

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

December 4-5, 2014

Executive Summary Report

With an eye toward the Obama Administration's legacy in Indian Country, the members of the Secretary's Tribal Advisory Committee (STAC) met December 4 and 5 to map out the goals they want to accomplish during the next two years. Key issues included advanced appropriations, contract support costs, historical trauma, ongoing information technology concerns and a long-term behavioral health agenda. STAC members also sought ways to break down silos between divisions, departments and agencies to improve services for tribes and ensure that the committee's work would continue into the future. Vice Chair Brian Cladoosby led the discussion in the absence of Chair Rex Lee Jim.

Members Present for Roll Call: Cathy Abramson (Bemidji Area), Ron Allen (Portland Area), Chester Antone (Tucson Area), Ramona Antone Nez (Navajo-Proxy), Tino Batt (Portland Area - Alternate), Dana Buckles (Billings Area-Alternate), Cheryl Frye-Cromwell (Nashville Area), Judy (Elaine) Fink (California Area), Marshall Gover (Oklahoma Area), Ken Lucero (Albuquerque Area), Arlan Melendez (Phoenix Area), Roger Trudell (Great Plains Area), and Aaron Payment, William Micklin, Robert McGhee and Brian Cladoosby (National At-Large Members). (Quorum Met)

Action Items

CMS: Center for Medicaid and Children's Health Insurance Program (CHIP) Services

- CMS will provide state Medicaid programs with a fact sheet that will help explain the rules regarding tribes, estate recovery and property liens. The CMS Tribal Technical Advisory Group (TTAG) has provided feedback on the draft document. STAC members will receive a copy as well to assist with promoting the information. The document also will be available online.

Indian Health Service (IHS) Discussion

- Consider bringing in staff from multiple agencies, including IHS, the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Health Resources and Services Administration (HRSA) and the Office of Minority Health for a panel discussion on hepatitis C, HIV and the cost of the drugs needed to treat these illnesses.

- Invite someone in to speak to STAC members on how the regulatory/proposed rulemaking process works.

Substance Abuse and Mental Health Services Administration (SAMHSA)

- STAC members should meet with staff from the Bureau of Indian Affairs (BIA) and the Bureau of Indian Education (BIE) at a future meeting to learn about their social services efforts and develop coordinated approaches.
- Staff from SAMHSA's Trauma and Justice Strategic Initiative will attend a future STAC meeting.
- STAC members should receive minutes from the various tribal advisory subcommittees and councils to strengthen the input from those groups and encourage follow through.
- Federal partners at the Secretary's level and directors' levels should work with companion agencies and tribal leaders to address major issues prior to the youth conference at the Tribal Nations Conference next year. Use next year's conference to report on solutions that have reached consensus and are ready for implementation.
- A SAMHSA subcommittee is examining the prescription drug issue as part of a broader departmental look at how the agency can work differently with tribes on pain management. Mirtha Beadle will report on the findings.

HHS Federal Member Roundtable Discussion

- In response to a question from William Micklin, Mark Greenberg will follow up with the Office of Child Care to determine whether HHS has the administrative authority to implement the 2 percent floor on tribal set-asides if additional funds are appropriated and there is no need for additional regulation to exercise that authority.
- Dr. Roubideaux will share the results of a survey of Resource and Patient Management System (RPMS) users, including questions and answers, to give a general sense of the users of the system.

Upcoming Dates

December: Monthly outreach call will focus on youth and the ACA.

December 17: Evening webinar with United National Indian Tribal Youth (UNITY) specifically to help youth encourage parents and grandparents enroll in the ACA. A Google chat will take place the same evening.

January: Evening outreach events scheduled for urban Indian organizations in Dallas, Houston, Chicago and Salt Lake City.

February 25-26, 2015: Budget Consultation in Washington, DC.

Welcome and Meeting Logistics

Mr. Dioguardi opened the December STAC meeting, which followed on the heels of the sixth annual White House Tribal Nations Conference on Wednesday, December 3. This meeting served as Secretary Burwell's second with the STAC.

The confirmed STAC meetings dates for next year are:

- March 17-18, 2015
- June 2-3, 2015
- September 15-16, 2015
- December 1-2, 2015

Mr. Dioguardi noted that the terms of some STAC members will expire at the end of the year. Another round of member selections will begin in January in time to seat new members by the March meeting. Mr. Allen ended this portion of the meeting by making a motion to approve the minutes. Ms. Abramson seconded the motion, and the board approved the minutes.

CMS: Center for Medicaid and CHIP Services

Cindy Mann, Deputy Administrator/Director

Kitty Marx, Director, Tribal Affairs Group, CMS

More and more states are interested in Medicaid expansion. Ms. Mann reported that 27 states have expanded as well as the District of Columbia. Considering all the states across the country, not just the states that have expanded, CMS has added a little more than 9 million people to Medicaid and the Children's Health Insurance Program (CHIP). Most of that has been in states that have expanded Medicaid. Those numbers demonstrate enormous progress given the results of a recent Urban Institute study showing the sharp drop in uninsured rates.

