

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

**September 13-14, 2011  
Washington, DC**

**Action Items**

- Nathan Cochran agreed to seek OMB clarification regarding authority under the Budget Control Act to redistribute funds should automatic sequestration take effect.
- Todd Park offered to work with IHS to develop a data challenge (perhaps involving mobile technology) for Tribes and Tribal communities.
- Todd Park agreed to follow up to understand why the Federal Broadband Initiative seems to stop at the edge of Indian Country.
- Todd Park agreed to look into the idea of having computer "health stations" at IHS hospitals and clinics.
- Roberta Bisbee requested that IHS provide a document that talks about the benefits of the ACA in extending services (i.e., that the health insurance Exchanges are about adding benefits, not moving people away from IHS).
- Yvette Roubideaux agreed to follow up with BIA about CDIBs and who will issue them.
- Chester Antone requested that agencies, in their Tribal consultations, apprise Tribes on their interviewing and hiring activities related to Tribal affairs.
- Gary Hayes requested that Tribes be engaged in creating the Tribal Action Plans under the Tribal Law and Order Act.
- Roberta Bisbee urged ACF to work with school districts to develop white papers that show the benefits of the Head Start program to families (and the benefits on employment).
- Roberta Bisbee requested that SAMHSA consider allocating some funding for Substance Abuse and Suicide Grants directly to the Tribes (versus having them compete for funding with non-Tribal entities).
- Chester Antone requested that CDC's Tribal Grant Program address three issues (1) direct funding; (2) health population thresholds; and (3) assistance with grant writing.
- George Sheldon agreed to explore the issue of combining programs for migrants and Native Americans.
- Robert McGhee requested that George Sheldon provide an update on 477 at the next STAC meeting.
- Robert McGhee requested that HHS reach out to some of the Tribes to find out what is beneficial and what is lacking regarding technical assistance.

- Jefferson Keel requested that the Tribal eligibility Excel spreadsheet identify (in the key code) those Tribal organizations that are consortiums.
- Melanie Knight requested that the ICNAA look into how to remove barriers to access to grants that Tribes are not currently eligible for.
- Stacey Ecoffey agreed to forward to STAC members the information about the HHS grants forecast Web site/tool.
- Stacey Ecoffey agreed to have the ICNAA Self-Governance Workgroup develop a one-page handout about the self-governance initiative and send all 20 questions to all self-governance Tribes. The workgroup will also highlight the three questions that are the most important.
- Stacey Ecoffey agreed to outline the budget timetable for the STAC.
- Stacey Ecoffey agreed to add a standing budget item to the STAC agenda so that STAC members can provide budget input at each meeting.
- Roberta Bisbee recommended that testimony be submitted ahead of time for the national budget consultation (and then summarized during the consultation) so that there is an opportunity for Federal officials to respond.
- Stacey Ecoffey agreed to send out follow-up questions to the STAC members to solicit additional feedback about the consultation process. She will also solicit input internally.
- Stacey Ecoffey agreed to resend the questions regarding Tribal/State relations along with a deadline for responses.
- Chairman Lucero, Robert McGhee, Chester Antone, and Gary Hayes volunteered to work with the ICNAA in helping to flesh out the issues relating to Tribal/State relations.
- Stacey Ecoffey agreed to update the STAC on progress made by the ICNAA on its Tribal/State Relations initiative on the conference call before the next STAC meeting.
- Gary Hayes recommended that Secretary Sebelius issue a statement about the STAC's work.
- The STAC requested that the Office of Intergovernmental Affairs prepare a list of the STAC's goals for the year and what was accomplished.
- Chairman Lucero recommended that the STAC, at its next meeting, revisit its goals and see what new initiatives might be added.
- Paul Dioguardi agreed to e-mail a copy of the Secretary's letter to the Governors to all STAC members.
- The STAC agreed to work with HHS to identify a legislative solution to adopt a uniform definition of Indian in the Affordable Care Act.

## DAY 1

### Tribal Opening

**Ken Lucero, Chair, Health and Human Services (HHS) Secretary's Tribal Advisory Committee (STAC)**, greeted the participants and invited Rex Lee Jim, Vice President, Navajo Nation, to provide the opening prayer.

### HHS Welcome

**Paul Dioguardi, Director, Office of Intergovernmental Affairs (IGA)**, welcomed the group. He discussed what's been happening on the Federal side since the last consultation, and said that he believed that HHS has made progress in a number of areas on the goals that were laid out at the beginning of the year.

Mr. Dioguardi said that HHS was continuing to consult on the Affordable Care Act (ACA), including holding three in-person consultations with Tribes on the health insurance Exchanges (in Seattle, Denver, and Washington, D.C.). He also talked about Secretary Sebelius' trip to Alaska. He said that the Secretary had held meetings in Anchorage followed by travel across the State to see how human services are delivered on the ground in Indian Country. Mr. Dioguardi said that the Secretary is making an effort, in her visits around the country, to go into Tribal areas.

### Introductions and Roll Call

Following Mr. Dioguardi's remarks, Chairman Lucero called the roll.

#### The following members were in attendance:

**Arch Super, Buford Rolin, Chester Antone, Andy Teuber, Jr., Roberta Bisbee, Gary Hayes, Jefferson Keel, Ken Lucero, Robert McGhee, Stacy Dixon, Roselyn Begay, Melanie Knight, Herman Honanie, and Rex Lee Jim.**

Chairman Lucero said that the Tribal/State relationship has been one of the STAC's priorities from the start. He said that it was important that Tribes be at the table as the States start to plan for the health insurance Exchanges. Finally, he noted that the trust responsibility should at least be equal to the flexibility that States are getting in health insurance Exchanges.

### HHS Overview and Meeting Logistics

Paul Dioguardi provided a brief overview of the day's agenda.

Yvette Roubideaux urged Tribal leaders to attend the September 15 Washington consultation on the health insurance Exchanges. She added that the key focus is eligibility (both for the Exchanges and for Medicaid).

## **HHS Remarks**

**Sally Howard, HHS Chief of Staff**, acknowledged Chairman Lucero, Mr. Dioguardi and his staff, and the STAC members for their hard work. She said that she has very much enjoyed the work that she has done on Tribal issues, and said that Secretary Sebelius and HHS are committed to working with the Tribes.

Ms. Howard outlined some of the key steps that HHS has taken toward its goal of enhancing the health and well-being of Tribal members (including forming the STAC, revising the HHS Tribal consultation policy, and reviving the Intradepartmental Council). In addition, she said that HHS has enhanced its outreach and consultations on the ACA and will continue to do so as implementation continues.

Finally, Ms. Howard noted that the Secretary's visit to Alaska enabled her to see firsthand the Tribal system and the unique challenges of providing health care in extremely rural areas. She said it has given HHS a renewed understanding of the impact of its work in very remote areas. It's important that we continue to focus in those areas, said Ms. Howard, because the health of people is important no matter where you are.

## **HHS Budget Updates**

**Norris Cochran, Deputy Assistant Secretary for Budget**, provided an overview of the HHS budget situation. He started with an overview of the Budget Control Act, which raised the debt ceiling in Exchange for billions in cuts over the next decade. Mr. Cochran said that it also created the Congressional Joint Committee on Deficit Reduction (aka, the "Super Committee"), whose charge is to identify \$1.5 trillion in budget savings over the next decade. He noted that, should Congress not act on the Super Committee's recommendations, then an automatic mechanism will kick in to bring down spending on both mandatory and discretionary items. Finally, Mr. Cochran noted that there are a few areas where the depth of the cuts under the Budget Control Act is limited to two percent, including the Indian Health Service (IHS).

Turning to the budget for FY 12, Mr. Cochran noted that the Budget Control Act set higher caps for the appropriations process than the House adopted. He said it was unclear which ceiling the House would adopt. He said that, either way, the new fiscal year would start under a continuing resolution. Mr. Cochran noted that very few of the spending bills were complete, and that there was a good chance that Congress will end up rolling everything into an omnibus spending measure.

Next, Mr. Cochran said that the IHS funding bill is in a holding pattern in the House. He said that while most House bills cut funding, the IHS bill includes an increase of \$369 million above the FY 11 enacted

level. Mr. Cochran also noted that the House bill allocates funds very differently from what the President had proposed. He added that Dr. Roubideaux is working with House and Senate staff to make sure they understand the allocations as proposed in the President's budget (e.g., for Contract Health Services).

Turning to the HHS discretionary budget, he said that the House is on hold—and suggested that the reason might be related to the fact that the Budget Control Act set higher caps than the House had proposed. He said that, meanwhile, Senator Harkin has scheduled a meeting to mark up the Senate version of the bill in September.

Wrapping up his remarks, Mr. Cochran noted that the President just announced a jobs bill that would make investments in job creation and infrastructure. Finally, he looked forward to FY 13, saying that HHS is in the midst of that budget process. It will take into account all the messages we heard from you in our consultations, he said.

### **Discussion**

Following his remarks, Gary Hayes asked about the budget for IHS (Answer: \$369 million above FY 11 appropriated levels). Mr. Hayes said that he hoped that Tribal leaders could come together to write letters to their Congressional delegations to let them know that the Tribes want to stand firm on the progress that has been made on the IHS budget. It is disappointing that we are way below where we should be, he said, and we need to make progress on the unmet needs.

Mr. Hayes noted that the Tribes are competing with various different organizations and lobbies, and that it is important that they come together with one voice. I know we have different agendas, he said, but the core issue is funding for IHS and maintaining what we have. He added that if the Tribes' voices are not heard, then they are jeopardizing protecting (or improving) on the 10-percent increase in funding.

Next, Mr. Hayes asked: If this joint committee does not come up with cuts, then are we going to continue with continuing resolutions? In response, Mr. Cochran said that it is unclear the timing of items (i.e., whether there will be automatic sequestration followed by spending bills, or that the spending bills will assume sequestration).

Mr. Hayes then noted that it will be important for the Tribes who have contracts to know how to proceed during the (anticipated) continuing resolution that will start off FY 12.

Jefferson Keel said that he understood that the first year would feature a small decrease. He said that the Tribes cannot afford to lose any ground that they have gained. The momentum we have gained over the last couple of years has been significant in providing health care to people at the lowest level, he said. Mr. Keel added that it was important to be vigilant in making sure that IHS services are not cut at any level.

My real question, said Mr. Keel, is how are Tribes going to be involved in this discussion with OMB? Will Tribes be able to sit in those discussions?

