





"We are the "Secretary's" Tribal Advisory Committee to HHS, not just IHS. We see a lot of funds that are available, but tribes are not going after them or not getting the funding. We need a better understanding of the needs in Indian Country."

— Robert McGhee, STAC Member At Large

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## OVERVIEW

The Department of Health and Human Services (HHS) established its tribal consultation policy in 1998 and has conducted regular consultation with tribes on a government-to-government basis in various forums. In 2010, HHS Secretary Kathleen Sebelius established the Secretary's Tribal Advisory Committee (STAC), which represents the first Cabinet-level tribal advisory committee in the Administration. The inaugural meeting of the STAC occurred on December 14, 2010.



Ken Lucero and Kathleen Sebelius

### Purpose

The STAC represents the culmination of two years of consultation and collaborative work. President Barack Obama issued a Presidential Memorandum on Tribal Consultation in 2009 that reaffirmed the Administration's commitment to regular and meaningful consultation and collaboration with tribal officials in policy decisions that have tribal implications through implementation of Executive Order 13175. During HHS' tribal consultation to develop a plan of action in response to the Memorandum, tribal leaders recommended the establishment of a Cabinet-level committee in which highly ranked federal and tribal government officials would engage in government-to-government dialogue.

Secretary Sebelius understood the importance of those requests and established the first HHS STAC. The STAC Charter defines the purpose and core functions of the STAC which are to identify issues and priorities, seek consensus, exchange views, share information, and provide advice and recommendations. The STAC coordinates with HHS agencies on all matters related to improving health and human services and ensuring tribal consultation on HHS policies affecting American Indian and Alaska Native (AI/AN) communities.

**"The STAC is the Department's commitment to honor the government-to-government relationship and that the entire Obama Administration is committed to improve the relationship between tribes and the federal government."**

— Secretary Sebelius

### Membership

The STAC represents the highest level tribal advisory committee in the Department and is intended to establish a forum for government-to-government consultation. Therefore, the STAC membership is comprised of tribal officials, either elected or appointed by their tribe. The Secretary sent a "Dear Tribal Leader" letter to all tribes on October 7, 2010 inviting tribal leader nominations for STAC membership. STAC members were selected in November and the STAC met for the first time in December 2010. The STAC is comprised of 17 positions filled by voluntary representatives: one delegate and one alternate for each of the 12 Indian Health Service (IHS) Areas; and one delegate and one alternate for five National At Large Tribal Member (NALM) positions that represent both regional and national perspectives. The term for each STAC member is two calendar years and membership rotates in a staggered manner to minimize disruption and ensure consistency. *Refer to Appendix D for a list of STAC members.*

### *HHS Senior Leadership Partners*

Secretary Sebelius understood the need for tribal leaders to meet with the HHS senior leadership in order to have government-to-government dialogue between leaders and decision makers at the highest level so that recommendations were more likely to be put into action. To ensure the participation of HHS agency officials, the Charter states that the Secretary or her designee will determine the HHS agency representatives and they are to attend all STAC meetings. If the designated HHS representative cannot attend, the next highest ranking official attends in the representative's absence. For the immediate Office of the Secretary, the Office of Intergovernmental and External Affairs (IEA), Office of Tribal Affairs (OTA) provides program support for the STAC and coordinates the HHS Agencies' participation with the STAC.



September 2012 Secretary's Tribal Advisory Committee Meeting

The designated federal agency partner offices to the STAC include:

#### Staff Offices

- The HHS Chief of Staff
- Director, Office of Intergovernmental and External Affairs
- Assistant Secretary for Health, Office of the Assistant Secretary for Health

#### Operating Divisions

- Assistant Secretary, Administration for Children and Families
- Assistant Secretary, Administration for Community Living
- Director, Centers for Disease Control and Prevention
- Administrator, Centers for Medicare & Medicaid Services
- Administrator, Health Resources and Services Administration
- Director, Indian Health Service
- Director, National Institutes of Health
- Administrator, Substance Abuse and Mental Health Services Administration

**"As evidenced by the HHS people gathered around this table . . . it is critical that our senior leadership team be very involved and engaged in the dialogue that we are having."**

\* Refer to *Appendix D* for a list of Senior Federal Partners.