CMS also administers the Basic Health Program, created as an option in the Affordable Care Act. Instead of enrolling people in the Marketplace when their income is above Medicaid eligibility levels, 133 to 200 percent of poverty, states can choose to administer the Basic Health Program. Minnesota will be the first state to take up that option, beginning January 1. CMS expects New York to implement the program in April 2015. The program is funded primarily by the federal government.

Ms. Mann also provided these highlights:

- Medicaid expansion remains a top priority for Secretary Burwell as well as the president.
- Utah, Wyoming, Idaho and Alaska, states with significant Native American populations, are looking seriously at expansion. Governors in those states are moving the idea forward, but expansion will face scrutiny at the legislative level. CMS wants to partner with tribes to continue promoting the issue. CMS also continues to advocate Medicaid expansion in Texas, Oklahoma, South Dakota, Montana and Wisconsin.

- On November 12, CMS awarded 10 grants, totaling a little under \$4 million for efforts aimed at reaching out to American Indian/Alaska Native (AI/AN) children eligible for Medicaid and CHIP. The grants went to tribes, IHS providers and tribal and urban Indian organizations. The awards went to seven states: Alaska, Arizona, California, Mississippi, Montana, New Mexico and Oklahoma. The grants focus on children but given expansions in coverage, outreach efforts also can target the parents, grandparents and relatives with whom those children reside.
- CMS has approved uncompensated care pool models in Arizona, California and Oregon to compensate for certain services that were provided in IHS and tribal operated facilities that the states were not otherwise reimbursing in their state Medicaid programs.
- Thanks to concerns raised by STAC members, CMS has reached out to the Arizona Medicaid director regarding health care for former tribal foster care youth. Children who were in tribal foster care programs were not being recognized as being eligible for the new coverage provision in the ACA that says former foster care kids can have coverage until age 26. This coverage is available to these young adults even in those states that have not expanded Medicaid.
- Existing law protects certain tribal income and property from any kind of estate recovery. When some people were applying for Medicaid, they heard they might have a lien taken on their property. CMS will provide state Medicaid programs with a fact sheet that will help explain the rules. The CMS TTAG has provided feedback on the draft document. STAC members will receive a copy as well to assist with promoting the information. The document will also be available online.
- CMS also has been working with TTAG to clarify health insurance rules for AI/AN youth attending out-of-state Indian boarding schools.
- The CMS Consultation Policy, which has been in place since 2011, is undergoing review. Staff members will ensure the revised policy includes feedback from states, tribal leaders and members of TTAG. One major issue: the policy should include stronger language so that all components of CMS engage in consultation, all components both at the central CMS office and the regional offices.
- The policy also should require more transparency and definition about what triggers consultation at the state level.

Review of Rules of Order

Ron Allen, Ken Lucero and Roger Trudell worked with Ms. Ecoffey to discuss efforts to update the STAC Charter and Rules of Order. Mr. Lucero noted that the group focused on making some refinements so that STAC meetings would line up with the charter. The effort clarified processes as well as who is at the table and why. Reviewing the document also ensures that STAC complies with the Federal Advisory Committee Act (FACA). The information STAC members provide during meetings in terms of testimony must be enforceable and admissible in the event that someone contests something that happens.

Potential changes in voting membership served as a major discussion topic for this agenda item. Following the discussion, Ms. Abramson made a motion to approve the STAC Charter and Rules of Order with the amendment that there shall be no more than one National At-Large Member from any one area on the STAC. Mr. Lucero seconded the motion, and the board unanimously passed the motion.

Indian Health Service Issue Discussion

Dr. Yvette Roubideaux, Director, Indian Health Service

The budget for 2016, set for release in February, is the last budget that the Obama Administration will see from beginning to end. Dr. Roubideaux encouraged STAC members to work to get as much as they could into the budget. Indeed, STAC recommendations have already gone forward, and the process seems favorable so far.

The Obama Administration will work on the 2017 budget up until November. The new administration that arrives in January will likely change it. That means items in that budget will require a really strong justification. Dr. Roubideaux encouraged STAC members to participate in area budget formulation meetings.

During the White House Tribal Nations Conference, Secretary Burwell reported that HHS has worked with the Administration to issue a proposed rule on Medicare-like rates for non-hospital services, physician and provider services. Legislation, which would be the best option, has stalled in Congress, so staff members have focused on an administrative option, something that could pass during the last two years of the Obama Administration.

The proposed rule seeks comments from tribes as the federal partners will need help figuring out how to make the proposal work. The Contract Health Service Tribal Workgroup, now known as Purchase/Referred Care, will mostly likely reconvene in early January to discuss the issue and provide feedback during the comment period. Other tribal advisory groups can convene and respond as well.

In response to comments about the lack of tribal consultation on this issue, Dr. Roubideaux said staff can't consult once the proposal is in the regulatory machine. Consultation did occur previously, and federal staff members sought input from multiple tribal representatives and technical staff. If the proposed regulation is not a viable option, then it will not proceed, Dr. Roubideaux added. However, HHS staff would like to achieve this goal long before a new administration comes in. Publishing this rule during 2015 would mean all or most IHS facilities could pay lower rates.

