

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

February 12, 2014

Executive Summary

The Secretary's Tribal Advisory Committee (STAC) Meeting was held on February 12, 2014, at the Hubert H. Humphrey Building in Washington, DC. The meeting provided an opportunity for the STAC to converse in-person, hear updates and engage in discussion on the Department of Health and Human Services (HHS) budget, Intradepartmental Council on Native American Affairs (ICNAA), Indian Health Service (IHS), Administration for Children and Families (ACF), Affordable Care Act (ACA), Food and Drug Administration (FDA), human service issues, the Office of Intergovernmental and External Affairs (IEA), participation in the regulations process, and the Centers for Medicare & Medicaid Services (CMS). The STAC also prepared for a discussion on its priorities with HHS Secretary Kathleen Sebelius, met with the Secretary, and addressed its business items. However, the HHS Federal Member Roundtable Discussion could not be held because snow closed the government on Thursday, February 13. Throughout the meeting, the STAC was afforded numerous opportunities to engage with HHS leadership, program staff, and agency officials.

The meeting was facilitated by Rex Lee Jim (Navajo Nation). Members present for roll call were: Gloria O'Neill (Alaska Area), Cathy Abramson (Bemidji Area), Jace Killsback (Billings Area), Eileen Fink (California Area), Cheryl Frye-Cromwell (Nashville Area), Rex Lee Jim (Navajo Area), Marshall Gover (Oklahoma Area), Tino Batt (Portland Area), Chester Antone (Tucson Area), and Aaron Payment, William Micklin, Stephen Kutz, and Brian Cladoosby (National At-Large Members). A quorum was met.

Action Items:

1. The STAC needs to select the 2014 chair at the next meeting.
2. Norris Cochran will bring the Office of Management and Budget (OMB) the issue that IHS, as a provider of direct health care services, should be exempt from sequestration.
3. Cathy Abramson will provide a list of other agencies that have grants available to tribes.
4. Gloria O'Neill asked for an update on whether priority (i.e. more points) could be awarded to tribes for grant applications.
5. Brian Cladoosby will ask the executive board to create a booklet of each agency's tribal consultation policy.
6. Brian Cladoosby will send Sally Howard the link to the FDA's tribal consultation policy as stated online.
7. Isabel Garcia will send Gloria O'Neill a list of the National Institutes of Health (NIH) teachers' guides.

8. Isabel Garcia will send Gloria O'Neill the name of the NIH director who gave STAC a tour last year.
9. Mandy Cohen will give an update at the next meeting on getting support from CMS to get exemptions.
10. Yvette Roubideaux will schedule a Tribal Delegation Meeting to address Section 402 of the Indian Self-Determination and Education Assistance Act.
11. Secretary Sebelius agreed to pursue a Medicaid exemption processed through the Internal Revenue Service (IRS).
12. Aaron Payment will provide Secretary Sebelius with information refining consultation.
13. Secretary Sebelius will try again to explain consultation to her new colleagues.
14. Jerilyn Church (Great Plains) will send Secretary Sebelius a description of problems with the Healthcare.gov website and their no longer being able to upload the tribal identity; when individuals mail the form they hear nothing for over a month.
15. Secretary Sebelius will ask case workers to resolve the ACA enrollment problems Ms. Church cited.
16. Secretary Sebelius will talk to OMB about the discussions during the STAC meeting and ask for clarification on OMB's role.
17. Commissioner Sparks will follow-up on whether home visiting dollars are being used by the Temporary Assistance for Needy Families (TANF) program.
18. Joo Yuen Chang will follow-up on the letter HHS sent to states, encouraging consultation.
19. Gloria O'Neill suggested discussing discretionary grant opportunities at the next STAC meeting.
20. Rex Lee Jim suggested as a goal using the TANF 5-year plans as a tool of enforcement and accountability.
21. C'Reda Weeden will address with HHS staff the process to reduce bureaucratic delay and complexity by retrospectively reviewing regulations and deciding where affirmations and improvements should be made.
22. Mirtha Beadle, Substance Abuse and Mental Health Services Administration (SAMHSA), will provide an update on the military families strategic initiative.
23. STAC members should let SAMHSA know if there is interest in having future academies like the recently held Tribal Policy Academy on adult alternatives to incarceration and the one being planned for June on juvenile justice.
24. The SAMHSA Tribal Technical Advisory Committee needs nominees for new advisory committee members from the Phoenix area and an at-large representative.