Mr. Cochran reiterated that, if the Super Committee does not take action then IHS will get special treatment under the Budget Control Act (and its portion of the cut will be limited to two percent). He noted that the sequestration process under the Act is automatic, so that it is unclear how much discretion agencies will have to redistribute funds. Finally, Mr. Cochran said that he would talk to OMB to seek clarification on that question.

Herman Honanie said that his real concern is what Tribal leaders can do. We, as Tribal leaders, really need to get together and band together, he said, whether for a letter-writing campaign or something else.

Dr. Roubideaux said that she thought the next step is what the Senate does. She noted that the administration proposed a 14-percent increase for FY 12 and the House marked up a 10-percent increase (before it got stalled). She said that the Senate will hopefully decide something. Dr. Roubideaux added that the wild card is the Super Committee. The power is what the committee decides, and that the worst case scenario would be a 2-percent decrease from current funding levels.

Mr. Cochran added that the Super Committee's actions could have a direct effect on reimbursements for Medicaid. Dr. Roubideaux noted that the Diabetes Fund is a mandatory spending program under IHS.

Mr. Hayes reiterated the importance of continuing the progress that has been made toward meeting the unmet need. He noted that IHS does better than BIA, and he stressed the importance of working together with other agencies. It's important that we're not talking about one area, he said. We need to unite.

Chairman Lucero said that Tribes also have to contend with the cost of medical inflation. He then asked about the mandatory pay increases. Are these still in effect? In response, Mr. Cochran said that there are no pay increases for FY 12.

Next, Chairman Lucero asked whether the President's Jobs Act proposal has any impact on and/or benefit for the Tribes? In response, Mr. Cochran said that there will be an impact on the nation and the economy, but that there were no targeted proposals for construction or investments to IHS.

Mr. Keel noted that the Jobs Act was part of the administration's push. We want to create jobs, he said, but a lot of the rules and regulations hurt the Tribes (especially in oil and gas) and hurt entrepreneurs. We need to find out how to streamline some of this, he said.

Mr. Hayes also said that there were rules and regulations that prohibit job creation in Indian Country. We need to look at those specific regulations by Federal Department, he said. We need to list those out and then develop a white paper for Indian Country. Mr. Hayes added that job creation is not

just about Indian gaming, saying that there is a bias that exists in Congress that everything the Tribes do has to do with gaming.

Wrapping up the discussion, Roberta Bisbee said that the five Tribes of Idaho undertook an economic impact study for 2010 which showed how the Tribes had helped the economy in the State of Idaho (including the multiplier effect on agriculture). It's a great study, she said, and it's not just about gaming. It's also resources (fisheries, timber management, forestry management). She said that she would recommend that all Tribes do economic impact studies within their States and within their areas to show what they can contribute.

## **Data, Technology, and Innovation to Improve Health**

**Todd Park, HHS Chief Technology Officer**, said that the Department was undertaking three core activities under the Health Data Initiative:

- Publishing new HHS data for public access.
- Making existing HHS data much more accessible.
- Publishing raw data so that people can take it and develop applications and services that help improve health and health care.

He then talked about some of the types of data that are being provided: community health data, provider directories and quality data, "blue button" data (where veterans, Medicare beneficiaries, and others can download a copy of their own personal health information and claims history), customer product information (including [heathcare.gov](http://heathcare.gov)), medical and scientific knowledge, and data around government spending. Regarding the "blue button" data, Mr. Park said that over 400,000 people have already downloaded their data despite the absence of any marketing that the data are available.

Our basic attitude, said Mr. Park, is that we want to publish the data as long as it doesn't violate anyone's privacy.

Next, Mr. Park referred to [healthdata.gov](http://healthdata.gov), a one-stop show for publishing (and accessing) all available data. He added that HHS was also making the data available to innovators across the country, undertaking challenges and code-a-thons to get people to build apps that make the data useable, and holding innovator meetups and conferences (including a "health datapalooza").

Mr. Park also discussed how companies are taking the data to develop tools to (1) help patients take care of their own health care; (2) help providers deliver better care; and (3) help communities improve health. He also noted that the Health Data Consortium was launched by HHS to continue to promote the use of data to improve health. HHS is also undertaking semi-annual reviews. Mr. Park said that the consortium is looking at what it wants people to do with the data, and then it will market that data so

that people take action. Finally, he said that he would be happy to help, and he provided STAC members with his e-mail address (todd.park@hhs.gov).

### **Discussion**

Roberta Bisbee asked whether there were any data initiatives specific to Tribes and Tribal communities. She suggested perhaps coming up with a challenge for the Tribes. In response, Mr. Park said that he thought that was a fantastic idea and that he would work with Dr. Roubideaux on that.

Gary Hayes noted that you can't put a Lamborghini on a rural road—that his Tribal community doesn't even have broadband access. He noted that the Tribes were dropped off the Federal Broadband Initiative, and that the ability to have a system with coverage and access is limited with Tribal resources.

In response, Mr. Park noted that mobile is increasingly the platform of choice for both consumers and clinicians. He added that the adoption of smartphones across the population is unbelievable and could become a phenomenal weapon to get people access to health information and services in remote areas. I wonder if we can combine that with the notion of a challenge, concluded Mr. Park.

Jefferson Keel said that, for some Tribal communities, there is simply no access to the grid. That doesn't mean we can't connect somehow, he said, but it will take longer to get there. Mr. Keel said that he hoped there would be something in the jobs bill that will address connectivity in remote areas. Mr. Keel said that, in the absence of that, Tribal health providers are connected with IHS and need to use that a little more.

Mr. Park noted that one of the features of the broadband plan is to find "anchor tenants" to bring broadband to remote areas. Hospitals and clinics have been at the top of the list, he said, because they are instant users. I'm finding it weird that it's stopping at the border of Indian Country, he said. It doesn't make sense and I want to follow up on that.

Gary Hayes suggested that the problem goes back to the State/Tribal relationship.

Herman Honanie said that his Tribe was very limited as far as resources on the reservation, and he urged HHS to consider broadband access. I can see a place in the health center where people can go in, sit down, and look up this information, he said. Mr. Honanie noted that there were many veterans on the reservation as well as other people who want to research and educate themselves on their health care. If we can have stations in IHS hospitals and clinics, he said, that would be a big plus. I'm interested in learning more, he concluded.

Isabel Garcia, NIH, suggested that it would also be helpful to make digitally conversant the many difference sources of community health data (e.g., IHS surveys, small sentinel surveys from different communities, and other data that cumulatively provides information about the health status in Indian Country).



Ms. Garcia's comments promoted some concerns about data privacy. Dr. Roubideaux said that it would be important to have a conversation first about what this would mean and what Tribes would be comfortable with. I hear two things, she said: (1) Tribes wanting data to be available; and (2) Tribes concerned that the release of the data might harm them as a Tribe.

Mr. Park stressed that just publishing data blindly is not a good idea. It's about what you do with the data, he said. He suggested starting with two questions: (1) What are the things IHS and the Tribal communities it represents want to see happen (i.e., goals, services)? and (2) What data would help with that? Mr. Park called it a strategic "directed development" approach and said that it has worked well elsewhere.

Finally, Mr. Park said that if there is a decision to go ahead with a challenge, it would be phenomenal if it were cosponsored by the Tribes (i.e., the folks who will be the users of that information).

### **Affordable Care Act Update**

Mayra Alvarez, Office of Health Reform, said that her office is working to coordinate the implementation of the Affordable Care Act in a timely manner and in a way that is responsive to Congress, to Indian Country, and to communities across the country.

Ms. Alvarez highlighted the progress that the Administration has made in implementing the ACA, including strengthening the insurance system and making sure that people know what it covers and that it will be there when they need it most (this is especially important for Indian Country, she said) and announcing new guidelines for women's preventive services. Regarding the health insurance Exchanges, Ms. Alvarez said that the Government has just started to conduct Tribal consultations, and she urged Tribal leaders to provide feedback. This is really just the beginning to ensure that we are being responsive and meeting the needs of you and your communities, she said.

**Lane Terwilliger, Centers for Medicare and Medicaid Services**, talked about changes in the Medicaid program. She said that CMS now has an entirely new coverage group for adults who have never been covered before (up to 133 percent of the poverty limit, which she noted would have an effect on many in Indian Country), has ratcheted down the number of eligibility categories, and has coordinated Medicaid plans with the Exchange partners. We hope that in 2014 when we turn on the lights that people will find themselves covered whether through an Exchange or via Medicaid, she said. Finally, Ms. Terwilliger urged STAC members to attend the September 15 consultation on the health insurance Exchanges. We're looking at how you think these programs will impact people in Indian Country, she said, so that we can go back and fine-tune our rules.

**Lisa Wilson, Center for Consumer Information and Insurance Oversight**, said that her office has primary oversight responsibility (e.g., making sure insurance rates are justifiable, looking at the percentage of each dollar that goes to benefits). She said that her office also runs programs, including the Pre-Existing Condition Insurance Program. She said that her office also has a group that works on the consumer

angle (e.g., new guidance on how insurance companies have to describe things in their plans so that they are easier for consumers to understand, new guidance on appeals processes if a consumer is turned down [for coverage or benefits]).

Next, Ms. Wilson said that the aim of the Exchanges is to build a new health insurance market where companies compete on price and quality. This is really different, she said, because we know the current market doesn't work for everybody. Ms. Wilson said the Exchanges are designed to be open access, and that there will be tax credits to make them more affordable. She said that her office has solicited input from Indian Country, and has sent a letter to Tribal leaders asking for comment on the Exchanges. That input has been taken into account in drafting the two proposed rules on the Exchanges themselves, she said, and on the coordination between the Exchanges and Medicaid.

Ms. Wilson briefly discussed the two rules related to the Exchanges:

- Outlining a framework for States to build their health insurance Exchanges.
- Guidance on eligibility for the Exchanges and the Medicaid formularies, which is designed to make sure the system is easy, fast, seamless, and gives people flexibility.

Next, Ms. Wilson noted that HHS has held several rounds of grantmaking around the health insurance Exchanges, including providing planning grants to 49 States and the District of Columbia and early IT planning grants to six States and a multi-state consortium. All of these grants are designed to help people get prepared, she said.

Wrapping up her remarks, Ms. Wilson reiterated that her office was trying hard to get feedback, and that HHS had received vigorous input from Tribes and Tribal leaders.

**Yvette Roubideaux, Director, Indian Health Service**, said that the Notices of Proposed Rulemaking incorporated input from Tribal leaders. She urged STAC members to look at the proposed rules and to submit comments in writing.

