

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

**May 18-19, 2011 – Washington, DC**

## *Executive Summary*

The Secretary's Tribal Advisory Committee (STAC) Meeting was held on May 18-19, 2011, in Washington, DC. The meeting provided an opportunity for the STAC to meet the new Health and Human Services (HHS) Chief of Staff, Sally Howard; work on its Rules of Order; hear from Secretary Kathleen Sebelius and other Federal representatives on various HHS updates and priorities; discuss relevant issues and concerns to Indian Country; and provide advice and recommendations to top HHS leadership. Facilitated by the STAC's Chairman Ken Lucero, the meeting included topical presentations, a roundtable discussion, and opportunities for question and answer. Among the highlights of the meeting included discussions on voting privileges and participation roles during STAC meetings; Affordable Care Act (ACA) activities and implications; the status of Tribal-State relations; and States' plans for Medicaid and other programs in light of budget reductions and deficits.

The first day of the STAC meeting began with STAC Chairman Ken Lucero greeting the participants and inviting Arch Super, Tribal Chairman, Karuk Tribe, to provide the opening prayer. Next, Paul Dioguardi, Director, HHS Office of Intergovernmental Affairs (IGA), welcomed the group. He stated three STAC priorities for the year:

1. Eliminating health and human services disparities
2. Access to HHS resources and increasing funds for Tribes and Tribal populations
3. Working on the Tribal/State/Federal relationships.

Mr. Dioguardi also noted that the STAC would be working with the Intradepartmental Council on Native American Affairs (ICNNA) to align its priorities with STAC priorities. Following Mr. Dioguardi's remarks, Mr. Lucero led the Roll Call. A quorum was met.

Ms. Howard introduced herself to the STAC and shared information on her background. She attested to Secretary Sebelius and Indian Health Service (IHS) Director Yvette Roubideaux's commitment to Tribes; and she said she joined them in their efforts to improve Tribal relationships and communications.

The STAC spent a significant portion of the morning's agenda discussing its Rules of Order. Hilary Frierson Keely and Julia Pierce, Office of the General Counsel (OGC), joined the meeting to respond to questions. It was agreed that no technical advisors would have the ability to vote; STAC advisors could attend meetings, but not participate at the table; only primary delegates would have voting privileges; and pending the availability of funds, at least one STAC meeting would be held in Indian Country. Modifications and edits were made to specific items contained in the Rules of Order per the STAC's direction.

Norris Cochran, Deputy Assistant Secretary for Budget, provided an overview of the Fiscal Year (FY) 2011 enacted budget. He noted the significant budget cuts across the government, as well as the HHS' \$17 million increase over the FY 2010 level. In terms of FY 2012, he indicated that

deficit reductions would continue to color all budget discussions. As part of his presentation, Mr. Cochran provided a historical perspective on Federal budget deficits and surpluses; compared revenue versus spending trends; discussed HHS' budget spending breakdown and formulation timeline; and described the budget and congressional appropriations process. For her portion of the presentation, Valerie Cook, Program Analyst, Office of the Secretary, discussed performance management as it related to the Government Performance and Results Act (GPRA).

Secretary Sebelius joined the meeting to hear directly from the committee and respond to questions. She reconfirmed her and the Administration's commitment to making Tribal issues a priority; and she gave concrete examples of how the STAC's input had been used to inform policy decisions.

During the *HHS Federal Member Roundtable Discussion*, the STAC heard updates on staff and operating divisions' work on Indian issues and initiatives. Specifically, updates were provided on the Administration on Aging (AoA); National Institutes of Health (NIH); Administration for Children and Families (ACF); Substance Abuse and Mental Health Services Administration (SAMHSA); Centers for Disease Control and Prevention (CDC); Health Resources and Services Administration (HRSA); Centers for Medicare and Medicaid Services (CMS); Office of Minority Health (OMH); and IHS.

On the second day of the meeting, after Mr. Lucero confirmed that a quorum was met, Cindy Mann, Deputy Administrator and Director, CMS, discussed challenges in the Medicaid program and opportunities available to Tribes. She discussed the Secretary's outreach efforts to States; and CMS' activities with the Innovation Center to test strategies to assist them.

Lillian Sparks, Chair, Intradepartmental Council on Native American Affairs (ICNAA), informed the STAC that feedback from its last meeting helped the ICNAA improve outreach and communication in regards to expanding services to Tribes. Dr. Roubideaux provided an update on ICNAA's first workgroup, Tribal Access Workgroup. Among their activities included working on Tribal access to grants; continued updates to the grants forecast tool on the HHS grants website; creating a CFDA template to highlight Tribal/Native grants eligibility; and planning a workshop later in the year for Federal staff, to train them on best practices to increase the number of Tribal grant applicants. Ms. Sparks explained that the second workgroup was charged with looking at the issue of technical assistance. The workgroup administered a survey on April 11, 2011, to see what technical assistance was being provided. Sean McCarville, Budget Analyst, Office of the Assistant Secretary for Financial Resources (ASFR), described the work of the third workgroup (Tribal Eligibility for Grants). He said the goal of the group was to develop more specific information regarding Tribal eligibility/ineligibility for HHS grants and similar funding opportunities to increase access. He said the information gathered would be used to determine technical assistance priorities and to inform Tribes on the basis of their ineligibility. Ms. Sparks provided an update on the fourth workgroup, which is focused on expanding self-governance outside of HHS. She indicated that the ICNAA was working closely with other agencies to develop a plan to do outreach to communities. With no authority in any program to do a demonstration project, she solicited the STAC's feedback and requested feedback from Tribes about how to move forward.