After the Tribal Caucus, Paul Dioguardi, Director, IEA, opened the meeting, welcoming everyone to the first STAC meeting of 2014. Mr. Dioguardi asked members to assume that this will be a one-day meeting and to be sure that the most important issues are dealt with today. HHS leaders planned to present their visions the following day, but each has provided a report about what they are working on, and, although there will be no group discussion, these can followed up by e-mail and telephone. Mr. Dioguardi noted that the STAC report, due every 2 years, is due this year, and he seeks the STAC members' input. He is also working to ensure that future STAC meeting dates are locked in, namely: June 4-5, September 10-11 (depending on room availability), and December 4-5.

Lastly, the STAC needs to select the 2014 chair, but since time for this meeting was constrained, he suggested delaying that until the next meeting. He asked for a volunteer to serve as the day's tribal facilitator. Rex Lee Jim, Vice President, Navajo Nation, volunteered. Vice President Jim offered the Morning Prayer.

Norris Cochran, Deputy Assistant Secretary for Budget, gave an update on the HHS budget. Highlights of the HHS budget presentation included the following:

- A budget document is due to go to Congress on Friday. After the plan is transmitted, Yvette Roubideaux and her team will continue to review the allocations.
- An increase of \$300 million has been secured, and priorities indicated have been increased, including extended care, contract support costs, staffing, and operating costs for new and replacement health care facilities.
- The name Contract Health Services has been changed to Purchasing Referred Care. The bill directs the Bureau of Indian Affairs (BIA) to report back. Technical assistance will be important going forward.
- The Special Diabetes Program (mandatory funding) was subjected to a \$3 million cut in 2014, because of the mandatory sequestration.
- The 2015 budget will be submitted to the President on March 4, and will take into account Congress' approved increases for FY2014.
- Funding opportunities will be announced in coming months for agencies outside IHS. Emphasis will be on providing technical assistance in the form of webinars and an applicant-support tool kit. Tribal set-asides of 3% apply.
- Congress provided \$5 million in the 2014 budget for tribal mental health treatment and substance abuse prevention.

Yvette Roubideaux, IHS Director, updated the STAC on IHS issues:

- The budget formulation work session will be held February 25-27. Following the IHS budget meeting is the HHS budget consultation session at which the budget formulation workgroup presents its recommendations.
- Another Contract Support Costs (CSC) Workgroup meeting will be held February 24 and 25; the first was held at the beginning of January.
- The budget includes a congressional recommendation to fund contract support costs. Fully funded contract health services are needed. IHS hears the tribes' call to not have to offset the HHS budget. An operating plan will be needed in 30 days. IHS would like to limit the dilemma between the authorizing language (that contracting can occur at any time) vs. the CSC language (that contracting must occur at a specific time).
- IHS has increased resources and staff to process CSC claims, and they have doubled the number of settlements per year.
- IHS is assisting with ACA outreach education and aims to have one staff member who is trained as a Certified Applications Counselor in each federal facility. Enrollment ends at the end of March, except for tribal members.
- A consultation letter was sent on Medicare rates. Outside providers can be paid if their rates are lower. Discussion is underway as to administrative options.
- The name of the IHS Aberdeen Area was formally changed to the Great Plains Area.

- Coordinating interagency initiatives, a best practices webinar for breastfeeding and child care will be held.
- The International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) is a big issue for coding changes.
- All IHS Government Performance and Results Act (GPRA) targets were met last year.