— Secretary Sebelius

### **Communications**

Intergovernmental and External Affairs supports STAC logistics and communications through timely notification of meetings and meeting documentation that tracks and monitors activities, recommendations and actions. The STAC website (<http://www.hhs.gov/iea/tribal/aboutstac/index.html>) provides easy access to important content, including up-to-date information about the STAC, meeting summaries, and information about national and regional tribal consultation sessions.

The purpose of *The Secretary's Tribal Advisory Committee National Report* is to inform tribal leaders of the progress, activities, and actions of STAC meetings to date. Tribal members and federal representatives have unanimously concurred that the creation of the STAC signaled a new level of attention to government-to-government relations between HHS and tribal governments. This executive collaboration demonstrates HHS's commitment to improve the health of AI/AN people.

## PRIORITIES: ELIMINATING HEALTH DISPARITIES

In its inaugural meeting, the STAC decided to identify three to four top priorities that were within the Secretary's purview to address and that did not require Congressional action. They identified the **elimination of health and human service disparities** as the STAC's primary goal for their work since AI/AN people die at higher rates than other Americans from cancer, tuberculosis, alcoholism, diabetes, car crashes, and suicide, among many other causes of death, and suffer disproportionate burdens of illness and disability from many chronic and acute conditions. HHS programs have the potential to direct their activities and resources to achieve this goal, and the STAC developed a draft list of priorities for HHS agencies to address towards helping eliminate health disparities:

1. HHS Funding Initiatives
2. Affordable Care Act (ACA)
3. Tribal-State Relations
4. Policy and Regulatory Issues
5. Tribal Consultation

STAC members discussed these draft priorities with tribes in their regions and the priorities were adopted and discussed at subsequent meetings.

### 1. HHS Funding Initiatives

Tribes, as sovereign nations, have had a special relationship with the federal government over the years as a result of treaties, laws and Supreme Court decisions. The federal government has a responsibility, as cited in treaties, legal decisions and legislation, to provide programs and services to improve the health and welfare of AI/AN people. However, funding for federal programs often has not met all the needs of this population and health disparities continue to exist. STAC members recognized that funding for these federal programs is critical, but often does not meet the entire need, especially during periods of fiscal restraint. While more funding is needed, the STAC members also indicated that legislation defining this funding and mechanisms for distribution of funding also can create barriers. The STAC chose HHS funding as its first priority to collaborate with HHS agencies on a better understanding of funding resources, restrictions, and solutions for reducing barriers to access and making funding more available to tribes and programs focused on AI/AN issues.

"I appreciate your [Secretary Sebelius] efforts in trying to build relationships with states and tribes; we need that leadership. Tribes have exemptions in the ACA, but as a government we are also employers, providers, and purchasers. We are unique in terms of the entire Act."

— Roberta Bisbee, STAC Member At Large

## 2. Affordable Care Act

President Obama signed the Affordable Care Act in March 2010 which included the permanent reauthorization of the Indian Health Care Improvement Act (IHCIA). Though IHS historically has fulfilled a significant part of the federal responsibility to provide health care services in Indian Country, the ACA provides opportunities to strengthen the federal responsibility for health care throughout HHS. Tribes wanted more information and opportunities to consult on the ACA, the provisions that affected them as tribes and individuals and implementation efforts across HHS. Given that the new benefits of ACA could dramatically expand access to health coverage for the AI/AN population and bring new resources to Indian health programs, the STAC established implementation of the ACA as one of its initial priorities.

## 3. Tribal/State Relations

Federal initiatives and policies have historically been associated with issues between the tribes and states since many federal resources and programs are transferred to states for implementation. However, tribes believe that the federal responsibility and government-to-government relationship remain when these funds are managed by states and that tribal members must benefit from the associated program and services. STAC members discussed challenges in tribal/state relations, including the challenges of legislative requirements and program implementation that may not ensure federal funding benefits the tribes served by the state's programs. The importance of HHS working with both tribes and states is needed to ensure that all citizens of the state receive eligible services. STAC members established tribal/state relations as an important area of focus in order to find solutions that create better ways for HHS, tribes and states to work together.