Next, Dr. Roubideaux addressed the definition of Indian in the ACA. She said that HHS had taken the input they had received from Tribes (and their concerns about the three different definitions) and thoroughly reviewed it. She said everyone in HHS agrees that uniformity would be a good thing, but that Congress proscribed the definitions into law. As a result, she said, the administration has no authority to change them.

Dr. Roubideaux stressed that the administration's position is that non-uniformity is a bad thing, but that Congress has to pass an amendment to enact a uniform definition. Congress chose these specific definitions, she said, and that ties our hands. She added that she had written a blog post on August 26 that explains this.

Turning to the Indian Health Care Improvement Act, Dr. Roubideaux said that IHS is continuing to work on that. She said that her office has put forward Tribal recommendations about funding for some of the areas. I love the House markup, she said, because it includes a 10-percent increase for IHS. She added that it did not, however, include any funding for the Indian Health Care Improvement Act.

Next, Dr. Roubideaux noted that senior leadership in both IHS and the U.S. Department of Veterans Affairs (VA) had met and were in support of the reimbursement provision (Section 154). She said that the Secretaries from both agencies have directed their staffs to work together to implement this, including defining the reimbursement parameters. She added that IHS would be seeking Tribal input once staff have done their preliminary work.

Wrapping up her remarks, Dr. Roubideaux said that IHS has been given the authority of the Tribes to address long-term care and that she hopes to send out a Dear Tribal Leaders letter soon. Finally, she said that input from Tribes regarding the formula was very divided, which she said suggests that there is not enough support right now for changing it.

### **Discussion**

Roberta Bisbee asked what the big issues were that Tribes had raised in their consultations with HHS. In response, Ms. Alvarez said that the strong message was that the ACA applies to Tribes and all Indians whether or not they live on Tribal lands. She said that the other general message that she heard at the Tribal consultations was to make sure that HHS communicates regularly with Tribes.

Ms. Terwilliger highlighted three main categories of "nitty-gritty" topics that came up: (1) the definition of Indian; (2) Tribal consultations (that the legislation requires the Exchanges to consult with Tribes, and questions about how that consultation will be implemented and enforced); and (3) network adequacy. Regarding network adequacy, Ms. Terwilliger said that the big questions were: What does a network of providers look like for that health plan that's qualified to participate in the Exchange? What is an essential community provider? What's the definition look like, and how should or shouldn't it be expanded?

Chairman Lucero highlighted the five issues he heard coming out of the consultations: (1) the definition of Indian; (2) how the tax credit will work (and some issues in terms of having a tax burden put onto the individual who participates); (3) the State/Tribal relationship (what role the Tribes will have, and what "inclusion of the Tribes" means); (4) the need for education about what a health insurance Exchange is (and what it means vis-a-vis IHS); and (5) the definition of an essential community provider (and the fact that IHS is not a part of that definition at this time).

In response, Dr. Roubideaux said that education and outreach are critical. She said that IHS will put out some money via grants to do some of this work, and will be transferring some funding for this work to each of the Area Health Boards. Dr. Roubideaux said that she would like the focus to be less on the technical side and more on educating consumers on what the Exchanges are and what people need to know about them. This is more of a community marketing campaign, she said. Dr. Roubideaux added

that there has been discussion within the Department about having community health ambassadors. Finally, she urged STAC members to tell their health boards what education they want done with the funding they might have.

Roberta Bisbee said that a lot of people are concerned that the health insurance Exchanges are a way to move the Tribes out of IHS (and away from the fiduciary responsibility). People are saying: Why are you making us apply for this? Ms. Bisbee said that it was very important to educate people that the goal is to extend out the services (because of the limited resources through IHS). This is a benefit, she said.

Finally, Ms. Bisbee suggested that it would be helpful if IHS could provide something that talked about the benefits of the ACA and extending services.

Gary Hayes concurred that having IHS provide that information to the public would be helpful. There's resistance, he said, because the service units have not gotten the word to do it.

Next, Mr. Hayes said that he had heard that the challenges in implementing the OPM, deal with logistics and hardware and the fact that the system is not designed to implement the type of action that we can plug in. He said that he thought it was beneficial to be considered Federal Government employees.

Mr. Hayes also raised concern that, regarding the definition of an Indian, the BIA has said that it will no longer issue CDIBs. In response, Dr. Roubideaux said that she would talk to BIA about that. She noted that the issue also relates to enrollment and who is eligible under the Exchanges. She said that she thought perhaps BIA believed this was a Tribal issue and that Tribes should be able to issue that. Dr. Roubideaux added that the question then was whether that would be accepted by other agencies.

Chester Antone noted that the State of Arizona is reluctant to establish an Exchange, and he asked how the Federal Government would do it. In response, Ms. Wilson stressed that every State will have an Exchange (run either by the State or by the Federal Government). Paul Dioguardi added there will be a Federal Exchange in those States that take no steps to set up their own.

Next, Mr. Antone asked about Medicaid. In response, Ms. Wilson said that HHS envisions a seamless system where the Exchanges work hand-in-hand with Medicaid. Ms. Terwilliger added that HHS was envisioning "health coverage," not Exchange coverage or Medicaid coverage (e.g., focusing on eliminating barriers and drops in coverage).

Finally, Mr. Antone noted that he had asked his questions because IHS is the payer of last resort and he wanted to know what resources will be available to help enroll people in the Exchanges. In response, Ms. Wilson said that the Navigator program would include people in the community to help enroll people in the program. She said that HHS was looking for feedback on this section of the proposed rule. She added that she would also be happy to talk informally with Mr. Antone and others about how to reach out to people, determine their eligibility, and get them enrolled in a plan.

## HHS Federal Member Roundtable Discussion

STAC members received an update on activities by the operating divisions with regard to Indian issues and initiatives.

**Mary Wakefield, Administrator, Health Resources and Services Administration (HRSA)**, said that focusing on Indian health issues and working with IHS have been high priorities for her. She said that the two staffs (HRSA and IHS) have been meeting quarterly, which has been critical in helping to identify issues before they surface. She added that the STAC and similar forums have been very helpful in providing focus for HRSA's work.

Ms. Wakefield talked about three key areas of focus:

- An initiative to increase the number of IHS and Tribal sites that are designated as National Health Service Corps (NHSC) sites. Ms. Wakefield said that there were 590 IHS sites added as of May 2011, and 206 clinicians serving those sites. She added that the NHSC is funded with mandatory ACA funds, which means there are substantial resources set aside.
- Updating HRSA's Tribal consultation policy. Ms. Wakefield said that HRSA has a draft policy and now needs input from Tribal leaders to ensure that it is a robust policy that provides for ongoing and substantive dialogue.
- Technical assistance. Ms. Wakefield said that HRSA's 10 regional offices now come together on a regular basis and have formed regional workgroups to share information and lessons learned and focus better on the interactions they are having with their Tribal partners. HRSA has also given 10 technical assistance Webinars in the last nine months geared directly to Indian Country.

Finally, Ms. Wakefield noted that HRSA now has a Tribal e-mail address where people can send questions and concerns ([aianhealth@hrsa.gov](mailto:aianhealth@hrsa.gov)).

**Cindy Padilla, Deputy Assistant Secretary, Administration on Aging (AOA)**, said that her agency understands the importance of the State-Tribal relationship. She said that Kathy Greenlee had convened a meeting with many of the State Directors, AOA Directors, and Medicaid Directors to urge them to reach out and strengthen their relationships with the Tribes.

Ms. Padilla also noted that AOA in June issued 252 three-year grants. She noted that her agency (including regional offices and regional State and Tribal liaisons) works closely with the Tribes, including helping to provide technical assistance. Ms. Padilla also said that AOA is developing a Memorandum of Understanding to improve the agency's collaboration with CMS and IHS. Finally, she announced that AOA has awarded a \$200,000 grant to the National Center on Elder Abuse (via the University of North Dakota) to address the issue in Indian Country.

Following Ms. Padilla's remarks, Herman Honanie referred to current budget challenges and asked: How sensitive is Congress regarding the aging population? In response, Ms. Padilla said that her agency has met with members of Congress and their staffs to try to educate them about aging issues and the Older Americans Act. Some are aware, she said, but many are not.

Roberta Bisbee said that her Tribe's grant covers only a small proportion of the aging population. The problem we see is resources, she said, cost of food, limited budgets for elders and seniors, and aging Baby Boomers. Ms. Bisbee said that her Tribe personally contributes some funding and yet can barely meet current needs. She said that her Tribe is trying to network with other nonprofits (e.g., Salvation Army) and to think outside the box to supply the needs.

**Yvette Roubideaux, Director, Indian Health Service**, said that she was working hard on the IHS budget. She then discussed four IHS priorities:

- Renewing and strengthening the partnership with Tribes.
- Bringing reform to IHS.
- Improving the quality of, and access to, care.
- Ensuring that its work is transparent, accountable, fair, and inclusive.

Regarding the relationship with Tribes, Dr. Roubideaux said that she would like feedback from the Tribes on how IHS Area Directors are partnering with the Tribes. I want to hear the good and the bad, she said, and any concerns you have. She also highlighted site visits (to Alaska with Secretary Sebelius and to Oklahoma and South Dakota with a Congressional delegation) and recent Tribal consultations on a variety of topics (including improving Contract Health Services).

Regarding reform, Dr. Roubideaux said that IHS has done a lot to improve its internal processes (including cutting the average time to hire from 140+ days to 80+ days and putting the Aberdeen Area under a corrective action plan). She noted that some Tribes are interested in improvements on the human resources and business side, and she plans to share more soon.

Regarding improving quality and access to care, Dr. Roubideaux said that IHS was making progress. She noted a lot of interest in customer service as well as the need to have a lot more efforts under both the Improving Patient Care and the Partnership for Patients initiatives. She also talked about electronic health records certification and meaningful use, noting that Cherokee was the first program to receive an incentive payment for meaningful use. Dr. Roubideaux noted that facilities and providers have to sign up; as a result, it is very important for all IHS facilities to go to the CMS Web site and sign up. Finally, Dr. Roubideaux pointed out new collaborations with other Federal agencies.

Regarding transparency, accountability, fairness, and inclusiveness, Dr. Roubideaux said that accountability is now built into performance management. In addition, she said that her blog is the first place that information is posted.

Wrapping up her remarks, Dr. Roubideaux told STAC members to please let her know if they have any questions about the Indian Health Care Improvement Act. She also reiterated that IHS is continuing to make progress on its priorities.