Dr. Roubideaux also made these announcements:

- Dr. Roubideaux sent a letter to tribes requesting comments and input following the RPMS discussion at the September STAC meeting. Comments and suggestions for improvement should be in soon. Although IHS wins awards from the industry for its

RPMS system, staff recognizes the system isn't perfect. IHS continues to look for ways to improve RPMS despite funding restrictions.

- In contract support costs, IHS has settled 798 claims for \$663 million as of December 2.
- All 13 IHS federal facilities with obstetrics services are now designated nationally as Baby-Friendly hospitals. This designation means these hospitals have implemented 10 steps to promote breastfeeding, which helps reduce childhood obesity.
- IHS has provided trainings and webinars to encourage clinics to be ready in the unlikely case that someone walks in with signs and symptoms of Ebola. Tribes have clearly stated that they want a role in deciding whether a Commissioned Corps officer should deploy to West Africa and when the officer should return and begin working again to protect communities from exposure.
- Dr. Roubideaux reported a \$49 million increase in terms of third-party collections last year. Medicaid expansion played a big role. Regarding the Affordable Care Act, 74 events occurred across Indian Country during the Tribal Day of Action on November 24.
- Listening sessions in all the IHS areas will begin after the New Year.

Substance Abuse and Mental Health Services Administration (SAMHSA)

Pam Hyde, Administrator

SAMHSA has had a great month with regard to tribal issues, said Ms. Hyde. Among the highlights:

- The Tribal Youth Conference, in the middle of November, was the first time SAMHSA had youth from all its grantee programs. The youth were excited and interested and provided great feedback. Some visited the White House and interacted with the president. The goal was to underscore work with youth in prevention issues as well as addressing young people who are dealing with alcohol, drugs, mental health issues, suicide and bullying. Ms. Hyde thanked Mr. Lucero for his help with the behavioral health session during the conference.
- SAMHSA also conducted a listening session on Section 223. This demonstration program seeks to improve community mental health services. States must ask to participate in the demonstration, so SAMHSA encourages tribes to talk to their states about it. Once the draft criteria come out, another consultation call will take place with tribes in February or March because there may be specific issues with regard to how SAMHSA drafted the quality criteria.
- SAMHSA has increased its tribal grantees this year from last year, almost a 50-percent increase. The agency also has increased the amount of dollars going to tribes by about \$27 million. The amount is up to almost \$100 million now across both tribal-specific programs as well as within regular programs.
- Staff members also have teamed up with IHS, BIA, BIE, Department of Justice (DOJ) and other agencies to look at tribal youth programs. SAMHSA received a little bit of new money for 2014 to provide mental health/emotional health and substance abuse resources

to the tribes with the highest suicide rates. Congress has not made a final decision about that funding for 2015. For 2016, agencies are looking at cross-departmental efforts for tribal youth.

- Federal partners also are making an increased, consistent effort to reach out to tribal presidents and chairs in the aftermath of serious, tragic events in tribal communities.

CMS: Center for Consumer Information and Insurance Oversight (CCIIO)

Kevin Counihan, Deputy Administrator

Lisa Wilson, Senior Advisor

Nancy Goetschius, Senior Advisor

Mr. Counihan addressed these issues:

- Open enrollment for the ACA runs from November 15 to January 15. CCIIO is encouraging existing customers to come back to healthcare.gov, update income and eligibility information and look around for better rates.
- Regarding issues specific to tribal communities, Mr. Counihan noted that a summary of benefits and coverage has not reflected Indian-specific cost-sharing reductions such as zero-cost sharing and limited cost-sharing plan variations. This is one of the areas that will go into the proposed Qualified Health Plan rule notification for next year.
- That similarly applies to requiring insurance companies to provide access to Indian providers, and to make sure that is included. So the proposed rulemaking going into next year codifies that position.
- The issue and processing of exemptions has been a source of frustration. Of the 65,000 exemptions that have been filed, CCIIO has processed more than 45,000 of those already. Of the remaining number, 10,000 are in the process of requiring some additional information and 4,000 are ready to be approved. CCIIO also has added more staff for exemptions.

Administration for Children and Families (ACF)

Mark Greenberg, Acting Assistant Secretary

JooYeun Chang, Associate Commissioner, Children's Bureau

Felicia Gaither, Director, Tribal Temporary Assistance for Needy Families (TANF)

Robert Bialas, Program Manager, Region XI, AI/AN, Office of Head Start

ACF, in 2014, awarded in total almost \$50 billion across the full range of ACF programs. Of that amount \$634 million went to tribes. The Department continues to provide outreach efforts, recruit more Native American grant reviewers and promote other strategies to improve tribal access to grants that are available to tribes.

