calculate the level of need for funding in other Operating Divisions. For example, do we know how many Tribes applied for certain grants and didn't get funded? Do we have data that could help quantify that need? The advocacy for IHS is easy because we have the data. We need to be able to give information on the level of need of Tribes to the STAC.

C: (Tex Hall) Yesterday we talked about the LIHEAP program cut of 50 percent. That is an example of having no Tribal input.

Q: (Gary Hayes) What is the need in Indian Country for substance abuse? Mental and behavioral health is a priority. We need to know this because we can assist programs with creating programs.

Q: (L. Jace Killsback) How is IHS protected under the sequestration process?

A: (Norris Cochran) In the coming year the Administration will work with Congress to identify savings, so we don't need sequestration. If it does take place, it's written into the statute that IHS would not be taken down more than 2 percent.

C: (Gloria O'Neill) The list of knowing what is mandatory versus discretionary will be important. We will need to know agency-by-agency what will happen with existing contracts.

C: (Norris Cochran) We can pull together what is mandatory versus discretionary.

Q: (Cheryl Kennedy) In our Tribal budget process, we have a CFO. His job is to listen to requests. I'd like to know your role. Overall, whom do we need to talk to?

A: (Norris Cochran) Our Operating Divisions own their budgets with respect to how they are managed. The Operating Divisions are given targets.

Q: (Cheryl Kennedy) So, if we propose a percentage from each for Tribes, how could that be accomplished?

A: (Norris Cochran) In some [Operating Divisions] there is a specific Tribal area. In SAMHSA we proposed a new funding stream. If the program is open to the nation then we really don't know where the funds will go.

C: (Yvette Roubideaux) I can see how your recommendations could fit into the agency process. March is the budget consultation for all of HHS, so that is one place to start for the 2014 budget. If the STAC makes recommendations in May, it would come before the Operating Divisions propose their budgets to the Secretary. If you can tell us what materials you need as background documents, we can provide more information to you. The regional consultations are also important, but the May 2012 meeting is your final chance to advise the Secretary.

C: (Mary Wakefield) I wonder if ASPE [Office of the Assistant Secretary for Planning and Evaluation] might help us quantify the need of AI/ANs in the programs? Sherry Glied has a team of researchers that may be able to help. If we could standardize that across programs then we would have some consistency in trying to establish need. We or others can take that to them. It is within the Secretary's interest in terms of health disparities.

HHS OPDIV Budget Highlights

Select HHS staff provided information to the STAC regarding their Operating Division's 2012 budget, emphasizing benefits to Tribes.

For her update, Dr. Mary Wakefield, Administrator, HRSA, discussed the new Maternal Infant and Childhood Home Visiting program; the \$10.5 million allocated for cooperative agreements with Tribes within the ACA; and key areas of investment for the Community Health Centers program, including the Building Capacity program, Immediate Facility Improvement program, and the School-based Capital Renovation Program. Other updates included information on the Bureau of Health Professions' Teaching Health Centers Program; an announcement that the National Health Service Corps Loan Repayment Program will have approximately 1500 new awards to individuals; and recognition that a survey by the Division of Transplantation will oversample Native Americans for the first time.

Nadine Gracia, Acting Deputy Assistant Secretary for Minority Health, Office of Public Health and Science, informed the STAC that her office's FY 2012 budget included a Native American Health Disparities program. She indicated that in 2012, a focus will be placed on the needs of Tribal communities—with \$1.2 million being available to support new efforts.

Budget highlights cited by Margaret Graves, Acting Director, Office for American Indian, Alaskan Native and Native Hawaiian Programs, Administration on Aging, included funding for two to four Native American Resource Centers, National Minority Assistance Centers, Caregiver programs, Elder Rights support activities, and Diabetes and Substance Abuse Prevention programs.

Isabel Garcia, Acting Director, NIDCR, National Institutes of Health, said NIH's priorities will remain the same in 2012, with a focus on research, increasing research capacity, outreach, and education activities. She discussed collaboration among seven NIH institutes regarding an Intervention program, as well as a Superfund Hazardous Training Program solicitation.

