U.S. Department of Health and Human Services
16th Annual Tribal Budget and Policy Consultation

March 7, 2014

EXECUTIVE SUMMARY

The U.S. Department of Health and Human Services (HHS) hosted its 16th Annual Tribal Budget and Policy Consultation on Friday, March 7, 2014, in Washington, D.C. The consultation followed the Tribal Resource Day, which occurred the day prior. The session was moderated by tribal representatives Rex Lee Jim, Vice President, Navajo Nation and Navajo Area Member, Secretary's Tribal Advisory Committee (STAC); Cathy Abramson, Tribal Council Member, Sault Ste. Marie Tribe of Chippewa Indians and Bemidji Area Member, STAC; and federal representatives Paul Dioguardi, Director, Office of Intergovernmental and External Affairs (IEA); and Lillian Sparks-Robinson, Commissioner, Administration for Native Americans (ANA) and Chair, Intradepartmental Council on Native American Affairs (ICNAA). Tribal leaders and other attendees convened in the Hubert H. Humphrey Building to hear and respond to updates/priorities from federal staff on the HHS, human services, and Indian Health Service (IHS) budgets; and the Affordable Care Act (ACA). The agenda also included a roundtable discussion, featuring remarks from HHS Secretary Kathleen Sebelius.

The consultation opened with Chester Antone, Councilman, Tohono O'odham Nation, providing an opening prayer. Following the blessing, Councilwoman Abramson, who also serves as the Chairperson of the National Indian Health Board (NIHB), and Aaron Payment, Area Vice President, National Congress of American Indians (NCAI) and At-Large Member, STAC, delivered the *Tribal Opening Remarks*. Councilwoman Abramson recognized the Obama Administration for its proposal of budgets to help eliminate the health disparities of American Indians/Alaska Natives (AI/ANs). Notwithstanding, despite the Administration's historical 32 percent increase in the IHS budget over the last 6 years, she said funding for Indian health services and programs still falls significantly short of what is required to bring health parity to Indian Country. To that end, Councilwoman Abramson said tribes are recommending a total needs-based budget of $28.9 billion for FY 2016, or alternatively a 17.58 percent increase over the President's 2014 proposed budget if fulfillment of the needs-based budget is not possible, as well as a budget that supports IHS being entirely exempted from future sequestration. Other tribal priorities include IHS program expansion of purchase referred care (formally known as contract health), hospitals and health clinics, mental health services, alcohol/substance abuse services, health care facilities, and other authorities. She also expressed hope that the FY 2016 budget request will support key policy changes such as support for advanced appropriations for the IHS and expansion of Medicare-like rates for non-hospital purchased and referred care; restoration of innovative Centers for Disease Control and Prevention (CDC) programs, such as a National Public Health Improvement Initiative and the Community Transformation Grant program; expansion of the Traditional Food Program and Tribal Tobacco Control Program; direct CDC funding to tribes; and expansion of 638/self-governance to non-IHS programs within HHS. In closing, Councilwoman Abramson said, "this Administration's important legacy of creating a greater health care system for this country will not be forgotten;" and she commented

that the day's consultation presented a key opportunity for tribes, tribal leaders, and federal partners to build on the health care legacy for Indian Country.

Chairman Payment, speaking on behalf of the NCAI, expressed appreciation for the Administration's engagement with tribes and listening to their concerns regarding the FY 2016 budget; and he acknowledged top ranking HHS officials' support of Indian self-determination and providing full funding for contract support costs at IHS. Reminding the group of the government's trust and treaty obligations, he said tribes are insisting this year that the Administration and Congress fully restore FY 2013 sequestration cuts, provide funding to maintain current services, and provide meaningful increases in the "services" line item. He echoed the recommendations cited by Councilwoman Abramson, and added that he personally supports reauthorization of the Special Diabetes Program for Indians (SDPI).

For the *Welcome and Opening Remarks from HHS* session, Paul Dioguardi, Director, IEA, offered comments. He first welcomed the attendees on behalf of the Department and Secretary Kathleen Sebelius; and he thanked the federal staff and tribal leaders that supported the consultation effort. Noting that HHS views consultation as one of many steps toward a shared vision for healthy, strong, and secure tribal communities, he assured the meeting participants that their priorities would be reinforced by the STAC as it advises the Secretary and communicates with other HHS leadership at its meetings throughout the year.