## 4. Policy and Regulatory Issues

The HHS and the STAC share the goal to establish clear policies to further the government-to-government relationship among the HHS, its component agencies, and tribal governments. However, tribes believe that effective implementation of federal programs depends on policies and regulations that take into account the unique needs of the population served. STAC members indicated their concerns about ineffective policies and regulations for programs that serve their communities and the need for communication and consultation before policies and regulations are established. The STAC identified Policy and Regulatory Issues as a priority to ensure continuing discussions on issues of concern to tribes. Policies and regulations that are under discussion by the STAC include Public Law 102-477, the Indian Child Welfare Act (ICWA), the relationship of the Department of Veterans Affairs (VA) to the IHS, and the development of recommendations for advancing tribal self-governance in HHS.

## 5. Tribal Consultation

The STAC selected tribal consultation as an ongoing priority to review the implementation of tribal consultation activities throughout HHS. While HHS and IHS established tribal consultation policies in the late 1990s, the Presidential Memorandum on Tribal Consultation in 2009 directed all agencies to develop tribal consultation plans. Since then, STAC members have encouraged all components of HHS to establish tribal consultation activities and policies. At each meeting, the STAC receives updates and progress on consultation activities of all HHS components.

# ACTIVITIES THAT ADDRESS THE STAC PRIORITIES

The STAC has worked with HHS Senior Leadership to build consensus on issues, exchange views, share information, and provide advice and recommendations on the STAC Priorities. The STAC also identified second tier issues that directly influenced recommendations on each main priority issue. The following information briefly discusses these priorities and the specific and on-going activities HHS and the STAC have jointly undertaken to address them.

## 1. HHS Funding Initiatives

Funding for programs and services is essential to address health disparities between AI/AN populations and other populations in the U.S. The STAC members focused on the following: budget, grant access, eligibility and availability of funding for Indian Country, outreach and technical assistance, and the expansion of self-governance initiatives throughout HHS. Specific activities and actions regarding HHS Funding Initiatives are identified at the end of this section.

### *Budget*

The STAC members regularly received updates on the federal budget process and the status of the HHS budget. They called for activities to address: improvements in the budget formulation process; increased funding justifications for AI/AN programs; creation of level of need funding reports for all Operating Divisions by the Assistant Secretary for Planning and Evaluation (ASPE); and development of a sequestration allocation process which respects the disproportionate burdens faced by AI/AN communities.

### *Access, Eligibility and Availability*

The STAC discussed issues related to access, eligibility, and availability of grant funds for tribes. Since the STAC commenced its work, HHS has completed a review of grant and funding opportunities to determine the range of tribal eligibility.

This review provided data on eligible grant opportunities for tribes and tribal organizations to assist tribes with setting their own priorities for developing applications. Data was also provided on grants for which tribes were not eligible to determine the reason and the barriers that contributed to the ineligibility. This data will assist HHS and tribes in identifying grant priorities and developing solutions to reduce barriers for access to current and future funding sources.

"I will stress the importance of programs in Indian Country when I discuss the HHS budget on Capitol Hill."

— Secretary Sebelius

### *Outreach and Technical Assistance*

The STAC members called for efforts to educate tribal communities on HHS programs and provide technical assistance throughout the grant cycle. In response, HHS agencies launched various outreach and technical assistance initiatives. The Health Resources and Services Administration (HRSA), for instance, reported it had provided 10 technical assistance webinars directly to tribes, and the Administration for Community Living (ACL) provided technical assistance to tribal grantees on a regular basis. The National Institutes of Health (NIH) conducted a range of technical assistance seminars to prospective AI/AN and tribal grantees. For example, NIH hosted informational webinars for AI/AN researchers, held grant development workshops and mock reviews of AI/AN research applications, provided travel awards to AI/AN scholars and carried out 11 technical

assistance workshops as part of a multi-institute solicitation for grants on interventions for health promotion and disease prevention in Native American Communities.