**Judith Monroe, Director, Office of State, Tribal, Local, and Territorial Support, Centers for Disease Control and Prevention (CDC)**, highlighted activities in four areas:

- Hiring an Associate Director for the Office of State, Tribal, Local, and Territorial Support. Ms. Monroe said that CDC was hoping to make an offer by October 1.
- Addressing State/Tribal relations. Dr. Monroe said that as a result of the last STAC meeting, her office has talked about putting together a primer for new State Health Directors who have never worked with Tribes. She said that CDC wants to bring CMS into a meeting with State Health Directors to discuss the relationships. She said her hope is to have that meeting in January or February in conjunction with the Tribal Advisory Committee (TAC) meeting.
- Discussion at the recent CDC TAC meeting in Washington State. Dr. Monroe said that CDC heard a lot about funding directly to the Tribes, coordinating meetings across HHS, and the importance of data.
- Funding. Dr. Monroe said that CDC is looking to streamline funding and standardize its processes across all of CDC.

Finally, Dr. Monroe said that her office, on behalf of all of CDC, has launched two new publications: (1) "Did You Know," which is about disseminating the science from CDC out to the field (and includes three bullets with links to more information); and (2) "Have You Heard," which highlights successes from and stressors in the field (i.e., highlighting stories taking place in the Tribes).

**Sonsiere Cobb-Souza, Acting Deputy Director, Office of Minority Health**, said that the Health Research Advisory Council (HRAC) held a face-to-face meeting on June 27. She added that the HRAC will have an October 13 call, and the HRAC is working on coordinating a workshop to take place during the National Indian Health Board conference. Ms. Cobb-Souza also noted that there would be an HRAC roundtable at NIH on November 10. Finally, she announced that her office is developing a Web-based guide with tools and resources to help Tribes make informed decisions on genetics research.

**Mirtha Beadle, Deputy Administrator for Operations, Substance Abuse and Mental Health Services Administration (SAMHSA)**, said that last month's Action Summit in Arizona was held in response to the National Action Alliance meeting last year. A second action summit is planned for Alaska next month. Ms. Beadle said that the public-private partnership is designed to bring a partnership approach to address suicide in Indian Country, and that SAMHSA provides support through its Suicide Prevention Resource Center. Ms. Beadle added that the information gleaned at the action summits will be used to advance a national initiative on suicide prevention.

Ms. Beadle also highlighted SAMHSA's work in several other areas:

- Substance abuse recovery programs. Ms. Beadle said that SAMHSA is working to support substance abuse recovery programs using evidence-based and participatory-based approaches.
- New Federal framework on reducing substance abuse. Secretaries Sebelius and Salazar, along with Attorney General Holder, signed a Memorandum of Understanding to establish a new Federal framework for assisting American Indian and Alaska Native communities on the reduction of alcohol and substance abuse.
- Improving Tribal/State relations. Ms. Beadle said that, in response to Tribal leaders, SAMHSA was developing a Webinar that it hopes to have in place in September. She added that her agency will work closely with Tribal leaders to make sure that they put in place best practices for consultations.
- Streamlining block grants. Ms. Beadle noted that SAMHSA has put in place a uniform application for 2012-2013 community mental health and substance abuse grants, and that States have an opportunity to submit a unified grant application if they choose.

Finally, Ms. Beadle stressed that States must submit evidence that they have consulted with Tribes as part of their block grant application.

**George Sheldon, Acting Assistant Secretary for Children and Families**, said that the Administration for Children and Families (ACF) has signed its first Tribal consultation policy. He then highlighted activity in four other areas:

- Making plans to host a Tribal grantee meeting in Spring 2012 (in conjunction with HHS).
- Developing training sessions for ACF staff on the new Tribal consultation policy, the President's Executive Order, and working with Tribes.
- Improving interoperability. Mr. Sheldon said that ACF wants to have everything it does integrated so that the various programs (e.g., TANF, domestic violence, child care, etc.) are working together as opposed to thinking of each element in its historic silo.
- Working with the Departments of Commerce and Agriculture around economic development.

Finally, Mr. Sheldon said that there were opportunities for ACF to partner with the Department of Education around Native language and with the Department of the Interior around other issues.

**Isabel Garcia, Acting Director, National Institute of Dental and Craniofacial Research (NIDCR), National Institutes of Health**, reported back on three action items given to NIH at the May STAC meeting:

- NIH Tribal consultation policy. Dr. Garcia said that the NIH Director has just approved a draft policy which incorporates internal input. She said that the draft will serve as a starting point for input from Tribal leaders across Indian Country.
- Establishing a primary NIH contact on Tribal issues (Lawrence Tabak, Deputy Director).



- Better coordination. Dr. Garcia said that NIH has proposed a formal Tribal consultation committee that will meet two times per year. We are looking at all the different models, she said, so that we have a formal structure for Tribal representatives to advise NIH on issues of interest and concern.

Dr. Garcia also noted that NIH continues to focus on strategies to disseminate health information to Indian Country that is culturally appropriate, useful, and will be broadly used). She also noted that FY 13 funding for the Native American Research Centers for Health grants will be out in the fall. Finally, Dr. Garcia noted that there had been a lot of concern at the May STAC meeting that NIH's research was too focused on known problems and not enough on interventions. She wrapped up by highlighting some of NIH's intervention-focused activities.

### **Discussion**

Opening up the discussion, Robert McGhee told the Federal representatives that he appreciated that they had addressed the action items raised at the May STAC meeting.

Mr. McGhee told Mr. Sheldon that he appreciated that ACF had started to implement training not just at the national level but also at the State and regional levels (where, he said, they have seen a lack of knowledge about sovereignty and Tribes). He then raised a question about a \$1 million allocation for juvenile justice and the need to work with the Tribes to recognize their requirements. Finally, he told Dr. Monroe that he was receiving and liked the "Did You Know" publications.

Chester Antone said that the cost of hospital-acquired infections (when Native people are referred to a hospital and then get an infection) need to be cost back to IHS or else they are an additional cost imposed. Speaking to Dr. Monroe, Mr. Antone suggested that IHS should be included in a CDC meeting scheduled with HHS and BLS. Dr. Monroe offered to follow up on that.

Next, Mr. Antone talked about the need to get the right tools to people as the evidence-based programs on the shelf do not work in Indian Country. As an example, he noted that Alcoholics Anonymous does not work because there are no secrets in Indian communities.

Mr. Antone also thanked CDC for allowing him to sit in on the interviews with candidates, saying that he believed that Tribes should be involved in that process. He added that it would be helpful if agencies, in their Tribal consultations, apprised Tribes on their interviewing and hiring activities.

Turning to NIH, Mr. Antone said that he was glad that the agency was finally moving forward on a Tribal consultation policy as a lot of the issues in Indian Country are tied to respect. It is our information, he said. He added that there were a lot of ways to address information, research, and privacy—but we need to sit down and talk. I'm glad we're heading that way, he concluded.

Finally, Mr. Antone told Ms. Beadle that he hoped that SAMHSA was taking Tribal concerns into account moving forward.

Gary Hayes said that he really appreciated that the ACF/BIA partnership was moving forward. He stressed, however, that the Bureau of Indian Education also needs to be involved and to talk about training. He said that they were working on providing a leadership course on training to give people the tools they need to be able to talk about different topics and to understand the challenge faced by Tribes and Tribal communities, to talk about Head Start, and to talk with parents.

Regarding SAMHSA, Mr. Hayes talked about the need to be mindful of funding needs in the context of the budget environment.

Finally, Mr. Hayes talked about the Tribal Law and Order Act. He said that he would like to see how Tribes are getting the information on the interagency meetings. It talks about Tribal Action Plans, he said, but I don't think that there are any Tribes or organizations that are engaged in that. I know it's the beginning, he concluded, but we need to be in at the beginning.

Roberta Bisbee expressed concern to Mr. Sheldon that Tribes will soon outnumber the States with regards to child support programs. As a result, she said, Tribes should be authorized for equal funding and access to the visitation funds. She also suggested that there should be a Congressional amendment to include Tribes as child support agencies. Ms. Bisbee noted that their Tribal program was very strong, and that they had received a lot of participation from non-Federal and non-enrolled. She added that a lot of non-enrolled would like to go through the Tribal system because it offers a variety of ways to pay back child support (e.g., getting wood with your child, time spent with the non-custodial parent).

Next, Ms. Bisbee expressed frustration that Native programs were being combined with migrant programs. We are unique, she said, because the Federal Government has a Trust relationship with Tribes.

Next, Ms. Bisbee encouraged ACF review teams to be more culturally sensitive. She said that she was nervous about losing the review team for Native Americans.

Regarding Head Start, Ms. Bisbee urged ACF to work with school districts to develop white papers that provide statistics and show how families have benefited from the Head Start program. Maybe this is a campaign we can do in Indian Country, because it is a critical program for our people and it helps with employment.

Turning to Ms. Beadle, Ms. Bisbee said that her Tribe had applied for a Substance Abuse and Suicide Grant and saw how disadvantaged they were in competing against non-Tribal organizations. She suggested that perhaps there needed to be some allocation directly to Tribes.

Finally, Ms. Bisbee said that NIH's safety seat program was very good. She said that her Tribe had provided a small, culturally relevant media clip that was shown during the previews in movie theaters.

Chester Antone raised three issues to forward to CDC's Tribal Grant Program: (1) direct funding; (2) health population thresholds; and (3) assistance with grant writing.

Herman Honanie talked about the requirement under a supplemental Head Start grant for playground equipment that had a provision that the equipment must include shade for the children. He said he was interested in where these types of requirements originated.

Next, Mr. Antone asked Dr. Roubideaux how well IHS's directive on customer service was being received because customer service and waiting times are ongoing issues on the reservation. In response, Dr. Roubideaux said that changing the culture at IHS is challenging and difficult, but important to continue to work on. She reiterated that where people once were not accountable, customer service (and accountability) is now build into everyone's performance management plan.

Mr. McGhee recommended that all the Federal agencies do what Dr. Roubideaux did: travel with Congressional appropriators to get them involved.

Ms. Bisbee told Mr. Sheldon that while interoperability was important it was a challenge to work with the Department of the Interior. She then referenced a recent Head Start study recently that said that Head Start doesn't work.

Mr. Sheldon said that the *Time* article was misguided because there were a lot of positive stories about Head Start. He said that ACF was going to start competing a percentage of the Head Start programs to try to develop additional data on Head Start. He added that ACF's Head Start Director recently gave a co-presentation at the Brookings Institute that is starting to get that positive message out.

Next, Mr. Sheldon said that he would look at the issue of combining migrant and Native programs. He also said he would look into the playground shading requirement as it was important that ACF not implement rules that have dumb results.