Following Mr. Dioguardi's remarks, Commissioner Sparks-Robinson asked the participants to briefly introduce themselves, after which she introduced the next presenter. Norris Cochran, Deputy Assistant Secretary for Budget, served as the presenter for the *HHS Budget Overview and Update* session. He first revisited three items that were raised during prior sessions, acknowledging tribes' request that IHS funding be protected from the sequester; stating that the policy official at the Office of Management and Budget (OMB), Julian Harris, was unable to attend the meeting, but has expressed an interest in attending in the future; and indicating that IHS Acting Director Yvette Roubideaux is working with the U.S. Department of Veterans Affairs (VA) to learn more about how the advanced appropriations process works. Next, Mr. Cochran provided an overview of the FY 2014 appropriations. Among those highlights included: IHS' discretionary annual appropriations bill is funded at $4.4 billion ($300 million above the 2013 level); IHS collections are projected to rise by approximately $150 million; Congress officially changed the name "contract health services" to "purchase and referred care," and it got a $77 million increase; contract support costs are fully funded; approximately $72 million was allotted to staff and operation of new and replacement health care facilities; and the SDPI will be cut by $3 million.

Turning to the FY 2015 budget, Mr. Cochran said HHS' overall request on the discretionary side is $77 billion. He noted that the figure reflects a reduction of $1.3 billion overall, with significant cuts being made to the CDC, Substance Abuse and Mental Health Services Administration (SAMHSA), and the Agency for Healthcare Research and Quality (AHRQ) programs, among others. Notably, he said there will be reductions to the Low-Income Home Energy Assistance Program (LIHEAP), and in the Office of the Secretary's general departmental management funding. HHS' Budget in Brief document is available on the HHS.gov/budget website; and Mr. Cochran added that the White House has a fact sheet on funding in Indian

Country that is not specific to IHS. Despite the budget total coming down from FY 2014, he said HHS proposes to continue funding key priorities in Indian Country. Among these include a $200 million increase in IHS' discretionary funding; a proposed 3-year extension for SDPI resources; increases for inflationary costs (at about $63 million within IHS); increases for purchase and referred care; money specifically for new tribes; funds for staffing and operating costs for new health care facilities scheduled to open in FY 2015; a $30 million increase for contract support costs; and $85 million to fund four construction projects from the health care facilities construction and priority list.

Mr. Cochran went on to explain the President's Opportunity, Growth and Security Initiative that will be introduced to the Congress and result in spending above the current spending limits. Included in that proposal is an additional $200 million to fund construction of additional facilities from the health care facilities construction and priority list; an additional $150 million for the Administration for Children and Families (ACF) funded Early Head Start/Child Care Partnership; and $120 million to grow Head Start, including a tribal set-aside.

Before ending his remarks, Mr. Cochran also mentioned that despite SAMHSA's budget reductions, targeted funding for behavioral/mental health, and substance abuse among AI/AN youth will continue in 2015; there are proposals within the Health Resources and Services Administration (HRSA) to increase funding and increase the number of health center sites; the budget for 2015 would grow the National Health Service Corps (NHSC) ranks to over 15,000 providers over time, with a proposed budget increase of $527 million (on both the discretionary and mandatory side of the budget); and there are proposed increases within the ACF that will benefit Indian Country, e.g., the Child Care entitlement, Child Care and Development Block Grant, and Tribal Child Support and Foster Care funding.

Following Mr. Cochran's presentation, the floor was opened for questions and comments. It was noted that tribes need more resources targeted towards youth for suicides and accidents related to drug abuse. In response to that comment Dr. Roubideaux said the HRSA, SAMHSA, and IHS have discussed their respective suicide prevention efforts in hopes of providing tools that will benefit tribal communities--some of which are currently housed on the SAMHSA website. Responding to a question about suicide work with the VA, SAMHSA Administrator Pamela Hyde said SAMHSA collaborates with the Veterans Administration and an annual report from a tri-departmental effort (comprised of the U.S. Department of Defense, VA, and HHS) around veterans and their families', and military service members and their families' mental health--including suicide prevention and research on suicide--will be released in the coming weeks. Responding to a question about IHS' ability to assist tribal veterans with their special needs, Dr. Roubideaux said they are trying to mobilize all the resources within HHS to help address tribal veterans and others throughout Indian Country, as well as work with the Department of the Interior. She also reminded the group that the Administration proposes the budget but it is Congress that passes it. To that end, she said the HHS leadership is anxious to work with the tribes to identify priorities and ensure they get as much funding as possible.

A full record of tribal participants' questions and comments and applicable responses from federal officials on this and other agenda topics is available via the comprehensive meeting transcript (under separate cover).