Mr. Greenberg also provided these updates:

- On November 17, ACF published a long-awaited rulemaking for the child support program that seeks to update and modernize a number of ways in which the child support program operates. Through the development of the proposed regulations, tribal leaders had been engaged in both written and face-to-face consultation, specifically with seeking comments on how to encourage efficient case transfer between states and Tribal IV-D programs as well as issues around Tribal IV-D Medicaid reimbursement cases that involve tribal members who are eligible for Indian Health Service. Regulations are pending for comments.
- On November 19, the president signed the reauthorization of the child care law, the Child Care Development Block Grant. This is the first time that the child care block grant has been reauthorized since 1996.
- The Office of Planning, Research and Evaluation is continuing to place strong attention on tribal issues in its research agenda. The office awarded a contract for the Tribal Home Visiting Evaluation Institute in connection with the Home Visiting Program.
- The Children's Bureau has recently recruited a senior tribal advisor to work with the deputy associate commissioner, director and regional program managers across the Children's Bureau to coordinate implementation of tribal child welfare priorities. The Children's Bureau hopes to announce the new hire in early 2015.
- The Administration for Native Americans (ANA) has published in the Federal Register that starting in 2015 ANA proposes to re-establish a separate Alaska-specific Social and Economic Development Strategies (SEDS) funding opportunity announcement to target support to core capacity building at the Alaska Native village level, proposing \$1 million in 2015. Comments are due by December 8. Funding announcements should be available shortly thereafter.

Felicia Gaither discussed these topics related to TANF:

- The latest update on Public Law 102-477 is that the proposed report forms have gone through a comment period but an extension will be provided to give tribes more opportunity to give feedback.
- TANF staff recently went on a joint site visit with BIA staff as part of ongoing collaboration efforts. Further, a joint webinar with TANF, BIA and Children's Bureau staff during the summer focused on ways to collaborate in the area of domestic violence prevention.
- A new TANF director is coming in to replace Earl Johnson, who left in August.
- TANF's 70th tribe, the Red Lake Band of Chippewa Indians, will begin working with TANF effective January 1.
- Also in January, a funding opportunity announcement (FOA) for the Tribal TANF Child Welfare discretionary grants will be available. The grants come out of the Healthy Marriage/Responsible Fatherhood funding, and there is a \$2 million set-aside for Tribal

TANF Child Welfare. Currently 14 discretionary grants are available, but they end next year. A new cohort will be available.

- Mr. Greenberg reported that TANF reauthorization remains in process and will be a topic for the next Congress.

JooYeun Chang discussed compliance with the ICWA, a primary area of interest. Questions often come up about whether the monitoring process of the Children's Bureau, known as the Child and Family Services Review (CFSR), is an effective tool to promote ICWA compliance at the state level.

Ms. Chang noted that the CFSRs are limited in two ways. One, the data states report is only slightly applicable to ICWA compliance if at all. Second, because federal staff members review only a limited number of on-the-ground cases, they rarely find enough cases that actually have Native American children involved. Consequently, staff members have gone a step further to address concerns. Ms. Chang covered these points:

- Child and Family Service plans, which states must submit every five years, must detail how the states are following all types of federal laws. Plans are due this year. Part of what states must do is work with tribes to complete that plan. As part of Children's Bureau requirements, states must detail how they are ensuring compliance with ICWA.
- The Children's Bureau also will conduct a deep analysis of every state plan for the first time this year to investigate what states claim to do and how they claim to have consulted with tribes. The Children's Bureau would next determine if the states are, in effect, following their own plans.
- The Children's Bureau also has been working informally with the Department of Interior and the Department of Justice on ICWA enforcement. One of the challenges of the ICWA statute is that it is not clear who has enforcement, which means all involved agencies need to do their part to enforce ICWA.

Robert Bialas opened his comments with a discussion on Head Start Region XI, which serves AI/ANs, and the Head Start Family and Child Experiences Survey (FACES). For the first time since the study began in 1997, staff members are able to introduce the survey into Region XI. The survey remains the premier source of information on the Head Start programs. Mr. Bialas also shared these updates:

- The FACES workgroup is designing an AI/AN FACES that is responsive to the needs of the Tribal Head Start programs and is respectful of the unique community and cultural context in which Tribal Head Start programs operate.
- The workgroup launched in December 2013 in Washington, DC, at the National Museum of the American Indian. In attendance were Tribal Head Start directors, staff from the Office of Head Start and the Office of Policy Research and Evaluation, tribal early childhood researchers, and federal contractor team members responsible for carrying out the study.

- Recruitment has begun to work with 22 randomly selected Region XI Head Start programs. Participation will begin in the fall of 2015, again in 2016 and the spring of 2017. Outcomes from the study will include descriptive reports, briefs and other information.

Friday, December 5

The second day of the Secretary's Tribal Advisory Committee opened with an HHS roundtable to encourage STAC members and the federal partners to put their heads together and discuss upcoming meetings, consultations, challenges and solutions.