Mirtha Beadle, Deputy Administrator for Operations, SAMHSA, informed the STAC that SAMSHA was still in the process of reviewing 2012 funds and therefore hasn't finalized its grants. She said a focus was being placed on "braiding" and collaborations. She directed the group's attention to a list of grants that Tribes are eligible to apply for in the meeting packet; and she noted that the proposed \$50 million Behavioral Health Tribal Prevention Grant did not get funding for FY 2012.

Councilman McGhee asked that Operating Divisions' updates be provided in a written format so Tribes could be made aware of the announcements.

Q: (Robert McGhee) Regarding the Community Health Center Fund, those funds are pretty much not for IHS clinics because they have to be open to everyone in the community, or if you wanted to could you take a specific population and perhaps service your non-Native tribal employees to keep your health care costs down and then be considered? Does it have to be everybody in the community?

A: (Mary Wakefield) I can get an answer for you.

Q: (Robert McGhee) Do we have a school-based type of program like the one in IHS?

A: (Mary Wakefield) You are eligible to compete. They are for infrastructure.

Q: (Robert McGhee) The National Health Service Corps was not the group that did Operation Foothold, right?

A: (Yvette Roubideaux) It was the Commissioned Corps. We are moving forward with trying to do more of those.

C: (Gloria O'Neill) I was hoping to hear from ACF and ACYF. I would ask the Chair and Stacey to ask that a representative from those areas provide updates on their budgets. It would also be helpful if we could distribute information on upcoming funding announcements.

Q: (Gloria O'Neill) Is SAMSHA looking to do overall capacity expansion grants?

A: (Mirtha Beadle) We are still doing them; I will get a figure to Stacey.

Q: (Tex Hall) For the School Health Centers funding, are BIA or BIE schools eligible?

A: (Mary Wakefield) It could be local hospital affiliated with a school, the school as the lead applicant, a consortium of schools, even renovation that is off-site but services the kids.

Q: (Tex Hall) How big are the grants?

A: (Mary Wakefield) \$500,000.

Q: (Tex Hall) What was the \$5 million number you referenced?

A: (Mary Wakefield) That is for funded health centers that did not compete successfully in previous years.

Q: (Chester Antone) For the Agency for Health Research and Quality (AHRQ), is there a proposal to review the literature on Native Americans' cancer and come up with recommendations to one of the CER centers? Can someone here relay that to AHRQ?

A: (Nadine Gracia) The Office of Minority Health is providing leadership on HHS' action plan and we have a Disparities Council, so I'm happy to follow-up with Dr. Roubideaux on your request.

Dr. Gracia agreed to follow-up with Dr. Roubideaux on Chester Antone's request for a proposal to AHRQ to review literature on Native American cancer and provide recommendations to one of the CER centers.

C: (Cheryl Kennedy) One of the first questions we asked was what does HHS staff know about Native Americans, disease burden, environmental impacts, etc.? Some of the funding amounts allocated to Tribal grants breaks down to very little money. I question the methodology for making funds available to Tribes. Even in construction, we all know the industry has been hit hard. \$500,000 to a nation of people is not a lot of money. I appreciate the increases, but it takes the same amount of work to receive \$2000 versus \$2 million dollars.

C: (Mirtha Beadle) Understanding Tribes and Tribal communities is fundamental. We have done training for SAMHSA staff on Tribes and health care concerns affecting Tribes. It is not a one-time program, we have three levels of training. We have a Tribal organization that does the training. That is a deliberate effort on our part.

Q: (Gloria O'Neill) Can we request that ACF provide a budget overview at the next meeting?

A: (Ken Lucero) Yes, and maybe we can talk about it this afternoon a little.

Ken Lucero agreed to solicit a presentation from ACF on its 2012 budget for the next STAC meeting.