Robert McGhee asked Mr. Sheldon to provide an update on 477 at the next STAC meeting. Mr. Sheldon said that, particularly as it relates to TANF, he was committed to trying to empower Tribal communities under the guidance of 477. I'm committed to dealing with this, he said.

Andy Teuber, Jr., said that in Alaska most of the infrastructure has been built with a combination of IHS and Tribal resources. He said that he thought that the opportunity to leverage the community health centers to collaborate with IHS can be improved. Mr. Teuber said that where there are mature Tribal health organizations across a State, there should be some consideration where Tribal look-alikes or community health centers are proposed. We will only see the continued success of our rural clinics if we can leverage other resources, he said, including increased collaboration between HRSA and our Tribal system.

In response, Ms. Wakefield said that her agency will go back and look at whether they can do something different. There's a large population seen across the U.S. through the community health centers, she said. Maybe we can look at leveraging the assets of both funding streams at more places.

### **Office of Force Readiness and Deployment: Pine Ridge Operation Foothold**

**Boris Lushniak, Deputy Surgeon General**, said that the U.S. Public Health Service's (USPHS) Community Health and Service Missions (CHASM) offer a model under which USPHS works in conjunction with IHS and/or other public and private partners and communities to provide needed services to vulnerable and underserved populations.

**Chris Halliday, Chief of Staff to the Surgeon General**, discussed the specifics of Pine Ridge Operation Foothold, a mission that took place August 21-28, 2011. He cited some of the mission's results:

- 730 patients received 1,198 services in three-and-a-half days (including 567 medical visits, 374 dental services, 359 eye exams, and 329 pairs of glasses made).
- Over 400 people received diabetes screening.
- Sixty-nine people were referred to the Pine Ridge Hospital.
- A water needs asset management team evaluated the freshwater and wastewater systems and providing training for local health officials.
- A needs assessment was conducted around youth suicide prevention (including consultations, training, and the development of handouts).

Dr. Halliday also highlighted the four overall benefits of Pine Ridge Operation Foothold. These were (1) a positive impact on the drinking water, (2) enhanced social service, technical assistance, and data for Federal grants (e.g., planning for an upcoming Community Health Profile that will help with estimating rates of several key health indicators and will aid in planning and resource distribution; training on epidemiological tools, environmental health tools, and behavioral health issues); (3) helped IHS Pine Ridge Hospital meet the acute demand for dental and vision services; and (4) increased understanding of health care needs and systems.

### **Discussion**

Opening up the discussion, Robert McGhee asked about next steps. He noted that the mission had reached only about five percent of the population. What do we do for the other 95 percent? he asked. Did you service just those you had time to serve?

In response, **Kimberly Elenberg, Director, Public Health Strategic Delivery System**, said the mission had included training for the Tribal leadership and the Health Council—and they recorded the training in an effort to exponentially increase the knowledge. She also said that the mission team had worked very closely with the Tribe, Tribal resources, and the schools to disseminate information (e.g., kids backpacks, TV, radio). Ms. Elenberg added that the need was greater than their time on the ground, but that

Remote Area Medical (RAM) was going back to Pine Ridge to try to meet all of those needs. Finally, she noted that there is tremendous value in having the various specialists all together and learning from each other. I would like to see this program advance, she concluded.

Next, Mr. McGhee asked how the 3-day timeframe came about. Kimberly Elenberg explained that the prep work took months, but that the clinic itself ran for three days because that was the timeframe for which they could get the equipment. She added that they were also trying to ensure that it covered both weekdays and the weekend.

Dr. Roubideaux noted that the commissioned officers are deployed do this work in addition to their regular jobs. She said that while there were needs in foreign countries, there is a benefit to the Indian Health Service to have them deployed to help Tribes. It can't be for a longer period, she said, because they have day jobs. Ms. Elenberg added that she felt it was important to understand the impact and establish a relationship with IHS that was more reciprocal.

Jefferson Keel said that he thought it was a worthwhile program and he appreciated the efforts at Pine Ridge. This is really about resources, he said: being able to bring them together in one place for a limited time. Mr. Keel added that the problem is that there are places all around the country that have the same desperate needs. He noted that he had served on the CDC Tribal consultation process when it was first chartered. We talked about resources, he said, but Indian people rarely get to access those resources. Finally, Mr. Keel noted that the operation was very well done—but it just touches on the great need that we have around the country.

Dr. Lushniak said that he hoped this operation would help to educate people around the country about the needs. Ms. Elenberg added that she wondered about the impact of these types of missions. She noted that there was a decrease in obesity in school children and less tooth deterioration in one U.S. community following one CHASM mission. I know it seems like such a big problem, she said, but if we start somewhere there is a difference over time.

Gary Hayes said that there's a state of emergency in Indian Country. We try to utilize what resources are out there and available, he said, and other countries are benefiting from these resources being deployed. Can we get individuals with medical expertise deployed in Indian Country? he asked. We know the need is there, said Mr. Hayes, and this type of engagement is needed. He suggested it would be worth taking a look at this initiative and interagency cooperation.

Mr. McGhee asked whether there was a way to measure the impact of the mission. You not only provided preventive care, he said, but you also identified needs (e.g., diabetes screening saved X amount of IHS dollars) and probably reduced the mortality rates of some of these individuals. Ms. Elenberg reiterated that they were able to see the difference in one year in one mission. She added that the cost of the mission was \$163,000, and that there were over \$100,000 in savings right away because the value of the services was significantly higher than the cost.

Dr. Lushniak said that, for the Commissioned Corps, these missions are golden. He said that the USPHS Commissioned Corps wants to be able to mobilize its teams to work together to serve the nation's underserved and vulnerable populations. We often come home frustrated, he said, because the problems are still there. But we have to start somewhere, said Dr. Lushniak, and this is a beginning.

Mr. McGhee asked whether the issue was lack of funds or just lack of people? In response, Dr. Lushniak said that it boils down to the fact that there are fiscal issues at all levels. He added that they were able to fund four missions in FY 2011.

Dr. Roubideaux added that this was a big discussion within HHS as the majority of the commissioned officers are at IHS. She said that she is responsible for approving all deployments at HHS, and that she was more willing to say okay if she thought IHS (and Indian Country) was going to benefit. She added that she thought more health clinics would be willing to participate if they were going somewhere that will benefit Tribes. Mr. McGhee concurred, saying he'd be more inclined to approve a deployment if the people were going to another Tribe. Maybe we should look at setting up a disaster relief fund for this purpose, he said.

Wrapping up the discussion, Mr. Teuber said that there was a similar model in Alaska (Arctic Care) for deployment using Coast Guard and National Guard resources.

## **Day 1 Wrap Up**

Wrapping up the meeting, Chairman Lucero announced that Don Berwick, CMS, will meet with STAC members in conjunction with the National Indian Health Board meeting in Alaska. HHS has offered to pay for STAC members to attend both meetings.

## DAY 2

### Tribal Opening

Jefferson Keel provided the opening prayer.

### Roll Call

Chairman Lucero called the roll.

**The following members were in attendance:**

**Buford Rolin, Chester Antone, Andy Teuber, Jr., Roberta Bisbee, Gary Hayes, Jefferson Keel, Ken Lucero, Robert McGhee, Stacy Dixon, Roselyn Begay, Melanie Knight, Herman Honanie, and Rex Lee Jim.**

### Intradepartmental Council on Native American Affairs

Dr. Yvette Roubideaux, who is Vice Chair of the Intradepartmental Council on Native American Affairs (ICNAA), said that the ICNAA was created by statute to bring HHS together to work on Native American issues. With the Secretary's support and based on Tribal input, she said, we are trying to get to outcomes.

Dr. Roubideaux said that the ICNAA has taken the STAC's input seriously and has established four workgroups (three related to grant access and one dealing with self-governance):

- Grant access and availability
- Outreach and technical assistance
- Tribal eligibility
- Expansion of services/Tribal self-governance

#### **Grant Access**

Regarding access and availability, Dr. Roubideaux said that the ICNAA was working to develop, implement, and evaluate a comprehensive initiative to increase Tribal accessibility to HHS Federal Financial Assistance Programs. She said that a key element was to make sure that people across HHS who are reviewing grants understand the unique issues related to Tribes. Dr. Roubideaux said that there would be an internal training session on December 6 for the grant people and program officers at every agency within HHS. She added that she has been asking some of the Tribal organizations who receive HHS grants to participate and share with attendees some of the issues and roadblocks they face.

Regarding outreach and technical assistance, HHS staff discussed a survey they had sent out to all of the HHS operating divisions asking whether they provide technical assistance to potential applicants and grantees, what kind of technical assistance they provide, how it is provided, how much is spent on technical assistance, and recommendations for improving HHS' Tribal outreach and technical assistance process. They explained that the next step is to explore the option of establishing a Department-wide technical assistance contract.

Regarding Tribal eligibility, Dr. Roubideaux noted that it would be helpful if Tribes knew about all the grants for which they are eligible and if that information were in one place (i.e., a one-stop shop). HHS staff passed out to STAC members an Excel spreadsheet detailing all the grants available to Tribes (using 2010 data) and key information about them (e.g., how many have applied for a grant, available funding, other grant characteristics). They explained that the next step will be to finalize the information and then either sketch out how the information should be developed and report back to the ICNAA and the STAC or else provide the STAC with a presentation on the data and have STAC members offer options for how the data should be presented.

### **Discussion**

Opening the discussion, Roberta Bisbee said that she appreciated the spreadsheet and information about grant availability. She noted, however, that the information showed that there was a lot of competition between Tribes and Tribal organizations. We come here individually to advocate for our individual Tribes, she said, but we also share the resources with other Tribal organizations. So the question is, she said, how it filters out and benefits all Tribes. Ms. Bisbee said that it was important to be mindful that because only eight of the funding sources went to Tribes individually. We have to evaluate Tribal organizations (and performance), she said, to make sure the funding is going to Tribes.

Robert McGhee also thanked HHS for developing the spreadsheet. He asked whether HHS knew the percentage of dollars that were set aside for Tribes (versus going to the States). He also asked whether there was a way to tag the grants by category (Answer: Yes).

Regarding technical assistance, Mr. McGhee also asked whether HHS has reached out to the Tribes to find out what they feel was lacking in terms of technical assistance. (Answer: No.) He said that he thought it would be helpful if HHS reached out to some of the Tribes to find out what is beneficial within the technical assistance.

HHS staff noted that there was requirement for contractors who provide technical assistance to include an evaluation with every training session. We can probably get some data from that, they said.