Health Resources and Services Administration (HRSA)

Dr. Mary Wakefield, Administrator

Dr. Wakefield noted concerns that were raised during the September STAC meeting related to:

- Health care workforce supply
- The partnership between grantees HRSA funds across the agency's program
- The relationship between tribes and those grantees
- Grant writing and technical assistance
- Health professional shortage areas

Dr. Wakefield provided brief updates on some of those September topics, beginning with a reminder about the National Health Service Corps program. This program places primary care clinicians in underserved areas, and tribes qualify to have these clinicians in their sites. Although about 640 tribal sites are eligible, only 240 have provided information on the job center website clinicians use to select a place to work. The 10 regional offices across the country have been providing technical assistance to help tribes post information about vacancies.

Dr. Wakefield shared these additional updates:

A letter has gone out to HRSA's more than 3,000 grantees to encourage them to reach out to underserved communities, specifically identifying tribal communities. Regional offices also will look for opportunities to facilitate and convene locally funded grantees to identify way to connect with tribal communities.

Office of Minority Health

J. Nadine Gracia, Deputy Assistant Secretary

The Office of Minority Health is actively working to increase educational resources as well as outreach efforts to specific populations, including AI/AN.

Further, during the quarterly meeting of the AI/AN Health Research Advisory Council (HRAC) in September, members discussed ways to focus on such new priority research areas as cultural discontinuity due to historical trauma as well as undiagnosed learning disabilities and autism.

Other areas include dementia and Alzheimer's disease, environmental justice, and traditional diet and lifestyle.

Chairman Payment, a member of the HRAC, also identified the establishment of a Native Research Database and Clearinghouse as a key priority. The HRAC still has vacancies for the Nashville and Phoenix Areas and one national at-large position.

Administration for Community Living (ACL)

Cynthia LaCounte, Director, Office for American Indian, Alaskan Native and Native Hawaiian Programs

Reporting for Assistant Secretary Kathy Greenlee, who was ill, Ms. LaCounte provided these details:

- ACL has developed a fact sheet about Alzheimer's disease in American Indians. This begins a series of fact sheets that will focus on aging issues.
- A consultant is developing an evaluation assessment to determine which portions of Title VI are ready for evaluation and the best method. A tribal advisory committee will guide the project, which will occur within a year.
- As part of a reorganization, disabilities programs from the Department of Education, including vocational rehabilitation and special education projects, will come over to ACL.
- The National Indigenous Elder Justice Initiative (NIEJI) is developing a series of public service announcements about elder abuse in Native languages. Information is available at NIEJI.org. The National Indian Nations Conference on December 10 also will focus on elder abuse needs in Indian Country.
- In response to a request from STAC member Marshall Gover, ACL has begun moving forward on a program that encourages mentoring between older and younger veterans.
- ACL is also funding a program in Montana for legal service delivery to tribal elders. This demonstration project is proving the need for additional legal services in each state that will work only with tribal elders.
- ACL also increased the number of Title VI grants this past year for the next three-year cycle from 254 tribes to 266 tribes. Because there has been no increase in funding, however, increasing the number of tribes reduces the amount of dollars available during each three-year cycle.
- Other available funding includes: five discretionary grants to focus on falls in Indian Country and four on elder justice.
- Ms. LaCounte will now review plans submitted for Title III funding to ensure states are targeting American Indian elders, which includes urban Indians, state recognized tribes and federally recognized tribes.

National Institutes of Health

Lawrence Tabak, Deputy Director

- The NIH continues making progress starting up its Tribal Consultation Advisory Committee. Staff members expect the first meeting to occur in March 2015.
- In October, NIH announced the award of nearly \$31 million to support a comprehensive set of programs designed to encourage individuals from diverse backgrounds to consider careers in biomedical research. Working in this process is The University of Alaska at Fairbanks, along with two tribal college partners, Ilisagvik College and Southwestern Indian Polytechnic Institute. As part of this new effort, Dr. David Burgess of the Cherokee Nation will serve as the project leader for a national research mentoring network.
- On November 20, the National Institute on Minority Health and Health Disparities hosted an AI/AN research forum.

Centers for Disease Control and Prevention

Judith Monroe, Director, Office for State, Tribal, Local and Territorial Support (OSTLTS)

At CDC, the high priority has been Ebola. Staff has been working with IHS to educate and keep everyone in Indian Country informed. Other updates included:

- The next Tribal Advisory Committee meeting will take place February 10 in Atlanta, and the 12th Biannual Tribal Consultation will occur on February 11.
- Six trainees from the Public Health Associates Program are serving tribes or Tribal Epidemiology Centers (Tribal Epi Centers). CDC seeks advice on how the program can attract more AI/AN associates.
- The National Center for Chronic Disease Prevention and Health Promotion recently announced several grants for chronic disease. Six tribes/tribal organizations received grants through the Partnership to Improve Community Health. Thirty-nine awards were available. Of the 49 Racial and Ethnic Approaches to Community Health (REACH) awards, three went to tribal organizations. 22 tribes or tribal organizations received grants through the Comprehensive Approach to Good Health and Wellness in Indian Country. This funding focuses on heart disease, diabetes and stroke. Funding also was available for all the Tribal Epi Centers.