### *Expansion of Services (Self-Governance)*

One of the initial recommendations of the STAC was to expand self-governance to HHS programs beyond the IHS. Self-governance has been successfully implemented in IHS and provides tribes a mechanism to directly manage health programs and services that were formerly managed by the IHS. A feasibility study was completed in 2003 by HHS that provided some initial guidance for expansion of tribal self-governance in HHS, but there has been little activity since that study. The Self-Governance Tribal Federal Workgroup (SGTFW) was formed in 2011 to “develop recommendations for advancing tribal self-governance at HHS.” The overarching purpose is to provide advice and guidance that will help HHS move toward implementing a tribal self-governance demonstration project, if legislative authority were given to HHS.

### HHS Funding Initiatives Activities and Actions

- STAC members participated in the HHS Tribal Budget Formulation Consultation meetings at the regional and national level.
- HHS Senior Leaders provided regular updates on funding, including new grants available to tribes and tribal organizations.
- Health and human services programs in HHS have been proposed in the annual President's Budget Proposal and have received increased funding over the past few years:
  - The IHS budget has received increases each year;
  - HRSA awarded 70 awards totaling \$60 million to tribes and tribal organizations;
  - Substance Abuse and Mental Health Services Administration (SAMHSA) developed a proposal for \$50 million for Behavioral Health-Tribal Prevention grants that was included in the President's Budget Proposal;
  - NIH continued to support Native American Research Centers for Health program with a total funding in FY 2012 of approximately \$9.3 million.
- STAC budget recommendations included:
  - Exemption of programs that benefit Indian Country from budget cuts, rescissions and sequestration;
  - Greater access during the budget formulation process, including meeting directly with the SGTFW;
  - Preservation of the Head Start Block Grant, SAMHSA Tribal Prevention and Circles of Care grants;
  - Funding of tribes directly rather than as pass-through funding from the federal government through the states and then to the tribes.
- HHS activities to improve grant access and availability included:



Secretary Sebelius with the Indian Health Service's Diabetes Prevention Program in Pine Ridge, South Dakota during her visit in August 2012

- The Administration for Children and Families (ACF) website contains a grantee matrix for tribes to view grants, due dates and funding amounts for tribal eligible grants;
- The grants.gov and grants forecast have been updated to better clarify grants and funding opportunities for which tribes and tribal organizations are eligible.
- The HHS Tribal Self-Governance Workgroup held four meetings in 2012, reviewed the programs from the 2003 feasibility study, discussed barriers and challenges to expansion of self-governance under existing authorities, recommended a demonstration project after receipt of statutory authority, and developed a report with the workgroup's recommendations.

## 2. Affordable Care Act

The ACA makes special improvements for the health of those in Indian Country. The law includes the permanent reauthorization of the IHICIA, a critical piece of legislation for the health care system used by many AI/ANs. The law makes sure the Indian Health Service is here to stay and makes improvements for its future. In addition, the ACA offers American Indians and Alaska Natives more options for health insurance. Areas of focus for the STAC related to this issue have included an AI/AN-specific ACA outreach program, discussions about the multiple definitions of "Indian" in the ACA, the implementation of the ACA Health Insurance Marketplaces, providing Federal Employees Health Benefits for tribal staff, and changes to state Medicaid programs. At the end of this section, there are activities and actions related to the ACA.

### *AI/AN Specific ACA Outreach Program*

At the request of the STAC, Secretary Sebelius wrote an outreach letter to state governors which stressed the Department's commitment to government-to-government dialogue between states and tribes in the provision of programs funded with federal resources and encouraged state officials to consult with tribes in the allocation of resources and the creation of policies. The letter has inspired some states to seek technical assistance from HHS in the development of their own consultation processes. This letter was particularly important for the ACA since tribal input is critical to development of the state Marketplaces.