Dr. Roubideaux spoke to the STAC about the ACA, noting that its one year anniversary was in March 2011. She said discussions during the first year focused on health insurance and looking at

ways to increase coverage. She also said getting the State exchanges established by 2014 was a huge part of the ACA; noting that the Medicaid improvements and expansion up to 133% of the poverty level would go into effect at the same time. As opposed to a year ago, she said conversations now focused on health delivery system reform, i.e., improving the quality of care and reducing costs. As part of her presentation, Dr. Roubideaux addressed the issue of meaningful consultation; she indicated that the Office of Personnel Management (OPM) determined that all Tribal employees would be eligible for Federal Employee Health Benefits; and she said that IHS was trying to move forward on the Navajo feasibility study related to Medicaid and the 51<sup>st</sup> State concept.

Regarding Tribal/State/HHS relations, Stacey Ecoffey, Principal Advisor for Tribal Affairs, IGA, asked the STAC for its feedback on the types of questions that should be posed to States.

When discussing next steps, the STAC decided to hold its next meeting on September 13-14, 2011, in Washington, DC. Additionally, Ms. Ecoffey announced that work was being done on the IGA website to include a section for the STAC; and Ms. Howard recommended that the Health Disparities Plan be distributed to the STAC once it was cleared.

In closing, Mr. Lucero thanked the STAC for its hard work and dedication; and he welcomed Ms. Howard to the team. The meeting ended with Mr. Super providing the closing prayer.



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

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

## **Executive Summary**

The Secretary's Tribal Advisory Committee came together for its quarterly meeting on September 13-14 in Washington, D.C. The meeting provided an opportunity for the STAC to receive updates on the Federal budget, the Affordable Care Act (ACA), and the Department's Health Data Initiative, as well as to hear from Secretary Kathleen Sebelius and receive updates from senior leadership across HHS' operating divisions. STAC Chairman Ken Lucero also guided STAC members in discussions around priority items, including the definition of Indian, Tribal access to Federal grants, Tribal self-governance, the role and effectiveness of Government-to-Government consultations, and Tribal/State relations.

Day 1 of the STAC meeting kicked off with an update on the Federal budget situation and the implications for IHS and other HHS programs affecting Tribal health. Norris Cochran, Deputy Assistant Secretary for Budget, offered an overview of the Budget Control Act and the deep cuts that will kick in automatically in most Federal programs if Congress does not act on recommendations by the Congressional Joint Committee on Deficit Reduction (aka, the "Super Committee"). Mr. Cochran noted that IHS is one of the few agencies where the depth of the cuts is limited to two percent. Mr. Cochran also discussed the FY 12 budgets for both IHS and for HHS discretionary spending, noting that they are both in a holding pattern in Congress.

Following discussion by STAC members around their concerns about the budget situation, Todd Park, HHS Chief Technology Officer, discussed the Department's Health Data Initiative. He highlighted three key activities: (1) publishing new HHS data for public access; (2) making existing HHS data much more accessible; and (3) publishing raw data so that people can take it and develop applications and services that help improve health and health care. STAC members suggested creating a "data challenge" around an initiative specific to Tribes and Tribal communities.

The update around the Affordable Care Act focused on the work being done toward in anticipation of the 2014 rollout of the health insurance Exchanges as well as changes in Medicaid eligibility (including covering people up to 133 percent of the poverty limit and ratcheting down the number of eligibility categories). Regarding the health insurance Exchanges, HHS has issues two proposed rules dealing with (1) a framework for States to build their Exchanges; and (2) guidance on eligibility for the Exchanges and the Medicaid formularies.

During the HHS Federal Member Roundtable Discussion, the STAC heard updates on the work the staff across the Department are doing on behalf of Tribes and Tribal communities. The STAC heard specifically from the following offices and operating divisions: Health Resources and Services Administration; Administration on Aging; Indian Health Service; Centers for Disease Control and Prevention; Office of Minority Health; Substance Abuse and Mental Health Services Administration; Administration for Children and Families; and the National Institutes of Health.

Wrapping up Day 1, the STAC received a briefing on Pine Ridge Operation Foothold, a U.S. Public Health Service initiative that brought together Commissioned Corps members, IHS, and Remote Area Medical in partnership with Oglala Sioux Tribal leaders to provide medical, dental, and vision care to Pine Ridge. The mission also addressed water sustainability.

Day 2 of the STAC meeting opened with updates on the work of the Intradepartmental Council on Native American Affairs (ICNAA). The STAC heard updates on ICNAA initiatives to address Tribal access to grants: (1) grant access and availability; (2) outreach and technical assistance; and (3) Tribal eligibility. STAC members also received an update on the barriers to expansion of Tribal self-governance across HHS and the steps that the ICNAA is trying to take to educate people about self-governance and move that process forward in the absence of a legislative solution.

The STAC also held a discussion around the HHS consultation process, including suggestions to hold quarterly regional consultations, to hold regional budget consultations before the national session, and to provide more opportunities for STAC input into the budget process.

Regarding State/Tribal Relations, discussion centered around establishing some kind of initiative to bring the States to the table. Chairman Lucero, and STAC members Chester Antone, Gary Hayes, and Robert McGhee volunteered to participate on an ICNAA weekly conference call to flesh out the issues and next steps.

Finally, the STAC met with Secretary Kathleen Sebelius. During her remarks, the Secretary announced that she was sending a letter to State Governors stressing the Department's commitment to Government-to-Government discussions. She also committed to working with the STAC to address its other top priority: finding a legislative strategy to establish a uniform definition of Indian under the ACA and the Indian Health Care Improvement Act. Secretary Sebelius reiterated her support for the Indian Health Service and said that it would remain a top priority as HHS works to allocate its scarce budgetary resources.