Next, Mr. McGhee asked about expansion of services and some of the barriers. Why aren't some of the Tribes eligible, and how do we determine what the barriers are? he asked. In response, HHS staff said that the barriers were coded on the spreadsheet; as to addressing them, it depends on the type of barrier (e.g., legislative vs. program policy).



Herman Honanie asked about the internal training for HHS. In anticipation of your training, he asked, are you going to talk about issues that may need to be dealt with (e.g., audit findings, challenges that Tribes have)? In response, HHS staff said that one of the points they want program officials and grants management officials to understand is that they cannot compare a Tribe to an institution of higher education. The standards need to be different, said the staffer, and we need to find solutions for barriers from the inside out. She added that it was important to identify the barriers and then teach to the issue. She added that while grant officials are often trying to talk to the programmatic needs, it was also important to teach the Tribes on an ongoing basis throughout the lifecycle of the grant.

Jefferson Keel stressed that technical assistance must be tailored to Tribes and be Tribal-specific regarding how to apply, the baseline measures, and the standards. Regarding the Tribal eligibility Excel spreadsheet, he noted that some of the Tribal organizations are consortiums (e.g., the epicenters) and he suggested that this be explained in the spreadsheet key. Finally, Mr. Keel said that it was important in the future to look at the set-asides and how effectively each agency is making sure that funds get to the Tribes (rather than having carryover each year).

Melanie Knight noted that some big agencies were not yet represented in the spreadsheet. When do you hope to get them all on the grid? In response, HHS staff said that they hoped to have a full array of data within the next month or two.

Ms. Knight said that she saw the effort as twofold: (1) helping Tribes apply for funds for which they are eligible; and (2) facilitating access to grants for which Tribes are not currently eligible. How do we address these barriers in a systematic way? I think we need to have a discussion on this.

Mr. McGhee asked whether, on the technical assistance side, there was a way to walk through the challenges with the Tribe so that Tribes have a better understanding of why they did not win something. In response, HHS staff said that they were going to encourage via the training that the operating divisions provide upfront technical assistance (prior to the deadline), including walking through the application process via WebEx or conference call, discussing the standards in the funding announcement and what they would like to see (e.g., sample budget descriptions, sample narratives) so that Tribes can figure out what the program is looking for. HHS staff also encouraged Tribal representatives to participate in objective review panels as it is a good way to understand what reviewers are looking for.

Staff also noted that HHS has improved its grant forecast tool to tag "Tribe" as a category and pick up forecasted opportunities coming up in the next year. One staffer noted that the Administration for Native Americans (ANA) has pushed panel reviewers to improve and clarify the strengths and weaknesses identified so that applicants have better feedback.

Isabel Garcia noted that identifying all the grants for which Tribes and Tribal organizations are eligible has been an enormous task, but one that NIH has taken very seriously. She noted that some of the work has had to be done by hand. We're working hard to complete this, concluded Dr. Garcia.

Gary Hayes asked about the formula. How is it determined when it is open to States and Tribes and everyone? he asked. He said that his Tribe has hired a couple of grant writers, but that the task is daunting. I think this is a good start not only for Tribes, he concluded, but also for the States.

Wrapping up the discussion, Dr. Roubideaux said that the staff's accomplishments are based on the feedback on access received by STAC members at their first meeting.

### **Tribal Self-Governance**

Dr. Roubideaux said that the fourth ICNAA workgroup dealt with exploring the expansion of self-governance beyond IHS to the other operating divisions with HHS.

**Stacey Ecoffey, Principal Advisor for Tribal Affairs**, said that the Self-Governance Workgroup was charged with looking at whether HHS has authority to do a demonstration project. Or, absent that authority, whether there is a creative way to do this. She said that the next step was to prepare for and determine what self-governance would look like if legislation were to pass. Ms. Ecoffey said that HHS has asked for feedback from the Tribal Self-Governance Group, e-mailing 20 questions (and then subsequently sending out an additional 20 questions). She added that the workgroup had also had some engagement with individual Tribes.

Next, Ms. Ecoffey said that one priority was to make sure that staff across HHS have an understanding of self-governance. Regarding next steps, she said that the workgroup will review the feedback from Tribes and will also develop a Tribal/Federal Workgroup by late October to explore further options to expand self-governance at HHS. We've talked about developing what a potential demonstration would look like should legislation be enacted, concluded Ms. Ecoffey, so that we will be ready to move forward should that happen.

**Julia Pierce, Deputy Associate General Counsel**, said that the workgroup had gone back to look at why the last initiative on self-governance expansion had not moved forward. She said that the workgroup had received a lot of answers based on the 2003 study, which was not going to work. We shouldn't rely solely on the 2003 study results, she said, but look instead at what a demonstration would like in a program that is set up in no way like the Indian Health Service. Ms. Pierce added that it was important to state with specificity what the Tribes are asking for and what they would be willing to do in the demonstration (e.g., reporting and so forth).

### **Discussion**

Opening the discussion, Jefferson Keel said that self-governance at HHS has been talked about for a long time. He said that the reason many of the responses were based on the 2003 study was that Tribes felt that an immediate response was needed. Mr. Keel said that it's not a matter of "are we going to do?" but rather of "how are we going to do this?" He said that the Office of the General Counsel (OGC) has to work with the Tribes and assist the Tribes in developing the answers. We need your expertise, he said. Mr. Keel said that this was not about defending the Government; you're simply helping us in getting this done.

Mr. Keel also said that there were Tribal leaders who pioneered self-governance and have been working in self-governance for years. They are still there, he said, and still willing to help in getting this done.

Finally, Mr. Keel said that the Indian Self-Governance Act provided a framework. But there is a perception that there's resistance from people within HHS, he said. He noted that, in the Federal Government, you don't have to oppose something because you don't like it—you can just delay it. Mr. Keel stressed that the Tribes are not going to give up on this. We're going to continue this fight, he said, and we need your help and we need to work together.

In response, Ms. Ecoffey said that there is a small window to get this work done because it is unclear what will happen in 2012. She added that it was not helpful when Tribes come in and say "just do it." I need you to help me advocate and educate the people here to get to the positive response you want.

Mr. Keel agreed, noting that there were ways to get this done without being demanding. Our role as Tribal leaders is to come together, he said. We can reach out to others around the country to come together to find the people who can work to help us get this done.

Dr. Roubideaux said that the questions being posted by the workgroup were not designed to be stall tactics. These are the kinds of questions we think we need answered to educate the people whose help we need to get this done, she said, and to address their concerns.

Ms. Pierce stressed that Tribal self-governance has been one of her priorities and that she takes it seriously. I'm the assigned attorney to the STAC and to the ICNAA, she said, and I don't delegate. She said that she has also formed a lawyers' workgroup to inform them about Indian law, the ICNAA, and self-governance. We're doing everything we can to make sure everyone is informed, she said.

Melanie Knight said that she appreciated the movement at HHS. She said that Ms. Pierce and Ms. Ecoffey had raised some important points about addressing these questions upfront so that it won't take another decade to get to this. Ms. Knight added that the workgroup is correct that the Tribes want a broader application (e.g., that they are eligible for programs not just in their status as Indians). We need to raise the questions upfront, she reiterated, and I'm encouraged to hear this.

Herman Honanie expressed frustration that the Federal Government seems capable of working out agreements with almost everyone but the Tribes in no time flat.

Mr. Keel said that what was happening now will have a big impact on the ability to expand this out to other agencies (e.g., Departments of Education and Agriculture and elsewhere in the Federal Government).

Gary Hayes said that Mr. Honanie had voiced the frustration that the Tribes always have. He then asked how the work being done now can be preserved if there is a change in administration. We need to

continue this work, said Mr. Hayes. This needs to be in the DNA of HHS, and IHS, and across the Federal Government, he said, or we are going to keep going around in circles.

Dr. Roubideaux said that, from a leadership perspective, this is something that they talk about all the time. She said that Secretary Sebelius has asked everyone to identify their goals for the rest of the first term. Dr. Roubideaux said that she was committed to helping and would do what she could in the time that she had. We're promising that we will push as hard as we can every day to do as much as we can, she said.

Next, Dr. Roubideaux said that there are two issues to consider moving forward: (1) Does leadership support self-governance? (yes, in this administration); and (2) Is there the support of the staff? Dr. Roubideaux said that she thinks the changes in ICNAA (and higher-level involvement) mean that there will be some legacy of that moving forward. Finally, she said that she believed that if ICNAA can lay out some of the questions they can start to reduce some of the staff resistance.

Chairman Lucero asked whether there were three questions that really need to be answered. In response, Ms. Pierce said that the key questions were: (1) what is the program, function, service, or activity (PFSA) that is being contracted?; (2) what's the methodology for funding Tribes through the PFSA; and (3) what are the contract support costs ("let's be open and upfront about the contract support costs," she said).

Dr. Roubideaux said that SAMHSA Administrator Pam Hyde was willing to look at how to distribute the \$50 million in suicide prevention grants to all Tribes. This may be an opportunity for self-governance, she said.

Roberta Bisbee noted that the additional 20 questions were only sent to the Tribal Self-Governance Group. She suggested that all self-governance Tribes be provided the questionnaire and/or an opportunity for input. We all have opinions and might bring something different to the table, she said, and doing this would allow more opportunity for recommendations.

In response, Stacey Ecoffey said that she would clean up the information into a one-sheeter and send that out to all self-governance Tribes with the 20 questions. She added that she would also highlight the three questions that are most important.

## **Consultation**

Dr. Roubideaux said that the purpose of this STAC session was to do a check-up to see where HHS is and how the Department is doing with regard to Tribal consultations.

Stacey Ecoffey noted that HHS holds budget consultations each year. She noted that last year HHS had each agency go through and break down how it addressed the questions and concerns raised. She noted

that HHS also holds regional sessions and then prepares an annual Tribal consultation report. This is a big report, she said, and we want to make sure it is useful to you.

Ms. Ecoffey noted that she hears back from some Tribes that "these aren't useful." We agree that some things in each are not useful, so we wanted a discussion about how we can improve the three consultation mechanisms that are on the books and that we are doing already. She added that HHS is also asking internally and the Regional Offices what they might want to see changed.

### **Discussion**

Chairman Lucero said that the Albuquerque Area has implemented a quarterly Tribal consultation meeting where all the workgroups and their representatives are invited to attend and make presentations. This is a way to report on what they've been doing and to get requests for information and feedback from the Tribes, he said. Chairman Lucero added that he hoped that this will help to inform the regional meetings so that they are more focused and targeted. From there, he said, then there are very specific topics that we talk about at the national level.