For the next session, *Human Services Budget Priorities*, the following individuals served as presenters: Administrator Hyde; Moniquin Huggins, Office of Child Care; Commissioner Sparks-Robinson; and Linda Smith, Deputy Assistant Secretary and Interdepartmental Liaison for Early Childhood Development, ACF. Administrator Hyde began the presentation, first introducing her colleagues Sheila Cooper and Daryl Kade. She then informed the group that SAMHSA is redoing its website and part of that exercise is to bring more attention to AI/AN issues. Concerning grant programs, she said a grant for those interested in residential treatment for pregnant and postpartum women closed on March 31, 2014; the Circles of Care program closes March 7, 2014; and SAMHSA has a number of child traumatic stress grant programs and services throughout the country. She reported that Congress funded a competitive grant for tribes, for $5 million, to address youth suicide, substance abuse, and the promotion of mental health issues; and she said the solicitation is expected to be released in a couple of weeks. Other notable items included mention that the Office of Indian Alcohol and Substance Abuse continues to assist tribes that want to develop tribal action plans; SAMHSA will hold another Juvenile Justice Tribal Policy Academy this year; an at-large representative from the Phoenix Area is needed on the SAMHSA Tribal Technical Advisory Committee; and the Access to Recovery program will end in 2015.

For her portion of the presentation, Ms. Huggins discussed items related to the Office of Child Care. She noted the following:

- The Child Care and Development Fund (CCDF) is a $5 billion program that funds 260 tribes for approximately $100 million to increase low-income families' access to high-quality child care.
- The Office of Child Care is working with the Office of Head Start on a funding announcement, expected late March/early April 2014, for Early Head Start and Child Care partnerships.
- The Administration requested an $807 million increase for the CCDF in the FY 2015 budget; tribes would receive approximately $122 million, compared to the $105 million they currently receive.
- A new CCDF regulation is expected this summer, as comments from the May 2013, Federal Register announcement are being finalized.
- A letter [distributed at the meeting] will be sent to tribal leaders around the country outlining a proposal to extend tribal CCDF plans scheduled to expire in 2015 to 2016, giving tribal organizations an additional year to fulfill the requirements of the new rule and allow more time for technical assistance. [Comments are due by May 14, 2014.]

Next, Commissioner Sparks-Robinson updated the group on items since the last consultation. She noted the following:

- Mark Greenberg has taken George Sheldon's place as ACF's Acting Assistant Secretary.
- ACF's proposed budget for FY 2015 is $51.3 billion, of which $700 million typically goes into Indian Country in the form of grants.
- No less than 3 percent of the $500 million in the FY 2014 budget for Early Head Start and Child Care partnerships will go to tribal communities.

- The 477 workgroup agreed at the end of January 2014 to conclude deliberations on pending issues and move forward with new reporting forms and instructions to the Paperwork Reduction Act Review process, as well as a concurrent tribal consultation which is scheduled during the next NCAI meeting on March 11-13, 2014.
- Recommendations from the Tribal Federal Self-Governance Workgroup related to "breaking silos" are being vetted through the Tribal Early Learning Initiative and ACF is considering how to ensure programs work more cohesively under current legislative authority if it were to do self-governance expansion.
- The next ACF Tribal Consultation session will take place June 16, 2014, in Washington, D.C.
- An ACF Tribal Grantee Meeting will be held June 17-19, in Washington, D.C.
- ACF will host a Native Language Summit with the Department of Education and the Department of the Interior on June 20, 2014, in Washington, D.C.

Following the discussion on human services, Gil Vigil, Councilman, Pueblo of Tesuque; Executive Director, Eight Northern Indians Pueblos Council; and President, National Indian Child Welfare Association, provided comments for the *Tribal Leaders Discussion on Human Services Budget* session. Focusing his comments on child welfare and mental health, Councilman Vigil stated:

- Native Americans and Alaska Natives are at a higher risk of child abuse and neglect than any children in the country; yet, federal funding has not kept up with the needs of tribal communities.
- Tribes especially need funding for services that prevent the removal of children and strengthen families; and Promoting Safe and Stable Families is only one of the few programs that allows tribes the right to provide services to keep Native children/Native families together, therefore an increase in the discretionary portion of this funding by $50 to $75 million is recommended.
- Over 2/3 of federally recognized tribes depend on child welfare services funding to fill gaps in child welfare programs that are offered, including training and family services; and funding restoration back to the FY 2011 of $280 million is recommended.
- HHS is encouraged to continue working with tribes to explore additional opportunities to educate states about their obligations under the Indian Child Welfare Act (ICWA).
- The Circles of Care program is the only program within the federal government that provides tribes an opportunity to develop children’s mental health systems and it's only one of the two behavioral health programs where tribes do not have to compete with states for funding; it is recommended that $6 million be reserved for the Circles of Care program.
- It is recommended that HHS request $40 million in funding for the Tribal Behavioral Health Grant Program that was originally proposed by President Obama in 2011 and include it in the FY 2014 appropriations budget.
- Funding should be made available to re-energize the Native Children's Agenda project from years ago, a collaborative effort among the National Indian Education Association, National Congress of American Indians, National Indian Health Board, and National Indian Child Welfare Association to develop programming that would address children's needs on a comprehensive basis.