The STAC received regular updates on implementation of the ACA and the IHICIA. HHS created an outreach presentation on the benefits of the ACA specific to tribes and asked the STAC to comment about the impact of the ACA on tribes. In addition, IHS funded the National Indian Health Board (NIHB), the National Congress of American Indians (NCAI), the National Council on Urban Indian Health (NCUIH) and IHS Areas to conduct outreach and education activities for tribes related to the ACA. The products and activities included a series of videos, training sessions, toolkits for tribal leaders, a publicly available website regarding health care in Indian Country and a national conference.

### *Definition of Indian*

The STAC has raised the issue of different definitions of the term "Indian" in the Marketplace-related provisions of the ACA. In discussions with the STAC, Secretary Sebelius acknowledged that the law cites three existing statutory definitions of American Indians and Alaska Natives. Tribes and tribal organizations have requested that, for purposes of implementing the Affordable Care Act, HHS adopt the definition of the term "Indian" used by the Centers for Medicare & Medicaid Services (CMS) in its implementation of Medicaid cost sharing protections enacted in the American Recovery and Reinvestment Act, a definition more closely aligned with that associated with eligibility for IHS programs. See, 42 C.F.R. 447.50.

The Secretary observed that HHS does not have the legal authority to expand or modify through regulation the statutory definitions of “Indian” as referenced in the Affordable Care Act. It was made clear that the Administration stands ready to provide technical assistance to members of Congress developing legislation to address the definition of Indian as it pertains to Marketplace-related provisions.

### ***ACA Health Insurance Marketplaces***

In meetings with the STAC, Secretary Sebelius committed to keeping the STAC involved in every step of the implementation of ACA. The STAC discussed its interest in the State Health Insurance Marketplaces and the Federally-Facilitated Marketplaces and the importance of consultation on both. Several tribes reported that the Secretary's letter to governors on tribal consultation was particularly helpful in discussions with states during Marketplace planning meetings. STAC members also provided information on states that were not consulting well with tribes on Marketplace planning.

**“It is important that tribes be at the table as the states start to plan for the health insurance Exchanges. The trust responsibility should at least be equal to the flexibility that states are getting in health insurance Exchanges.”**

— Ken Lucero, STAC Chair

Beginning in 2014, AI/ANs with low and middle incomes will be eligible for tax subsidies that will help them buy coverage from new state health insurance Marketplaces. The Affordable Care Act also broadens Medicaid eligibility to generally include individuals with income below 133% of the federal poverty line (\$14,400 for an individual and \$29,300 for a family of 4), including single adults without children who were previously not generally eligible for Medicaid. As a result, in many states, AI/ANs who previously may have been ineligible for the program will have access to Medicaid. HHS asked the STAC for suggestions on guidance to ensure states hold meaningful consultation with tribes on the Medicaid expansion as well, including the frequency, types, and venues for meetings. CMS has already rejected state plans which did not demonstrate consultation with tribes, and HHS will examine other possible consequences for states which do not consult with tribes.

### ***Federal Employee Health Benefits (FEHB)***

The STAC made recommendations on implementation of the IHCIA provision that allows tribes and tribal organizations to purchase federal insurance for their employees. The Office of Personnel Management (OPM) administers the FEHB Program and the Federal Employees Group Life Insurance Program, and after consultation with tribes and with the assistance of a tribal workgroup, proceeded with implementation of the program for all tribal employees. The FEHB Program offers a wide variety of plans and coverage to help meet tribal health care needs. The Program is now available to eligible employees of entitled tribes, tribal organizations, and urban Indian organizations. It also covers eligible family members of such employees. OPM began accepting applications from tribes in the spring of 2012.

### ***State Medicaid Programs***

The IHCIA of 1976 allowed IHS clinics and Public Law 93-638 facilities to collect reimbursement from CMS for AI/ANs enrolled in Medicaid. This circumstance has led to a wide variety of regulatory and policy challenges, made more complex by the passage of the ACA and the permanent reauthorization of the IHCIA. HHS informed the STAC that the HHS envisions a seamless system where the Marketplaces work hand-in-hand with Medicaid. The STAC received regular updates from CMS on implementation of the ACA improvements to the Medicaid program and implementation of the Medicaid eligibility expansion.