Jefferson Keel said that one of the questions that Tribal leaders have regarding the budget consultations is a problem with embargoed information. He said that Tribal leaders have no idea what the budget will look like (especially with regard to what OMB is recommending to the President); then, when the information is released, Tribes are scrambling to protect whatever programs, services, and dollars that they have. As a result, said Mr. Keel, consultation has not occurred. Instead of consultation, he said, we have a meeting to discuss what our shares are going to look like in the coming budget and all the problems that are associated with that.

Consultation is something that happens before those decisions are made, said Mr. Keel. The frustrations that you hear over and over again for Tribes is that we didn't have anything to say about this.

Regarding the regional consultation meetings, Mr. Keel said that the same questions come up because Tribes really don't have any authority. We just have to accept what we're given, he said. He added that the annual meeting with the President is also not true consultation because the Tribes get to talk primarily with Secretaries and other staff members. It's not true consultation with the President, he said.

Stacey Ecoffey clarified that the budget consultation with the Tribes happens two years out. Regarding the regional consultations, she asked whether the focus should be on policy rather than on the budget.

Ms. Ecoffey also asked: How do we make sure that we have the right Tribal leaders at the table? She said that her office has to do more education about what we think consultation is, adding that the challenge varies from region to region. Each region does it very differently, she said. Ms. Ecoffey suggested that perhaps the national session should set the tone for the regional consultations, and that the regional consultations could then focus on the top issues defined at the national session.

Regarding bringing OMB to the table, she characterized that as a heavy lift. I don't know how to fix that because it comes up every year, she said.

Mr. Keel acknowledged that he does ask every year, and that OMB has been resistant to Tribal consultations. He noted, however, that someone from OMB did attend the DOI budget consultation—and was very forthcoming. Mr. Keel said he'd asked: If you can come to the Interior budget consultation, why can't you come to HHS? And he said he would.

Chairman Lucero asked when the budget consultation would have to occur for the Tribes to have an impact on OMB. He added that it would be helpful if they could talk about the current year's budget as well.

Yvette Roubideaux briefly outlined the budget process, and noted that the FY 13 budget is current in the OMB phase. She suggested that the timing of the HHS budget consultation is odd, and that she has always thought that the regional sessions should be held before the national session. Dr. Roubideaux said that she thought it would be worthwhile to have another discussion about timing. Then she asked: If we can't get the administration to reveal the number, would it be helpful to have more sessions along the way to review where we are and provide more ongoing feedback?

Chairman Lucero said that it might be helpful to give input again into the 2013 budget and reaffirm Tribal priorities and/or changes in Tribal priorities prior to HHS' meeting with OMB. Would that be effective?

In response, Stacey Ecoffey said that she would outline the budget timetable for the STAC. She also suggested including a standing budget item on the STAC agenda to give STAC members an ongoing opportunity to provide their input. Maybe we can find a window in the timetable so that you are having input later on down the road after we have consulted around the country on this, she said. Dr. Roubideaux added that, since the STAC meets quarterly, there may be an opportunity to have more current input.

Chairman Lucero said that Tribes typically define the need, which is way over what they know they are going to get. But I don't think there is any harm in discussing it without the numbers, he said, and to be more proactive in stating the needs.

Melanie Knight asked whether there was a process for IGA review of the individual consultation policies being approved by the operating divisions. I'm asking, she said, because of the need for consistency with the HHS consultation policy and across HHS. She noted that she was having trouble figuring out *who* is being consulted in the ACF consultation policy. Have we reviewed this? she asked. Should we recommend some revisions?

Stacey Ecoffey replied that ACF's policy reflects its different laws and the fact that the agency covers a variety of pieces (versus the broad HHS policy). The agencies have the ability to tweak their policies to address their unique needs, she said.

Ms. Knight suggested that not every stakeholder was an appropriate person to be consulted. By laws, it is the Tribes that operating divisions have to consult with, she said. It's a Government-to-Government consultation.

Robert McGhee asked why there were separate policies for every operating division. In response, Ms. Ecoffey said that IGA has supported that because they wanted each agency that works with Tribes on a daily basis to understand that they were committed to consultation. Dr. Roubideaux added that the Tribes have also requested it. The way to get them to consult is to make them set it up, she said.

Mirtha Beadle noted that SAMHSA has its own policy that it has been trying to align with the HHS policy. I look at our policy as a way to ensure that senior leadership within our centers at SAMHSA need to consult with the Tribes, she said. It further educates the senior and middle management that this exists.

Chester Antone said that the March (national) budget consultation has worked. I have gotten feedback from folks, he said, and that is good because it tells me that someone is listening.

Mr. Antone said that, for the last three years, he has been working with NIH on its Tribal consultation policy because there needs to be Government-to-Government discussions about the issues that arise under research. We need to get in there, he said, and so far the only mechanism that has worked is some formal document that requires consultation.

Regarding CDC, Mr. Antone said it is very difficult to measure how much funding is going out to Tribes. We get numbers, he said, but there are other considerations that decrease that amount.

Regarding the timing of the consultations, Mr. Antone said one of the questions he has asked is: How can we affect a budget in 2014 if we do it before this whole process begins? He said that he hoped that, as long as the comments are on the record, that they will be given due consideration. Regarding Government-to-Government, Mr. Antone said that it should be Tribal leader to Federal Government. Finally, Mr. Antone said that the NIH consultation policy is really needed and he was glad that it was moving forward.

Roberta Bisbee said that she would be in support of quarterly consultations in the regions. She added that she believed that there should be mandatory reporting by the various committees on what they are working on as well as updates about services from any Tribal organization that gets funding. Ms. Bisbee added that it would be helpful to have a budget timeline so that the Tribes can know that they have been involved from Day 1. She said that would also help summarize events for the national consultation.

Ms. Bisbee also commented on the March budget consultation, suggesting that it would be helpful if the testimony were submitted ahead of time and just summarized at the time so that there is an opportunity for the Federal Government to respond.

Rex Lee Jim also recommended that consultations be limited to Tribal leaders. For those with sovereign leaders, he said, those Tribes need to get together and decide on who will represent them. It's the same way with consultations, said Mr. Jim. We need Tribal leaders to be spokespersons.

Herman Honanie suggested that the Tribes also need to look at themselves and how engaged they are.

Stacey Ecoffey said that she will make sure that they have captured all of the STAC members' feedback and recommendations. Regarding the national budget consultations, she noted that HHS officials want to be respectful and not interrupt people—and recognize that they then get dinged for not responding. Your feedback is helpful, said Ms. Ecoffey.

Ken Lucero said that perhaps the national budget consultation should be combined with the IHS consultation. Every year, we end up spending most of the time on IHS, he said, so it would be helpful if we knew upfront that we have a half day or a full day specifically focused on IHS. That way IHS doesn't dominate the consultations, he said.

In response, Ms. Ecoffey said that her office will craft some questions to get feedback from STAC members about the consultations as well as craft some questions internally and with other groups to make sure they get broad feedback.

### **Tribal/State/HHS Relations**

Stacey Ecoffey said that the ICNAA has sent out questions to STAC members regarding Tribal/State relations. We didn't get a lot of feedback, she said, and we want to move forward with some type of Tribal initiative. We've done some of this with the Exchanges, she said, and with the States having to consult. She said that she wanted to get the States talking when it comes to Tribal dollars.

We want your feedback on what you really want to tackle, she said. Ms. Ecoffey said that she hoped that the conversation might spur some ideas so that HHS can start to put some things on paper. Do we want to target a certain area of grants? Or consultation? Do we want to target States that do this well and get some feedback from them? Or perhaps those that don't do it well?

Finally, Ms. Ecoffey noted that the Tribes on the Tribal-Federal Workgroup last year really wanted a stronger State piece. She pointed to the one-pager in the STAC meeting packet, saying that it outlined the steps taken to date and lists the questions that have been forwarded to STAC members, Regional Offices, and Operating Divisions.



Robert McGhee said that it would be helpful for ICNAA to provide a deadline for when feedback is needed. Ms. Ecoffey agreed to resend the questions along with a deadline for responses.

Chester Antone said that he had requested that there be a STAC meeting in Arizona with IHS, CMS, and CDC—but that what he really meant was a request for a meeting regarding a waiver demonstration. This is an issue that needs attention, he said, and this falls under the category of consultation with the Tribes. Mr. Antone added that he wanted the Secretary to try to bring the States and Tribes together for a conversation.

Roberta Bisbee said that she was glad that the STAC was going to focus on this issue. She noted that, at the last regional consultation (Washington, Oregon, Idaho) there was no representative from the State of Idaho. Finally, Ms. Bisbee asked for an extension to provide input on the questions.

Mr. McGhee asked what power HHS has to force the States to consult with Tribes. In response, Julia Pierce said that there was no stick. She said that the Secretary can strongly encourage States but has no authority to mandate that the States meet with Tribes. We had to be careful in drafting the language, she said, because there is no statutory authority to mandate this. Stacey Ecoffey added that the language was carefully drafted because HHS didn't want the States to comment on the consultation policy.

Mr. McGhee said that, while he thought the last sentence was excellent ("to the extent possible, data shall be collected and reported about the number of Tribal members served by the State with Federal resources"), he didn't know if they would ever get that.

Ms. Ecoffey noted that the policy also talks about reviewing the grants, and where HHS has the authority to change that and where more authority is needed.

Can we write the grants to have that authority? asked Mr. McGhee. In response, Ms. Pierce said that they were looking at where they may have the authority to make those changes.

Melanie Knight noted that agencies already require a certain number of activities in the law. It seems they should be able to mandate some other things as well, she said.

Chairman Lucero asked whether there were any suggestions regarding the makeup of the Tribal/State/Federal Workgroup?

Stacey Ecoffey said that it would be helpful if one or two members of the STAC would volunteer to work with the ICNAA and participate on the weekly conference call to flesh out the issues and next steps. Chairman Lucero, Mr. McGhee, Mr. Antone, and Mr. Hayes each volunteered.

Ms. Ecoffey noted that she was also soliciting volunteers from the Regional Offices. Mr. McGhee urged those STAC members whose Tribes have good relationships with the States to get involved to talk about what is working.

Gary Hayes noted that some Tribes cross States. He said that he was glad that HHS was putting a structure in place to identify the grant authority and what can be done from this point forward.

Mr. McGhee suggested that the Excel spreadsheet on Tribal eligibility would be instrumental in starting to challenge the States. We're going to see what States have that we might have an opportunity to participate in, he said. Once that's in our hands it will be a powerful weapon to say "this goes to the Tribes" or "we're eligible for that funding."