Ms. Smith joined the consultation, apologizing for her tardiness. She noted that ACF is calling attention to the President's Early Learning Initiative and the increased request for funding for its early childhood programs. On that note, she commented that a couple of weeks prior, before the Senate Committee on Indian Affairs, significant strides were made that will hopefully increase funding in early education. She also indicated that the federal government is trying to work on an increase in funding for the Tribal Home Visiting Program, as there has been a great interest in that program and not enough funding to meet the need. Lastly, Ms. Smith said the things being learned from the Tribal Early Learning Initiative, e.g., how to break down federal funding stream barriers in early childhood between the Early Education, Head Start, Child Care and Home Visitation programs, will have applicability in tribal communities and across the country.

Following Ms. Smith's comments, the floor was opened for questions. The following tribal comments and/or concerns were noted:

- Request for continued federal support of Indian programs.
- Inquiry about the VA reimbursement policy.
- Recommendation that direct funding accompany new regulations.
- Need for specialty doctors to work in rural areas.
- Consideration should be given to having funding agreements between the federal government and the tribes when it comes to child welfare.
- Mental health services for children are needed, especially because children are being medicated at high rates.
- Question about if there will be a report about how much money was spent on the Access to Recovery program and if it was successful.
- Question concerning if the Administration for Community Living (ACL) is helping in regards to senior services as far as the authorities granted in the Indian Health Care Improvement Act (IHCIA).
- Request that the Office of Child Care's technical assistance go beyond looking at the new regulations to include addressing school readiness and ways to implement early learning in home-based care settings.

The following federal comments were noted in response to the tribal remarks:

- The VA reimbursement agreement has been implemented in all IHS federal facilities and over $2 million of reimbursements have been received.
- On the tribal side, the VA reports having implemented about 39 agreements; and tribes should simply be able to sign-off on the VA/IHS federal national agreement.
- IHS has been talking with the VA about the co-pay it charges AI/ANs, and a letter was sent to them saying if an individual is referred to the VA from the IHS through a contract health service program then he/she is not supposed to be charged the veteran co-pay.
- Monthly meetings are being held with the VA to discuss getting VA specialists at tribal clinics, how to better coordinate care, and sharing providers and facilities.
- ACF is proposing, in both the new Child Care regulation and the reauthorization of the CCDF block grant, a set-aside to pay for additional expenses that will be incurred because of the regulations.

- Tribal input regarding the unmet need for child care within the tribal population is needed, as that the lack of benchmarks may be prohibiting additional funding.
- The President's Now Is the Time plan specifically focuses on young people and represents new dollars.
- SAMHSA's Minority Fellowship Program has doubled.
- The Access to Recovery program was voucher-based and it worked well in some states and not so well in others; there is a fairly big increase in the block grant of both 2014 and 2015 for substance abuse treatment and prevention and recovery, and the application process will include the concept of vouchers to see if states can use that program for some voucher assistance.
- An attempt is being made, through a combination of funds from ACF and the Centers for Medicare and Medicaid Services (CMS), to develop and support alternative approaches and incentivize the direction of the child welfare and Medicaid system so they don't over-rely on psychotropic treatments.
- IHS staff meets regularly with the ACL and the CMS, and technical assistance is being given to tribes concerning long-term care services.
- There will be about $15 million available within the next few months for tribes to apply for via the Early Head Start/Child Care Partnership funding; it will be a competitive program.
- ACF is using some of its technical assistance funds to develop a screening instrument for children that is culturally relevant and evidence-based within Native populations.

The next session, *Affordable Care Act,* featured presentations by Cindy Mann, CMS Deputy Administrator and Director, Center for Medicaid and CHIP Services; Gary Cohen, Deputy Administrator and Director, Center for Consumer Information and Insurance Oversight; and Dr. Roubideaux. Mr. Cohen discussed implementation of the ACA in Indian Country and enrollment in the Marketplace; Ms. Mann provided information on Medicaid, the Children's Health Insurance Program (CHIP), and the Basic Health Program; and Dr. Roubideaux discussed information pertaining to the IHS. Highlights from the presentation included the following:

- As of the end of January 2014, over 4 million individuals had enrolled in Qualified Health Plans (QHPs).
- As of the first four months of open enrollment, more than 6 1/2 million Americans had signed up either for private health coverage in QHPs or in Medicaid through the Marketplaces; and young adults accounted for 25 percent of the total plan selections.
- For those who selected Marketplace plans, 82 percent were found eligible to receive financial assistance to help them pay for their premiums.
- The exemption application, waiving the shared responsibility payment for AI/ANs and others who are eligible to receive health care from IHS, tribes and tribal health organizations and urban Indian clinics, is now available on the healthcare.gov website; the instructions for the application are being finalized.
- Those who are eligible for ITU [IHS/tribes or tribally operated and urban Indian program] services and other members who want to apply for the exemption before tax time will submit their application through the Marketplace; members of federally recognized tribes and Alaska Natives may apply by submitting the application and their supporting documentation along with their federal tax return.