Lillian Sparks, Chair, ICNAA, and Yvette Roubideaux, Vice Chair, ICNAA, gave the STAC an update on current activities. The ICNAA is statutorily required to meet three times per year, specifically to ensure that all parties are collaborating. During the last term, they focused on self-governance, access to grants, and the Grants Matrix Initiative. Highlights of their presentations included:

- For the Grants Matrix Initiative, the ICNAA looked at all HHS programs and requirements for applicants, whether funded by set-asides or funding formula. Some 80% will have been included when it is finished. The Grants Matrix will be available to everyone soon. The next focus will be on training and technical assistance.
- The ICNAA wants to ensure that agencies included in the self-governance study are continuing and attending to priorities identified by tribes. ACF will discuss the report on how to move forward with advancing priorities and will elicit feedback. SAMHSA is also coming up with strategies to advance these priorities.
- The ICNAA is working in partnership with the STAC and IEA. To do a better job of outreach, the ICNAA is facilitating conversations between the tribes and the states regarding ACA, child welfare, TANF, etc.
- The Tribal Data Initiative addresses how to do a better job of ensuring that tribes have access to the data they provide. With the Data Initiative, HHS will ask for only the currently needed information (not outdated or redundant information).
- This administration, which has been supportive to tribes, has less than 3 years left, so it is important that issues are prioritized to accomplish as much as possible.

An update on FDA and Food and Safety Modernization Act (FSMA) was given by Sally Howard, Deputy Commissioner for Policy, Planning, and Legislation, FDA; and Michael Taylor, Deputy Commissioner for Foods and Veterinary Medicine, FDA. Dr. Rebecca Buckner, Chief Implementation Manager for FSMA, oversees regulations. FDA has a unique role as a science-based regulatory community that regulates a wide variety of products, including food, drugs, medical devices, tobacco, and animal drugs and feeds. It is at the intersection of regulatory science, politics, the economy, and public health. FDA has about 14,800 employees, mostly physicians and pharmacologists. The FDA has 223 offices, 13 laboratories, and hosts in 10 countries. Other highlights included:

- The FDA regulates 80% of food supply and imports, but the USDA regulates meat and meat content, including additives, chemical contaminants (unavoidably present), nutrition, and validity of claims.
- The FDA's annual budget is \$4.1 billion, including user fees, which must be renewed every 5 years. The user-fee model has been successful.
- About 80% of active pharmaceutical ingredients are imported, as are 25% of finished drugs, 40% of biologics, and 30% of medical devices. As these imports increase, so do the FDA's international concerns.

- Possible issues for consultation include tobacco. When the Deeming Rule is published, it will allow the FDA to regulate the whole tobacco industry, including e-cigarettes and cigars.
- The FDA has established the Office of Intergovernmental Affairs, led by Danielle Grote. New initiatives include the Office of Policy, Planning and Legislation, which will be dedicated to intergovernmental services.
- The FSMA is Congress' comprehensive response to food-borne illness. However, produce safety from the farm was not included until the FSMA.
- Discussions are underway in the Office of the Commissioner as to the FSMA and the consultation component, its process and best practices.
- Because the FDA has no tribal consultation policy, they are reviewing the HHS policy.
- The FDA has proposed rules and is receiving comments. The FDA would like input to get the rules right, so they are planning three trips to Indian Country in the next few months. Then they will work on implementation.
- A big component will be technical assistance and training focused on small- and mid-sized growers.

HHS leadership staff provided the STAC with updates pertaining to the ACA by: Jennifer Ryan, Director, Intergovernmental and External Affairs Group, Center for Medicaid and CHIP Services, CMS; Michele Patrick, Deputy Director, Office of Communication, CMS; Mandy Cohen, Acting Director, Consumer Support Group, Center for Consumer Information and Insurance Oversight, CMS; Yvette Roubideaux, Director, IHS; and Catherine Oakar, Director of Public Health Policy, OHR. Highlights of their presentations included:

- The ACA website is now working correctly and has about 83,000 users at any one moment; that is, almost 2 million in one day.
- If a company has fewer than 50 employees, they do not have to provide employee insurance benefits; if they have 50 to 99 employees, they have until 2016 to comply; if they have 100 or more employees, 70% must be covered by 2016, and everyone by 2017.
- More than 3 million people have enrolled, and 6 million are enrolled in Medicaid.
- Seniors continue to save on prescription drugs, and there are no preexisting conditions that allow denial of coverage.
- The website, <https://www.healthcare.gov>, and the call center are managed by the Office of Communications. The website has received more than 44 million visits, and the state-based sites have received 9.5 million visits. The system error rate averages less than 0.5%, and it is up and running more than 99.9% of time.
- On <https://www.healthcare.gov> there is a specific section for American Indians and Alaska Natives. Some tribes were listed in the wrong states, but that has been corrected. All Alaska Native village corporations are listed.
- The call center supports 150 languages for which they have reached out to organizations to provide language support and one-on-one assistance. Calls are reviewed to see if additional scripting is needed. In addition, a training model is being incorporated and an Advanced Resolution Center (ARC) handles unscripted questions and complex issues and provides additional research to find the answer. For instance, the ARC can contact a subject matter expert.
- Certified Applications Counselors, the call center, weekly calls, and webinars are being employed to help applicants enroll.

- A consumer-friendly “edit application” function is now available and has had 1.6 million consumer touches in 6 to 7 weeks of open enrollment.
- Lastly, there is a hardship exemption. They are still working on the instructions, and will clarify to whom the form is sent and how.
- If the applicant is a member of a federally recognized tribe, the form can be sent with the tax return; if not, the applicant must send it through the Marketplace.
- There is a newly modified adjusted gross income standard.
- CMS works in partnership with states and tribes to implement the extended care provision. The approved proposal for those states is expected to continue.
- Premium tax credits allow insurance premiums to be as low as 67¢ per month.
- IHS hosts weekly calls for staff and leadership.
- Members of tribes are the only ones who can enroll without penalty after March 31.
- The definition of Indian is still under discussion in Congress.

During lunch, STAC members met in tribal caucus to prepare for their meeting with Secretary Kathleen Sebelius.

Secretary Sebelius welcomed new members and thanked Vice President Jim for facilitating this meeting and for her welcome when she visited the Navajo Nation. She expressed her appreciation for the attendance at this working committee and recognized the work of Paul Dioguardi, Stacey Ecoffey, Lillian Sparks, and Yvette Roubideaux. She addressed the budget and ACA, noting that many education and health literacy issues must be addressed.

HHS leadership staff provided the STAC with various updates: Joo Yeun Chang, Associate Commissioner, Children’s Bureau, ACF, discussed major funding streams available for human services issues. Dr. Felicia Gaither, Director of Tribal TANF Management, Office of Family Assistance, ACF, discussed Tribal TANF management and tribal child welfare. Lillian Sparks, Commissioner, Administration for Native Americans (ANA), ACF, gave the ANA update. Stacey Ecoffey, Principal Advisor for Tribal Affairs, IEA, gave an update on the 2014 Budget Consultation and Regional Consultations. C’Reda Weeden and John Gallivan, HHS Executive Secretariat, reported on a public participation task force that addresses the regulations process.

Lastly, Mirtha Beadle, SAMHSA, gave an update on the new FY 2014 Tribal Behavioral Health Program.

Meeting Highlights included:

- Title IV-E, a dedicated federal funding stream, is the largest source of funding in child welfare. Tribes can now administer their own Title IV-E Program. A technical assistance resource center for tribes has been established to assist with assessment and technical assistance.
- A 5-year grant will be re-awarded at the end of this fiscal year; the Regional Partnership Grants were designed to improve the lives of drug-addicted parents and their children.
- When Tribal TANF is one program, more tribes can be added (10 tribes have submitted letters of intent).