Consultation

Ms. Ecoffey, Principal Advisor for Tribal Affairs, IEA, directed the STAC to the meeting packet for information on the dates and locations of 2012 Regional Tribal Consultation sessions, and planning call schedules. She noted that the regional sessions would focus on STAC and ICNAA priorities, regional perspectives, and Tribal priorities. Additionally, she indicated that a day was added to the regional sessions to accommodate one-on-one sessions with individual Tribes; and the use of a follow-up document would be employed to track testimony and Federal responses. Finally, Ms. Ecoffey said she would be distributing a STAC report for the committee to review, as she wanted to provide an update on the group and have members participate at the regional consultation sessions.

Q: (Steven Ortiz) Did you pick an Area Director for Region VII yet?

A: (Stacey Ecoffey) No.

For the annual HHS Budget Consultation, Ms. Ecoffey said the 3-day event will comprise a Resource Day, one-on-one sessions with Tribes, and the budget consultation. The first planning call is schedule for February 1, 2012.

Q: (Phyllis Davis) How will you engage more Tribes to participate in regional sessions?

A: (Yvette Roubideaux) We've never had one-on-on sessions in the regions. Tribes can meet with Regional Directors and get answers on-the-spot. That should be appealing.

Q: (L. Jace Killsback) What is the location for Region VIII? Maybe we could discuss Tribal issues before the consultation.

A: (Yvette Roubideaux) The location for Region VIII is Billings, Montana on April 4-5, 2012.

C: (L. Jace Killsback) If we know the hotel, maybe we can meet beforehand. That could yield more participation.

C: (Stacey Ecoffey) I will talk to Marguerite [Salazar] to get the hotel secured as soon as possible.

Commissioner Lillian Sparks agreed to provide the STAC with a written budget update for ACF. Noting that the ACF Tribal Consultation was scheduled for March 5-6, 2012, she said ACF-specific questions could be addressed prior to the annual Tribal Budget Formulation and Consultation Session. With dates for planning calls set, she said ACF looked forward to Tribes' feedback Head Start re-competes, Children's Bureau issues, child support enforcement initiatives, child care development fund grants, and "477," among other issues.

Q: (Steven Ortiz) How do you get Tribal people with disabilities to come out so you can get services to them?

A: (Cheryl Kennedy) We did a needs assessment and found that many of our people were disabled. We got a vocational rehabilitation grant. The rate of prevalence of disabilities among Natives was so high that a Tribal portion of the grant was carved out. Practically no one was accessing their services.

C: (Jefferson Keel) Tribes aren't accessing funds and we need to get a handle on why that is. Maybe this is another thing ASPE can help us with. If there are funds not being utilized that are set-asides for Indian people, we need to make them more accessible.

C: (Lillian Sparks) Last year we partnered with ADD and ANA for Tribes to do assessments. I can tell you that the applications we received were minimal. The only one with a strong plan was an existing ADD and ANA funded grantee.

Dr. Roubideaux told the STAC that a call would be held on Friday to plan the mid-March [IHS] Tribal Consultation. She said listening sessions were ongoing, noting the potential of joining calls with Area Directors' calls. She reminded the STAC that she was available for phone or in-person Tribal delegation meetings; and she said would be sending a letter out soon to announce a monthly Directors' call.

Expansion of Services: Tribal Self-Governance

Ms. Ecoffey distributed a list of Tribal members serving on the Self-Governance Tribal Federal Workgroup. She indicated that the original 40 questions about self-governance were paired down to 10 questions and sent out to Tribes. She said approximately 20 comments were received and are being compiled for review at the first workgroup meeting in February 2012. Noting that legislation would likely be needed to move the issue forward, she said the workgroup would consider creative strategies to advance self-governance and report its recommendations to the STAC at its May 2012 meeting.

Q: (Gloria O'Neill) Will we get a packet of information prior to the May STAC meeting?

A: (Stacey Ecoffey) Yes, a week in advance.

Q: (Cheryl Kennedy) Are there any representatives on the self-governance workgroup who worked through the original self-governance pilots in the 90's?