- Fixes to the healthcare.gov website are ongoing, but now each tribe should be listed under their correct state and all of the local Alaska Native corporations have been listed (and the list of regional Alaska Native corporations will be completed soon); and in-patient hospitalization is cited as an essential health benefit.
- A letter to health insurance issuers who plan to offer QHPs, which outlines what an issuer has to do in order to submit plans to be offered as a QHP for plan year 2015, is being finalized. It proposes that in order to be certified as a QHP, at least 30 percent of the available essential community providers (typically 340B providers) in the plan's service area must participate in the network; and plans must offer contracts in good faith prior to the benefit year to all Indian health providers using the model QHP addendum.
- The March 31st enrollment deadline will not be extended, but members of tribes can enroll monthly after that deadline.
- The Internal Revenue Service (IRS) has jurisdiction over the tax credits and exemptions from the responsibility payment parts of the ACA.
- During a transitional period, while the law is coming into effect, companies can continue to offer and continue to renew previous policies that have some provisions that are not consistent with the new ACA provisions; it's an option that states can choose whether to permit it or not, and issuers or insurance companies can choose whether to offer them or not.
- There is one provision in the IHCIA that allows for tribes to purchase federal employees health benefits insurance for their employees; OPM.gov has more information under the tribal section.
- Twenty-five states and the District of Columbia have expanded Medicaid, but states can join at any time.
- The federal government will pay for all of the costs of the newly eligible individuals covered through the expansion for the first 3 years and after that it will never pay less than 90 percent of the coverage.
- There is no open enrollment period for the Medicaid or CHIP program.
- The healthcare.gov and IHS.gov websites provide information on special enrollment for various circumstances.
- A second grant solicitation for outreach and enrollment under the Children's Health Insurance Program Reauthorization Act (CHIPRA) that is specifically for tribes is expected to be out next month.
- CMS has been granting waivers to states to allow for some additional payments to tribal health facilities for services that their state Medicaid program may not be covering.
- The Navajo Nation Medicaid Demonstration Project study is in its final stage of clearance.
- The email account ACAinformation@IHS.gov has been setup to respond to inquiries.
- IHS is focusing on ACA implementation, e.g., outreach, enrollment, and education.
- Local communities can go to healthcare.gov and enter their zip code to locate Navigators, assisters, and other resources; and help is available via the call center.
- A handout is available that outlines updates on several provisions in the IHCIA.

During the question and answer session, it was recommended that CMS work with Arizona tribes to look at CDC data, as it might help get optional benefits restored in Arizona; and Mr.

Cohen agreed to follow-up about a concern that tribes are being charged extra taxes by insurance providers. Mr. Cochran also agreed to make available copies of a tracking table that is developed annually identifying funding specific to Native American programs; a White House Fact Sheet; and the Budget in Brief document. Dr. Roubideaux agreed to make available copies of the 4-page section on IHS that is in the Budget in Brief.

Before breaking for lunch, Cathy Abramson, Chairperson, National Indian Health Board and Bemidji Area Member, STAC; and Mickey Peercy, Tribal Self-Governance Advisory Committee Oklahoma Representative and Executive Director, Choctaw Nation, lead the *Tribal Leaders Discussion* portion of the presentation.

Speaking on behalf of the NIHB, Councilwoman Abramson addressed how the ACA is impacting Indian Country and the resources still needed to provide adequate outreach and education to tribal communities and consumer groups. She explained that NIHB has a cooperative agreement with IHS to provide outreach and education to Indian Country on the ACA, and outlined some of its activities. Among its work she said NIHB, through its collaborative Medicare, Medicaid and Health Reform Policy Committee, works to ensure that the complex regulations and sub-regulatory guidance developed by CMS to implement the ACA reflect and are respectful of the unique needs of Indian Country and the federal government's trust responsibility. Noting that several ACA provisions and regulations are specific to AI/ANs and recognizing that not all tribes are wired for the Internet, the concept of private health insurance is new to many AI/ANs, and Native language must be considered as relevant, she argued that resources are not sufficient to conduct effective and thorough education about the ACA in Indian Country. In addition, she said many tribal nations are standing on treaties and the federal government's trust responsibilities to provide health care and wonder why they would ever need private insurance when it is a responsibility of the federal government to provide for their health care. She contented, "If the ACA is truly one method the federal government can utilize to honor its trust responsibility, then carefully crafted, consistent, culturally competent information needs to saturate Indian Country." Highlights from her presentation included the following:

- HHS should increase its investment into the NIHB and the tribes to ensure that culturally competent information is developed and shared by trusted sources.
- All Qualified Health Plans in Indian Country must offer network participation to all Indian health programs in the areas they serve; and such offers must be made in good faith and must include the Indian addendum.
- CMS must make it clear that private insurance comes without co-pays for any person accessing services through Indian health care program providers.
- Insurers must accept premium payments from tribes on behalf of their members.

After explaining various problems experienced by Indian Country, from poor call center service to website glitches, Councilwoman Abramson said the NIHB asks that HHS consider establishing an AI/AN call center that would be culturally sensitive to the needs of AI/ANs. Furthermore, CMS was encouraged to explore every avenue to provide all AI/ANs, without regard to the state they live in, the opportunity to enroll in and receive all the benefits of

Medicaid available under the ACA. Finally, Councilwoman Abramson emphasized the importance of being able to access data to assist with tribal participation in the ACA.

For his portion of the presentation, representing the Tribal Self-Governance Advisory Committee and speaking on behalf of the CMS Tribal Technical Advisory Group Chair Ron Allen, Mr. Peercy said most tribal health care delivery systems are funded at 50 percent. He added that lack of money and the complexity of CMS have presented real problems for Indian Country; and he shared various shortcomings related to rollout of the ACA. Mr. Peercy also requested that enrollment data for AI/ANs be made available in time for the annual self-governance conference, which will be May 4-8, 2014.

Following the tribal leaders' presentations, Ms. Mann assured the speakers that their remarks would be taken into consideration.

The first session of the afternoon was the *Tribal Leaders and HHS Secretary's Budget Council Roundtable Discussion*. During this session, tribal leaders were encouraged to share their thoughts regarding the HHS budget, as the Secretary will be deciding on the 2016 budget in June or July of this year; as well as reemphasize what they like in the President's 2015 budget, as she will soon begin a round of testimony to Congress. Vice President Jim explained the protocol that would be followed in terms of tribal leaders addressing the Secretary. In response, concern was expressed that tribal leaders need more time on future agendas to share their issues and disappointment was expressed with regard to the OMB not being present at the meeting. The tribal leaders were assured that their written testimonies were welcomed.

The Secretary promptly entered and thanked the tribal leaders for attending the consultation. She also thanked Stacey Ecoffey, IEA's Principal Advisor for Tribal Affairs, and the Tribal Affairs team for their help in coordinating the consultation. Not hesitating, she began to discuss the budget and noted that after 3 years HHS finally has a budget. As part of the budget deal struck with Congress, she said the sequestration that involved discretionary programs was essentially gotten rid of as part of the deal, however the sequester of the mandatory programs remains, e.g., the SDPI is reduced $3 million in 2014 and the 2% Medicare flat cut stays in place. Secretary Sebelius reminded the group that 8 percent of HHS' budget is on the discretionary side, so the mandatory cuts that stay in place really go across all programs and initiatives. Recognizing calls for Indian Country to be exempt from sequestration, the Secretary told the tribal leaders that unfortunately the law isn't written that way. Highlights from the Secretary's remarks related to the 2014 budget included the following items:

- HHS' 2014 budget continues to demonstrate support for Indian Country, with $6.7 billion allotted for tribal programs (up 13 percent from the last budget in 2010).
- IHS's 2014 budget is up 35 percent from 2008.
- Important programs run through ACF received an 8 percent increase in the 2014 budget.
- The estimated contract support costs for 2014 are fully funded.
- SAMHSA received an additional $5 million to promote mental health and address substance abuse.
- ACF will have a $15 million set-aside for tribes to apply for Early Head Start/Child Care Partnership funding.

Looking at the proposed 2015 budget, Secretary Sebelius noted that HHS' discretionary budget is decreasing by approximately $1 billion from 2014, but budget recommendations for Indian Country have increased, e.g., a 4% increase in the IHS budget over last year. She also said the President is proposing an alternative budget, called the Opportunity, Growth and Security Initiative, which includes a series of investments that he recommends Congress consider. Included in that initiative is an additional $200 million for IHS infrastructure investments in Indian Country. Before ending her remarks, the Secretary encouraged tribal leaders to conduct outreach to tribal members and residents in their community who may be eligible and uninsured; she said conversations are continuing with governors in states that have not yet taken up Medicaid expansion; and she stated that the healthcare.gov website is working well.