Secretary Burwell

STAC members offered comments and formal written testimony during their closing session with Secretary Burwell. The Secretary began with these updates:

- HHS released a proposed rule that will allow Indian health facilities to get Medicare-like payment. Staff hope that will make difference in terms of what tribes are able to do with

the funds that they have. All of these are steps toward something that is an important priority for the Department.

- Open enrollment started on November 15. More than 750,000 people have signed up for plans so far. Although tribal members can go at any time, right now, when everyone is focused and shopping, it is an especially important time for them to determine if they can get additional care.

Following the Secretary's remarks, Mr. Antone shared his request for a long-term behavioral health agenda. Secretary Burwell agreed that this issue is a priority. Ms. Hyde noted that STAC members have worked with SAMHSA for many years on this issue. However, Congress has been unwilling to help with some of the proposed solutions. SAMHSA traveled to Wyoming, Alaska and Montana in June to discuss these issues with youth and others. The solution is to develop a way forward that Congress will hear.

Secretary Burwell asked, what were the top two or three drivers behind the problems of violence, including suicide, in Indian Country? Mr. Cladoosby gave these three:

- Historical trauma
- Education
- Drug and alcohol abuse

Indian Country has responded by pushing for more money in education, as education is a treaty right rather than a line item. Adequate funding for Head Start and other services will create productive citizens and save money down the road. Mr. Payment agreed that suicide, alcoholism, education rates and other issues are symptoms of historical trauma. Ms. Abramson noted that the trauma is similar to that experienced by veterans. Ms. Hyde said SAMHSA would come back to the next STAC meeting with some experts to discuss the issue.

STAC members also discussed the following concerns with the Secretary:

C: (Ron Allen) I am charged with raising the issue of contract support costs. The last time we chatted with you, we recognized that the respect that the government had made to pay our contracts and compacts 100 percent in contract support. We have been after this for 30 years. The challenge was you said you would pay 100 percent, and here is your budget. You figure it out.

In '14 we worried about it having a negative impact on finding the resources and having a negative impact on Direct Service Tribes. That was not the intent. Our proposal to you is that you champion, with your colleague at the Department of the Interior, that we take CSC and move it over into mandatory. We are talking somewhere in the area of \$1 billion, but what that will do is it won't become competitive against those essential health care programs that serve Indian Country, regardless of how they are delivered to Indian Country. That would be a major win for IHS and then on the Interior side, BIA.

Piggybacking onto that, self-governance has been a big success in Indian Country. It is Title IV, BIA; Title V, IHS; and Title VI, we want to go into other programs in HHS and keep moving that agenda forward.

C: (Secretary Burwell) The root of the problem is the amount of money and the question of predictability of the money. As we think through the question of mandatory, we always want to think through that a capped mandatory can lead to some of the same problems with amount. There are pros and cons to all of it. I want to resolve the fundamental issues here, and the fundamental issue is not enough dollars. The other issue is predictability. When we don't have predictability of the funds, your ability to make contracts and keep people on to provide the services becomes an issue.

C: (Arlan Melendez) I want to talk again about an issue I brought up the last time, the IT/RPMS system. Regarding the meaningful use of Electronic Health Record technology, the tribes, the Indian Health Service and the urban programs will now experience incentive payments, revenue penalties on our third-party revenue. This is troubling us. There continues to be significant issues with the Indian Health Service RPMS system throughout Indian Country. The RPMS system is currently not Meaningful Use year two compliant, as I stated.

In addition, there are concerns from tribes that there is not enough ongoing support to the RPMS for implementation of the necessary RPMS patches and overall IT administration. Many compacted and contracted tribes have left our shares within the Indian Health Service and have not taken them and still we don't have the service that is required to meet Meaningful Use and to avoid the penalties.

What we are asking today is that we be exempted in some manner from the penalties that we were going to incur. No fault of the tribes, but that this IT system, this RPMS system, is going to hurt the tribes and cost us a lot of money, especially in third-party revenue generation.

I think providers in the Indian health system must be made exempt from the CMS penalties for noncompliance with the Meaningful Use or be allowed a 90-day attestation period to meet the Meaningful Use in 2015.

I just want to remind the Indian Health Service that this is a trust responsibility. The federal government took on a trust responsibility when it made solemn promises to tribes as a part of treaties. Tribes provided land and delivered peaceful relations, and the federal government made promises of health care, education and other benefits.

The promises of the federal government have been reaffirmed in Supreme Court cases, executive orders, legislation and regulation.

Tribes understandably and correctly demand that the federal government uphold its responsibility to fully deliver the health care promised. Placing penalties on tribal health dishonors these promises and solemn obligations. The federal government must make a substantial and sustained investment in tribal health and achievement of Meaningful Use.

And either we need to try to find a brand new system that works or else we need to put money and invest in the current system and upgrade it to a useable system.

C: (Secretary Burwell) The issue of Meaningful Use and getting to interoperability is about constraints -- staffing changes, turnovers, all of those issues will be helped if we can get ourselves to the point of interoperability because once you have the system and you have the data and the information, that stays. And when the transitions occur, we will be in a better place to provide quality care.