- An important issue is 102-477. ACF has developed a checklist to help work through the plan's approval process. ACF is also, with consultation, working through new financial and expenditure forms, and narrative and statistical forms based on cost categories.
- The Department of Interior (DOI) is the lead agency on 477, and they are submitting their recommendations to tribes for comment. The DOI plans to have a formal consultation in March.
- Upcoming Tribal TANF events include the Tribal TANF Leader Symposium, and, with the Office of Family Assistance, a Tribal TANF/Child Welfare meeting.
- Webinars on child support will be held in late March, and a partner webinar will be presented on economic development.
- ACF is working to clarify BIA designations for service areas for Tribal TANF on reservations. If there is no reservation or land claim, they must have state concurrence. ACF has been working with the BIA to define when tribes should go to the states.
- For FY2013, ANA funded two grants, SEDS and language, which will continue. In FY2014, a 5-year sustainable employment SEEDS grant will be added. The purpose is to see how to invest a pool of money in economic development.
- Language immersion activities are budgeted at \$4 million per year.
- ANA is beginning to publish funding opportunities online at <http://www.grants.gov/>.
- ANA offers extensive technical assistance, this year in the Eastern Region in Minneapolis (February 20-21) and in Tulsa (February 26-27), in the Western Region in San Diego (February 25-26) and in Albuquerque (March 4-5), in the Pacific Region in Wai'anae, Hawaii (February 26-76), and in the Alaska Region in Anchorage (February 24-25). A tribe can send as many as six people to a training.
- The ACF Tribal Grantee Meeting will be held June 17-19, preceded by consultation. ANA will hold a consultation every other year.
- ANA partners with other agencies to promote better practices and policies on Native languages. ACF, the Office of Head Start, and the Office of Child Care meet regularly on language promotion.
- New money has been made available for Head Start and Child Care partnerships.
- The ACF Office of Policy, Research, and Evaluation provides evaluation. They will have a meeting on April 7-8 to discuss what data means, what makes a good evaluation, and how tribes can begin to collect their own data and measure it.
- IEA reported that the first HHS Regional Consultation will occur on February 5 with the United South and Eastern Tribes (USET).
- In addition to data, IEA has been working on a tribal-state workgroup with the STAC to deal with joint issues, e.g., child welfare, consultation policies, and general outreach.
- A specific HHS Tribal Grants website page will house the Grants Matrix, PowerPoints from grants training, and other relevant information. A representative will be at all regional sessions to explain the Grants Matrix.
- Representatives from the HHS Office of the Executive Secretariat noted that there are two stages in rulemaking: giving notice of proposed rulemaking; and issuing the final rule. When it has permanent standing it is a federal regulation.
- Especially important are regulations governing contracting under the Indian Self-Determination Act.
- Final rules are based on comments received during the comment period.
- Agencies revise rules themselves, or in response to advice from an advisory committee.

- An executive order for retrospective review instructs HHS to revise accordingly. This involves not just upgrading, but removing the deadwood that remains on the books.
- The website, <http://www.hhs.gov/regulations>, lists rules open for public comment.
- \$5 million has been allotted for the Tribal Behavioral Health (TBH) Program under SAMHSA. Tribes have consistently recommended that tribes not compete against one another, however Congress has specified that the TBH grants be awarded competitively to tribes that have the highest suicide rates. The program addresses substance abuse and suicide prevention and the promotion of mental health. The focus is to be on American Indian and Alaska Native “young people.” Most important, it allows tribes to start where they are - some tribes have been working on these issues for a long time.
- SAMHSA has a military families strategic initiative that includes active and veteran service members. In discussion with the Administration for Community Living, SAMHSA is trying to bring the resources together through a technical assistance center. SAMHSA will provide updates on the progress of this collaboration.
- A Tribal Policy Academy on adult alternatives to incarceration was held last May. Another policy academy is being planned juvenile justice alternatives for June 3-5 in Albuquerque.
- The SAMHSA American Indian Alaska Native Team (SAIANT) is currently working on a behavioral health tribal communication strategy.
- The SAIANT is developing recommendations for simplifying grant applications.
- There are vacancies on the SAMHSA Tribal Technical Advisory Committee and nominees are needed from the Phoenix area and for an at-large representative.

As the meeting drew to a close, Vice President Jim was concerned about seeing goals that came from the current STAC meeting with a timeline attached. Ms. Ecoffey replied that follow-up issues will be identified and a meeting summary will be sent to STAC members. The next meeting will focus on goals (which had been intended for the afternoon session) and is set after the consultations for that reason. The next STAC meeting is scheduled for June 4-5, 2014.

Vice President Jim asked committee members to send agenda items to Ms. Ecoffey.

Vice President Jim adjourned the meeting at 5:35 PM.