Following the Secretary's remarks, the floor was opened for tribal leaders' comments and questions. The following items were noted:

- Appreciation for the Obama Administration's advocacy of Indian Country.
- Signing up for health care through the ACA can be especially beneficial for AI/ANs that do not live close to an IHS facility.
- Appreciation for the Obama Administration's ability to fully fund contract support costs without cutting into Indian program services.
- Advocacy for SDPI funding.
- Request that HHS look at the authority granted in the IHCIA for long-term care.
- Arizona tribes are pushing for the 1115 waiver with Arizona, the uncompensated care cost reimbursement.
- Epidemiology centers are having a tough time with the states in terms of accessing data and charges should not be more than what is normally charged to any other governmental entity.
- Recommendation that the National Children's Study include oversampling of AI/AN populations.
- Request that the HHS Data Council hold a consultation with tribes for the purpose of developing a department-wide policy on data management in Indian Country.
- Encouragement that the National Institutes of Health move forward with its guidance document on tribal consultation.
- Request from Direct Service Tribes that local service units be able to move money from one line item to another whenever needed. [Dr. Roubideaux said IHS has been working with tribes and its budget office to find solutions to this issue.]
- Suggestion that HHS use more of its discretionary funds in Indian Country.
- Many AI/ANs are reluctant to sign-up for the ACA because they feel it is already the government's responsibility to take care of their health needs because of treaty obligations.
- Contract health dollars to refer patients out are insufficient.
- Detox centers are needed.
- Suicide continues to be a problem.
- Nursing homes are needed.
- Specialty doctors are needed in Indian Country.
- Request that tribal leaders be given more time to voice their concerns to the Secretary.

- HHS and tribal leaders need to work together to ensure increases in funding continue to go towards the needs in Indian Country.
- More funding is needed in Indian Country.
- OMB should be at the table during tribal consultation.
- Tribes should have a separate line item to get their funding.
- Request that specific funding be provided directly to tribes.
- Tribal funding should be flexible, allowing each tribe to design and implement the infrastructure systems and programs according to their needs.
- States should be mandated to collect additional data on Native children and families to ensure compliance.
- Head Start standards need to be more flexible and funds are needed for school facilities.
- Tribes need funding for youth treatment services.
- Drugs, alcohol, and suicide continue to plague Indian Country.
- Funding is needed for Head Start construction.
- Frustration with states, especially Wisconsin, not listening to tribes' recommendations during state/tribal consultations.
- Request that the $200 million allocated for construction of new facilities allow some money to be set aside for maintenance.

In response to the tribal leaders' comments, the following federal responses were noted:

- Head Start is engaged in a process to streamline and simplify their performance standards.
- Secretary Sebelius acknowledged that her time at the annual budget consultation session seems rushed, and she apologized for that, but she said she also attends STAC meetings each time they convene so tribes' issues are presented to her during those sessions also.
- Secretary Sebelius said she is committed to revisiting how HHS can look closely at levers it has with states to get their attention and remind them of the sort of statutory obligations they have regarding tribal consultation.

In her closing remarks the Secretary assured the tribal leaders that the issues they deal with everyday are a priority within the Department and a priority for her personally; and she said she will continue to advocate for funding and look for ways HHS can be more helpful and strategic regarding how tribes manage their priorities with the streams of funding that are available and capitalize on all possible resources.

The last plenary session for the day was the *Indian Health Service Budget Formulation Team Testimony*. The federal presenters for this session were Doug Steiger, Counselor to the Secretary; Dr. Roubideaux; and Elizabeth Fowler, Chief Financial Officer/Director, Office of Finance and Accounting, IHS. Vice President Jim and Bryan Brewer, President of the Oglala Sioux Tribe, served as the tribal presenters. Mr. Steiger introduced himself, explaining that he helps the Secretary on many Indian programs in the Department. He opted not to do a formal presentation so more time could be allotted for questions. Also due to time constraints, Dr. Roubideaux suggested that the group proceed with the IHS budget formulation presentation. With all parties in agreement, on behalf of the National Tribal Budget Formulation Workgroup,

Vice President Jim and President Brewer presented recommendations for the IHS FY 2016 budget. Vice President Jim first provided an historical context concerning the treaties that bind the federal government to tribal nations and why the government is legally responsible for providing health care services to Native people. He went on to discuss the disparities in health issues experienced by AI/ANs and he noted the opportunity that currently exists to reach the target Indian health funding level of $28.7 billion over 12 years. For FY 2016, Vice President Jim said the National Tribal Budget Formulation Team unanimously proposes the following five main budget recommendations:

1. Phase in full funding of IHS over the next 12 years.
2. Put forth a FY 2016 budget which includes a minimum 17.58 percent increase from the FY 2014 enacted budget request planning base.
3. Restore cuts and shortfalls realized in FY 2014 and 2015, which were the result of Congress appropriating inadequate increases to cover current contract support costs obligations and new staffing obligations for new facilities.
4. The Administration must advocate with Congress that tribes/tribal programs be permanently held harmless if sequestration occurs in FY 2016 and beyond.
5. Provide an additional $300 million to implement the provisions authorized in the IHCIA so that tribal communications can move beyond just providing for medical treatment and can begin to address much needed prevention of chronic diseases, unintentional injuries, and behavioral health crises.