So the overarching core objective is get everybody to use electronic health records, but the true part is interoperability, which is part of what we need to get to.

C: (Dr. Roubideaux) The concerns he is sharing about being able to meet the Meaningful Use requirements for Stage II and Stage III are things that we are hearing from the private sector as well. It has been delayed, but there are still issues. So we have been talking about our unique issues with CMS and the Office of the National Coordinator of Health Information Technology (ONC). We are trying to see if there are exceptions for us or if there are ways they can dial back. And I think they have dialed back on some of it but my staff still has concerns too. We will continue to work with ONC and CMS on trying to make the Meaningful Use workable for as a health care system.

Q: (Secretary Burwell) And what happens with regard to the penalties right now --

A: (Dr. Roubideaux) So for us in the Indian Health Service, on the federal side, all our hospitals met the deadline and as of this week hopefully all of our clinics are going to meet the deadline. But the incentives are not as much as before and they go down over time. And we are thinking about whether we should go through Meaningful Use III because it will cost us over \$21 million to implement, and the penalties are cheaper. And that is not a good place to be. There is a widespread concern about Meaningful Use in the industry.

C: (Secretary Burwell) We need to get there so the question is how we go about getting there and doing that in a way that works for people as they make the transition.

C: (Brian Cladoosby) Advanced appropriations for Indian Health Service, and we have asked for this before, but tribes would really like to see the president's FY16 budget support advanced funding for IHS. We are told by our supporters on Capitol Hill that it is very hard to do without explicit administration support. The IHS budget has remained relatively stable over time while we experience cost increases for inflation and population growth.

As we saw in the '14 budget, Congress is not afraid to play politics with our budget, and the health of our people should not be at risk because of this. Though IHS is a mandatory federal obligation, it is still a discretionary program. We are asking this administration to stand up against this pettiness in Congress and commit to providing our care in a seamless budgetary way.

We are not venturing into new ground with advanced appropriations. As you know, in 2009 the veterans received their advanced appropriations that the Administration backed 100 percent.

C: (Secretary Burwell) So the question of advanced appropriations, how does one think about solving the issue? What is the path we need to travel? It is about the amount of money. And advanced appropriations won't help us there in terms of the amount of money and the competition unless it is designed in a way that -- you can still have the problem we have which is the cannibalization, which is what occurs right now. We have the set amount, and the costs grow. Then they come out of that set amount and so therefore they come out of the other pieces.

There are kind of three different moving parts: total amount, which is related to this question of if you don't have the right total amount, it comes out of another place because it is declared by what we have to do so how does that work? And then this question of predictability. So those are the problems that I think, as we think this through, that we have got to continue to work on.

C: (Ron Allen) The issue is that continuing resolutions (CRs) kill us because it just really raises havoc on the tribes in order for us to be able to provide quality and seamless care. We are just looking at it as a tool, not a vehicle to be restrictive. And we don't think on the veterans affairs that it does restrict their ability to make adjustments according to their level of services and needs for those citizens.

C: (Secretary Burwell) That is one of the things we need to pursue, the fact that the CRs cause so much damage.

C: (Ron Allen) The Budget Control Act has had a negative impact. When this administration came on board in 2009, it made major strides in terms of some serious significant bumps in all the different programs. When that Budget Control Act got implemented and the sequestration, we lost all that ground that we gained.

We made a case that there are programs that have been exempted from the Budget Control Act because of the nature of who they serve. And because we contend that American Indian/Alaska Native people are at that same kind of impoverished, dependent level that is essential, we make the case to the president that our programs should be exempt. In the grand scheme of a \$3 trillion budget, there is no reason why these can't be exempt.

C: (Secretary Burwell) The challenge we face is the '16 budget. So what is coming up? The president will put out a budget, and it is important what we do in our budget. But the real next step that we all are going to have to focus on is what occurs. That is when that cap is at lower place, and whether it is the issues we are discussing today or the nation's security, that is going to create a tremendous amount of pressure.

C: (Brian Cladoosby) Regarding the new child care law that was passed, for the tribes the maximum carve-out used to be 2 percent. So under the new law, the minimum is set at 2 percent right now. So if appropriations increase, so that states can be held harmless, you have the authority to increase the tribal set-aside above the current 2 percent. So we need to work with your team on this to see if you guys can commit to at least 3 percent or more for tribes if the appropriations threshold is met. Our technical advisors (TAs) have told us that is the case with the new law.

C: (Mark Greenberg) Let me just say a bit more about it. As you indicate, the law has changed in an important way. The amount for tribes can be increased; however, what the law also says is we can only do that if total funding for the child care block grant is above the 2014 level and it can be done in a way that doesn't result in reductions of allocations to states.

So in order to be able to do something, it will initially depend upon Congress increasing funding, but then we got a question before just as to whether if that happens, can we do so or can the Secretary do so directly or do we need to go through the rulemaking process. And we need to go back and talk with staff and lawyers to find out about that.