Wrapping up the discussion, Ms. Ecoffey said that she would plan to update the STAC on progress made in this area on the conference call before the next STAC meeting.

### **Secretary Kathleen Sebelius**

Secretary Sebelius said that HHS and the entire administration is trying to pay attention to its commitment to work with Tribes. She said that the STAC has been really important because the STAC's vision informs HHS decisions. We know and continue to rely on the consultation model, she said, and we know it's important.

Next, Secretary Sebelius said that her Alaska visit was a great opportunity for her to talk with Native Americans about a number of key issues (including workforce challenges, suicide rates, health care delivery, contract services, telemedicine, and the costs of goods and services).

Turning to the definition of Indian in the ACA, Secretary Sebelius acknowledged the ongoing concerns—and said that she shared those concerns. But I want to reiterate, she said, that we cannot fix them here at the Department. That's a statute. And I don't have the regulatory authority or the administrative authority to fix that. We want to work with you on that, said the Secretary, and we need to figure out a strategy to work on a legislative change.

Next, Secretary Sebelius announced that she was sending out a letter the next day to Governors across the country stressing the Department's commitment to the Government-to-Government discussion. She said that HHS will follow up at every point along the way. We are committed to putting pressure on officials at the State level, she said, that they need to bring you to the table every time resources are being allocated or policies are being set.

Wrapping up her remarks, Secretary Sebelius said that there was a complicated budget situation. She indicated that she had no idea what the baseline will be or what the Super Committee will do. We don't know what will happen, she said, but what I can tell you is that IHS will continue to be a top priority of mine as we allocate the scarce resources. We know we still have a gap to fill, she concluded.

## Discussion

Chairman Lucero said that he appreciated the work that the Secretary was doing and the work of her agencies. He then highlighted the STAC's top three priorities:

- Concern about the definition of Indian in the ACA and the Indian Health Care Improvement Act. We've heard that it's something that your office can't solve, said Chairman Lucero, and we want to continue to work together to get this situation rectified. He suggested that perhaps there should be a consultation to get input from all the Tribes about what the definition should be.
- State/Tribal Relations. Chairman Lucero said this was especially important in the time of Medicaid reform and the rollout of the health information Exchanges.
- Expansion of Operation Foothold. Chairman Lucero said that the STAC thinks that it is a great initiative and members would like to see it continued in other Tribal communities.

Jefferson Keel said that the STAC members had considerable discussion the previous evening about some projects that are taking place. Nothing is more important to the Tribal communities than having the definition of Indian solved, he said. He also cited Operation Foothold, and said that it would be useful to look at some Tribal relations and see about developing a consortium that can assist with that work.

Rex Lee Jim invited Secretary Sebelius to visit the Navajo Nation. In addition, he said that Navajo Nation has some contractual issues with Medicaid in Arizona.

Yvette Roubideaux indicated that IHS has been working with CMS on a feasibility study related to Medicaid that they are working to finalize by the statutory deadline.

Mr. McGhee said that the Pine Ridge operation was very impressive, but that it had only reached a small percentage of the need. He then asked Secretary Sebelius to reiterate to George Sheldon the importance of the 477 program. Mr. Sheldon alluded to that, he said, and the fact that he is working to get that resolved.

Secretary Sebelius said that she was eager to see more opportunities for the Commissioned Health Corps to be deployed. This was the first opportunity, she said, but I don't think it was by any means the last. We will be visiting that, and visiting with the leadership, because it has been a real commitment of mine that we have missions that people engage in (versus training exercises just for training's sake). This is a great opportunity to match our skills and talented people with the real needs that are there, she said.

Regarding the 477 strategy, Secretary Sebelius said that she will follow up with George Sheldon on that. I know this is an issue that is causing a lot of angst and concern, she said, and we have been working

with our colleagues at the Department of the Interior around an administrative solution which has three steps:

- Notifying Tribes that HHS wants to use its substantial waiver authority in the 477 statute to provide a lot more flexibility for both TANF and other HHS programs.
- Not requiring Tribes to sign the addendum proposed earlier as a condition for funding.
- Creating a workgroup to come up with simpler audit requirements (the Secretary added that the aim was to make these less cumbersome for Tribes while still providing the information that HHS needs for Congressional oversight).

We want to start these steps right away, said Secretary Sebelius, and we hope they will go a long way to resolving this.

Roberta Bisbee said that she appreciated the Secretary's letter to the Governors. She stressed that the States needed to recognize the benefits of working with the Tribes (e.g., that Tribes are an economic asset). She also referenced the economic impact statement that Tribes in her State had done.

Secretary Sebelius urged STAC leaders to come to her if they run into problems with specific Governors. We are happy to try to put a little extra attention your way, she said.

Andy Teuber, Jr., thanked Secretary Sebelius for visiting Alaska and encouraged her to recognize the ANTHC program as a center of excellence. I think this is a model that can be rolled out across Indian Country, he said. He also encouraged the Secretary to recognize the need to fully fund Contract Health Services.

Regarding the definition of Indian, Mr. Teuber said that he appreciated that the Secretary has offered the Office of the General Counsel to work with the Tribes in resolving the matter.

Chester Antone thanked Mary Wakefield for her work in designating NHSC sites. He then noted that he had given some documents to Kitty Marx at CMS regarding Medicaid reimbursements that have still not been signed. He added that he would have one for the CMS Director when he gets to Alaska. Finally, referencing the Medicaid issues in Arizona, he suggested perhaps convening a meeting there to discuss the demonstration waiver.

Gary Hayes noted that President Obama has talked about streamlining and cooperative engagement among Federal agencies. We appreciate your signing a Memorandum of Understanding with DOI and DOJ he said, and I hope that we can get that process moving forward. He added that he appreciated the Secretary's letter to the States.

Next, Mr. Hayes noted that one big issue is transportation—and the fact that Tribes are often supplementing transportation costs. But the States don't engage the Tribes in reimbursement costs, he said.

Finally, Mr. Hayes said that this current administration has done more for Indian Country than was done in the previous 20 years. What can we do in the time we have left in this term? he asked.

Melanie Knight thanked Secretary Sebelius for her commitment to meeting with the STAC and said that the STAC has seen progress and a real commitment from HHS staff in the short year that it has been in existence.

Herman Honanie also thanked Secretary Sebelius for her role and her involvement. He also extended an invitation for her to visit the Hopi Tribe.

Wrapping up the discussion, Gary Hayes referred to the uncertain budget situation. He said that he hoped that, if there are cuts, HHS can identify offsets in other areas so as not to have cuts in health care resources for Indian Country.

## **Overview of the Meeting**

Looking back at what has been achieved so far, Gary Hayes suggested that it might be helpful to get a statement from Secretary Sebelius about the STAC's work that Tribal leaders could take back to their regions.

Roberta Bisbee asked about the format and agenda for the STAC meeting in Alaska. In response, Stacey Ecoffey said that the STAC meeting would be solely an opportunity to meet with CMS Director Don Berwick (as he was unable to attend the current meeting). We'll also spend a half day looking at human service programs in Alaska and a half-day looking at the health delivery system, she said. Finally, Ms. Ecoffey said that she needed to know which STAC members would be attending the Alaska meeting.

Robert McGhee asked whether there would be an opportunity at the National Indian Health Board meeting to talk about the STAC's accomplishments. In response, Chairman Lucero said that he was on the NIHB meeting agenda, and that his presentation will likely be a compilation of what the STAC has accomplished in the past year.

Next, Chairman Lucero characterized the Secretary's letter to the Governors as "awesome," and said that he thought it will help in the States to reaffirm what the Tribes are owed. He then turned internally, saying that the STAC has accomplished a lot. He said that he would work with Ms. Ecoffey and her office to get a list of the goals that were set for the year and to look at what was accomplished.

Looking to the *next* STAC meeting, Chairman Lucero said that it might be a good time to revisit the STAC's goals and to see what new initiatives might be added. He also said that the STAC members would have to draw straws or otherwise figure out the terms (length) of membership.

Paul Dioguardi said that he would e-mail a copy of the Secretary's letter to the Governors to all STAC members.

Mr. Hayes suggested that the STAC might need to start thinking about getting a letter out expressing its concerns about the budget. All Tribes need to be engaged in this process, he said. If our voice is not heard, we're going to be cut out.

Mr. McGhee announced to the STAC that he was trying to put together a National Journal event in October regarding the Super Committee. We want more of a PR event to talk about how to hold harmless Tribal programs, he said, and to raise awareness about what's going on in Indian Country.

Jefferson Keel referred back to the definition of an Indian. Secretary Sebelius did commit to working on a legislative fix, he said, and we need a consultation on how we can achieve that.

Next, Mr. Keel noted that there would be a Tribal Unity session on October 11 or October 12. He suggested that this might be an opportunity to solicit input on the definition of an Indian. We need to work with Dr. Roubideaux and others to get that done, he said. Finally, Mr. Keel thanked the Federal agencies present at the STAC meeting for their work on Tribes' behalf. I appreciate all that you do, he said, and I am encouraged to hear these professionals come in and talk about their commitment to helping us.

There was some discussion about what Secretary Sebelius had (and had not) said about addressing the definition of an Indian. Chairman Lucero said that he had not heard the Secretary commit to consultation, but rather that she had said that she would work with the Tribes on a legislative fix. Rex Lee Jim said that he'd also heard that the Secretary was willing to work with the Tribes to draft legislative language. Andy Teuber, Jr., said that he'd heard that she was committed to ensuring that there is a solution. But I don't think we should let up at this point, said Mr. Teuber, because we've got the beginning of some traction to try to resolve this.

Mr. Dioguardi said that it would be helpful for the STAC to come up with a process for moving forward. He reiterated that it was the administration's position that it does not have the administrative authority to adopt a uniform definition of Indian in the Affordable Care Act. We realize this is a problem, he said, and we are committed to working with you to fix this. Finally, Mr. Dioguardi said that the next step is to identify a legislative solution that all Tribes support. Let's figure out what conversations and means we have to take that forward as soon as possible, he said.

Yvette Roubideaux said that the issue was the same as for self-governance: HHS wants to move it forward but needs a legislative fix to do so. We want to work with you, she said, because when Congress

comes to us and says, "We heard Tribes want to change this. What do you think?" we want to have the same talking points.

Chairman Lucero said that he was less concerned about the mechanism and more about the fix. If it's Congressional, then we need to start working on Congress, he said.

Wrapping up the meeting, Buford Rolin said that several significant upcoming meetings might offer an opportunity for Tribes to discuss this issue and build support.

### **Tribal Closing**

Rex Lee Jim provided the closing prayer.