A: (Steven Ortiz) I think maybe Rhonda did.

C: (Steven Ortiz) Self-governance, to many people, means that we are giving up our rights and/or it will be easy to eliminate us. I can understand their viewpoint, but I've never seen that happen. In the end, it worked out for us. Now we provide more medical services than we were getting through IHS.

Q: (Cheryl Kennedy) Will the meeting be open or closed to members only?

A: (Lillian Sparks) This is a FACA exempt group. I think it would be best to have the group closed, at least for the first two meetings, so the group can organize. We would still expect the information to be shared. They will always have the option to be closed for meetings.

C: (Cheryl Kennedy) It may be useful to utilize some of the original 13 individuals that went through self-governance.

C: (Lillian Sparks) I think people on the committee and within IHS bring that [historical] information to the table. This is completely different from IHS. This is a completely different set of circumstances, when we talk about self-governance with grants.

Tribal-State Relations

Ms. Ecoffey stated that she hoped the Tribal-State Relations effort would be off the ground by the end of May 2012. With the potential of several regional directors, STAC members, CMS, and others being involved, she said feedback on what the initiative should look like would be solicited over the coming months.

Q: (Cheryl Frye-Cromwell) How will the workgroup be set-up?

A: (Stacey Ecoffey) I think we will start with a subgroup of the STAC and regional directors.

Q: (Tex Hall) Will you meet with your counterparts in North Dakota?

A: (Stacey Ecoffey) We want States to be part of this workgroup as well. We want to learn and build some bridges. We have to be specific about what we can “tell” States to do because we are only talking about HHS programs.

C: (Gary Hayes) You should ask your regional directors about the relationships and ask Tribes too. We meet quarterly with our Lieutenant Governor and we will also meet with the Governor. We can send you information about our relationship. In Colorado, our relationship is outlined in our statute.

C: (Yvette Roubideaux) Secretary Sebelius has asked about best practice States. If she has examples of where Tribal-State relationships are working, that would be helpful. Maybe this group could compile that information.

C: (L. Jace Killsback) In Montana the Governor is ending his term. I’d like to suggest our State, but we don’t know how things will look after November because of the political climate.

C: (Cheryl Kennedy) I would suggest Oregon. It has set up a Commission on Indian Services. We meet quarterly on various issues. It is embedded in our legislature.

C: (Chester Antone) Arizona has a good relationship with Tribes, but we have issues around CMS. [Councilman Antone read a letter about Indian Affairs getting a Cabinet position.]

C: (Stacey Ecoffey) Between now and the next STAC meeting we will do planning calls and we will have a proposal to see what this looks like for the STAC’s review. I believe the persons that volunteered for the workgroup were Dr. Roubideaux, Gary Hayes, Rex Lee Jim, Ken Lucero, Chester Antone, and I thought Steven Ortiz.

C: (Yvette Roubideaux) The STAC should give thought to how best the Secretary could help. Perhaps she could write a letter highlighting best practices or mention them in her speeches.

C: (Lillian Sparks) I think it would be helpful for ACF to know what policies we need to look at to foster better State-Tribal relationships and to have recommendations about what we can do.

C: (Gloria O’Neill) I think all regions should present what their situation is. In Alaska we are behind and we have a huge Tribal health infrastructure.

C: (Tex Hall) I would like for the Secretary to say that a State can’t get funding if they don’t implement this [ACA] law.

C: (Mary Wakefield) To the extent that there are processes that can be identified that we could look for in our grant guidances, that would be helpful. We need something to show us that there is a good relationship between States and Tribes.

Q: (Gary Hayes) Even if we have best practices, there is always the issue of accountability. Will Federal funds be held back to make sure a State did work with Tribes? The issue of State sovereignty always comes up, but what about Tribal sovereignty?

C: (Tex Hall) State rights do not trump Tribal rights.

Secretary Kathleen Sebelius

Secretary Sebelius stopped by the STAC meeting to thank the group for its continued work. Noting the value of the STAC's role, she suggested that HHS provide a template for others to follow to set-up their own STAC. She expressed her commitment to encouraging Tribal-State relationships; and she committed to keeping the STAC involved in every step of the ACA.