C: (Brian Cladoosby) Right. That is why I said at the end, if the appropriations threshold is met.

C: (Cathy Abramson) Hepatitis C is a growing epidemic in Indian Country. It leads to a highly elevated risk of death from liver disease, including cirrhosis, liver cancer, end-stage liver disease, chronic liver disease and other complications. It has gone up a lot in Indian Country. And I have information that I gave to your staff. The treatment that it takes is approximately \$1,000 a pill. The whole treatment would be \$100,000.

The request that we have is to create a specific funding stream for the treatment of hepatitis C virus among AI/AN persons receiving services at Indian health facilities (ITUs). And leverage HHS market influence to find ways to reduce the costs of new treatments. And HHS should make public their coordinated plan and response to the rising levels of hepatitis C, including strategies to meet the need for increased screening and treatment.

And as far as HIV, the rates have fallen in other communities but it continues to rise in Indian Country. Lately CDC hasn't funded any American Indian/Alaska Native organizations to support, or capacity building activities. So what we are requesting is a commitment for resources for American Indian/Alaska Native HIV prevention and capacity building. And commit funding for HIV social marketing campaigns for American Indians/Alaska Natives.

C: (Ken Lucero) I want to touch on something that you did mention, and it is about the Medicare-like rates and the proposed rule. We do in general support the idea, and we appreciate the Administration's innovative thinking. But just to make a comment about the process, we probably need more education as tribes in the different ways and mechanisms that we can have consultation in the proposed rulemaking because there may be a little bit of misunderstanding that tribes were not consulted, and that the proposed rule was made without any input from the tribes.

And in talking about STAC priorities and what we want to do over the next couple years, I think it has been very useful for the utilization of STAC in how we look at other ways to fix things within the Administration, things that you have the authority to do, things that your agencies have the authority to do in terms of making proposed rule changes, changing regulations and other mechanisms like that.

I think you bring a lot of expertise from the Office of Management and Budget (OMB) about how we utilize the funding mechanisms and how we strategize and find new ways to do things we need to accomplish for Indian Country. And also making sure STAC continues to exist beyond the Administration and then what other opportunities we have legislatively to prepare for as we have the new Congress and the next administration.

C: (William Micklin) Tribes have long been concerned with states' implementation of the Indian Child Welfare Act and compliance with federal mandates for specific measures in their implementation of the ICWA program that is described in their five-year plans, which are approved under Title IV-B by you.

The Children's Bureau is in the process of an analysis of what those specific metrics for performance measurements are within the plan. So we are hoping to see the results of that study and to make recommendations to you about what actions you can take to influence states to live up to their federal requirements, the statutory and regulatory requirements, to fully implement and consult with tribes on the implementation of the ICWA law.

During the Tribal Nations Conference, Attorney General Eric Holder announced that the Department of Justice was implementing an initiative to look into ICWA. I hope you will be partnering with Attorney General Holder or his replacement to conduct that analysis so we have further analysis of what the shortcomings are with states on this very important law.

There is also a recommendation on consultation with tribes. And Tino Batt will make that recommendation if you would allow.

C: (Tino Batt) Thank you for deferring to me. My name is Tino Batt from the Shoshone-Bannock Tribes. I am the alternate for the Northwest with Ron. I also sit on the board with ACF on their tribal advisory.

The previous Secretary sent a letter to all the governors on dealing with consultation with tribes in dealing with the Exchange as well as ICWA. We are asking that you, as Secretary, send out another letter -- as well as ACF, which we will discuss with Mark -- to the state governors and the new elected governors to consult with tribes in dealing with this ICWA. Various states do work well and various states do not. As well as in providing compliance data, which is needed in dealing with ICWA. Thank you, Will, for deferring your time.

C: (William Micklin) In the spirit of collaboration, we did hear about the White House Conference on Aging that is upcoming. We hope that you could also suggest to the White House that tribes have a role in that conference as well.

C: (Aaron Payment) We are 100 percent on board for the Affordable Care Act but one issue that has been looming is the employer mandate. So in my tribe's case, 70 percent of our team members are tribal members. We really push federal Indian preference. So in the spirit of exempting American Indians because we do have IHS, if our employees are eligible for IHS services, we need a waiver so they can be exempted from the employer mandate.

That is something that is coming up. It is germinating in Indian Country. We would not want to have to jump on board the other congressional debates and say, well, we need that too. And if we had some kind of a waiver without having to participate in that, that would really help us. And it would be in the same spirit of exempting IHS eligible people.

C: (Brian Cladoosby) In closing, on that Indian Child Welfare issue, this has been brought up in the past where the states submit their five-year plans but tribes don't get a chance to consult with the states on those five-year plans. So if something could be implemented to encourage the states or make it mandatory so that they work with the tribes on these five-year plans so at least we are at the table with the state on this important issue.

C: (Secretary Burwell) Happy holidays to all of you. We have a list, so thank you for the prioritization of the issues. And we look forward to continuing to work on this.

Whereupon, the STAC meeting adjourned at 12:05 p.m.