Vice President Jim, with assistance from President Brewer, then provided details related to the five main budget recommendations and President Brewer also shared the workgroup's policy recommendations: 1) Have the FY 2016 budget support advance appropriations for IHS; and 2) The Administration should support legislation to require that non-hospital purchased/referred care is paid at Medicare-like rates. In closing, President Brewer argued that centuries of neglect have now culminated in a humanitarian cry for justice for AI/AN people; and he urged the President and Secretary Sebelius to leave a legacy of justice and dignity for all Native Americans.

In response to the presentation, Dr. Roubideaux first thanked IHS' partners, the entire IHS National Tribal Budget Formulation Workgroup, and the Co-Chairs for the thoughtful presentation that was presented. She said she will review the information in great detail and wait for the full document that typically follows the presentation. Dr. Roubideaux informed the group that IHS will likely start its budget formulation process in May and then HHS will formulate its budget and submit it to OMB in the August/September timeframe, with the President's final budget happening roughly around the following February. Specifically in response to the presentation, Dr. Roubideaux assured the attendees that she is always fighting for the biggest possible increase for IHS and wants to restore what was impacted by cuts and shortfalls. She agreed with the need to fund the Indian Health Care Improvement Fund and she said IHS is reviewing the issue of advanced appropriations. She also indicated that getting Medicare-like rates is a priority. Finally, Dr. Roubideaux said additional comments/testimony could be submitted via the consultation@IHS.gov email address.

Mr. Steiger commented on how impressive the presentation was and he asked for more information on the intent of the recommendation regarding advanced appropriations. In response, Chairman Payment explained that because of the last government shutdown, doctors and practitioners left their positions and other staff had to be furloughed, and Head Start slots were reduced. He said the issue is further complicated because some programs run on a calendar year and others have different cycles. In the end, he said many programs are "hanging on by a string" and advanced appropriations would help because it would give a little bit of a cushion in that one year in advance they would know that funding is coming and wouldn't be in such a crisis. Chairman Payment also added that a bigger issue is to make Indian programs non-discretionary.

Before opening the floor for questions and comments, Dr. Roubideaux reminded the group that Chief Financial Officer Liz Fowler was also available to answer questions. During the question and comment portion of the session the following items were noted:

- Confusion about the feasibility of saying contract support costs are fully funded if IHS does not recognize the need to obligate contract support costs to a tribe. [Dr. Roubideaux said the first of hopefully many sessions aimed at working with tribes on a long-term solution to contract support costs will occur the following week via a listening session at an NCAI meeting; and she said they have been working on getting past claims paid, with the hopes of getting offers out to all tribes this year.]
- Concern that the Resource and Patient Management System (RPMS) does not work in the Portland Area. [Dr. Roubideaux agreed to talk with the Portland Area IHS Director and the Office of Information Technology Director about the concern.]
- Tribes are looking for more partnership with IHS area offices and service units. [It was recommended that a letter from Dr. Roubideaux be sent, with a copy to tribal councils, to IHS Area offices and CEOs of IHS facilities that encourages working as a team with tribes; she agreed to write it.]
- Fear that Indian programs will be cut in order to fully fund contract support costs.

In Mr. Dioguardi's absence, Commissioner Sparks-Robinson provided the *HHS Wrap-up*. She first commented on the value of the testimony and presentations in facilitating internal HHS conversations about the FY 2016 budget. She said the day's testimonies, as well as those submitted within the 30-day comment period following the consultation, will be taken to the STAC in June for its review and development of recommendations. She also thanked her colleagues and tribal leaders for their participation, the moderators for their facilitation of the sessions, and all those that participated in the planning calls to develop the consultation agenda. Finally, Commissioner Sparks-Robinson acknowledged requests to have more time on the agenda for tribal leaders to express their concerns, and she reminded the group that further feedback could be provided by completing the meeting evaluation forms.

After final remarks, including a special thank you to the federal representatives and tribal leaders for their participation, and a closing prayer from Vice President Jim, the meeting adjourned.