Chairman Lucero thanked the Secretary for her letter to State Governors and her advocacy regarding other Departments having their own Tribal advisory committees. He updated her on the STAC's 2012 priorities, noting its focus on increased funding for Indian Country, the STAC's involvement in the HHS budget process, and outreach to American Indians/Alaska Natives concerning the ACA. The Secretary agreed to have a presentation that could assist with outreach about the impact of the ACA on Tribes drafted for the STAC's review. Chairman Lucero, along with Dr. Wakefield, also discussed with the Secretary employing the help of ASPE to better assess the need for program resources in Indian Country (at a micro level that is different from data on health disparities).

C: (Yvette Roubideaux) The suggestion is a good way to have real conversations with Operating Divisions about needs in Indian Country.

C: (Gloria O'Neill) There may be models out there within IHS that can be used as a starting point.

C: (Chester Antone) Perhaps we need a report that speaks to Native Americans as part of your Health Disparities report. We also need to think about how to work with the National Plan for Action to maximize resources.

C: (Tex Hall) I'd recommend that you make the STAC permanent and use the committee to help with budget formulation. The LIHEAP was cut 50 percent. I'm from a cold weather state, so this is problematic. If the State is not implementing the ACA to our benefit, maybe they shouldn't be getting the money. Our governor wants to overturn what he calls "Obama-care." I don't believe we even have a Tribal Consultation Policy.

C: (Kathleen Sebelius) The Low Income Home Energy Assistance Program is critical and it was not reduced because of States' inability to manage it; it was a tough call the President made. We are trying within our scope to maximize that funding and fight for more resources. In terms of the ACA, your point about North Dakota is relevant in other areas where the government and/or Attorney General may also be hostile to the ACA. The good news is the ACA will be implemented, one way or another. If a State chooses not to implement it, the Federal government will set-up an Exchange. January 1, 2014, you will have a State-based or Federal Exchange. This is a Federal law and we will implement it.

C: (Robert McGhee) We are the “Secretary’s” Tribal Advisory committee to HHS, not just IHS. We see a lot of funds that are available, but Tribes are not going after them or not getting the funding. We need a better understanding of the needs in Indian Country.

C: (Steven Ortiz) In Kansas, we have been approached by a law firm to separate the IHCIA from the ACA. We are looking for guidance because they are asking for a brief from us. [If the ACA is struck down then the IHCIA would stand on its own.]

C: (Kathleen Sebelius) I don’t know about the lawsuit. Let me ask our lawyers for advice on whether it would be seen as helpful or harmful to the Administration. My guess is that it may be neither. I’ll take it back to the General Counsel and let him take it to Justice and get back to you quickly. I appreciate the opportunity to weigh in on this.

The meeting ended with Secretary Sebelius wishing the STAC safe travel back home.

2012 Priorities

Eliminating Health Disparities

1) Funding

- a) Budget
 - i) Participation in the process
 - ii) Increase funding
 - iii) Normal budget formulation process
 - iv) Sequestration allocation process
 - v) Use ASPE to create a level of need funding reports for all Operating Divisions
- b) Access and Availability
 - i) Equal footing for funding/services
 - ii) Prioritize funding cuts
 - iii) Set-asides
- c) Outreach and Technical Assistance
 - i) Education on HHS programs
 - ii) TA throughout grant cycle
 - iii) Access to data
- d) Grants Eligibility
 - i) Increase funding
- e) Expansion of Services (Self-Governance)

2) Affordable Care Act

- a) A/I Specific ACA Outreach Program
- b) Definition of Indian
- c) ACA Exchanges
- d) Federal Employee Health Benefits (FEHB)

3) Tribal-State Relations

- a) Delivery of HHS Programs to Tribes

4) Policy and Regulatory Issues

- a) Public Law 102-477
- b) State Medicaid programs
- c) VA/MOU