### Affordable Care Act Activities and Actions

- Secretary Sebelius' outreach letter to state governors stressing the Department's commitment to government-to-government dialogue between states and tribes.
- HHS conducted monthly conference calls and regular in-person meetings to present relevant outreach information on ACA.
- HHS sponsored three in-person ACA consultations with tribes on the Marketplaces and the Medicaid Expansion in Anchorage, AK, Denver, CO, and Washington, D.C. in 2012.
- STAC members received regular updates on implementation of the ACA and IHCA.
- STAC members regularly updated CMS on Medicaid cuts that were adversely impacting IHS and tribal facilities. CMS expressed the hope that Medicaid waivers to states would permit pilot programs so tribes could regain optional services which were cut.
- CMS committed to consultation with tribes regarding the expansion of Medicaid under ACA, particularly since Medicaid will be a source of coverage for many Americans. The final eligibility and enrollment regulations on Medicaid were issued on March 23, 2012.
- CMS signed a contract for the Navajo Nation Medicaid Feasibility Study, which was authorized under the IHCA reauthorization in ACA. The study seeks to examine and analyze whether the Navajo Nation can administer the Medicaid program for its members similar to a state (otherwise known as the 51<sup>st</sup> state concept).
- CMS informed the STAC members they were: working with the Innovation Center to test strategies to address Medicare concerns; using Medicare State Medical Assistance Teams to help states; and conducting webinars for states.

## **3. Tribal/State Relations**

Federal policy often shapes the contours and boundaries of the relationship between tribes and states. Unfortunately, not all states consult with tribes effectively in the delivery of programs funded by the federal government. To address these issues, the STAC members have focused their attention on the delivery of HHS programs to tribes through states and the implementation of tribal consultation policies at the state level. Activities and actions taken for tribal/state relations are presented at the end of this section.

### *Delivery of HHS Programs to Tribes*

Many federal initiatives fund tribes through the federal government's relationship with states in which the tribes are located. The STAC has advocated a direct funding relationship by the federal government to the tribes in the block grant program, or more direct funding to tribes rather than through states. The STAC members noted that more direct funding and a more direct relationship with the federal government remains a goal of the tribes. However, while funding continues to go through states to benefit tribes, the STAC recommended improvements in state consultation with tribes.

### *State Consultation*

The STAC has sought to promote improved tribal/state consultation and are interested in identifying state resources and best practices in consultation so that all tribes can advocate for and create the most effective tribal consultation policies and outcomes in their state.

The STAC has recommended to HHS that policies are needed which mandate that states consult with tribes on funding the states receive that is intended to benefit tribes. HHS staff advised the STAC that the Secretary can strongly encourage states to consult with tribes but has no authority to mandate such meetings. The STAC recommended the creation of a document to demonstrate tribal eligibility for state resources as an instrument for meaningful communications with the states.

As described in the previous section on ACA, the Secretary sent a letter to the governors stressing her commitment to the government-to-government relationship with tribes and strongly encouraging governors to consult with tribal governments on programs that are funded by the federal government. As a result of the Secretary's letter, states have inquired about how they should consult with tribes. HHS Regional Directors have been working with the states to assist them and explain HHS's procedures for tribal consultation. Notably, Maine requested technical assistance on how to engage in tribal consultation.

The STAC members recommended the creation of a federal/state/tribal workgroup to discuss issues in tribal/state relations relevant to HHS funding. This workgroup began meeting in 2012.

#### Tribal/State Relations Activities and Actions

- HHS Secretary sent a letter to states encouraging consultation with tribes on programs with federal funding.
- Reports by STAC members on states that have not effectively consulted with tribes on HHS programs, such as the Marketplaces and Medicaid, have resulted in communication between HHS and the states on improving tribal consultation activities.
- HHS is facilitating better tribal/state relationships around child welfare issues and focusing on what HHS can do to help foster these conversations, e.g., information to share with states and other ACF programs.
- STAC members were provided a flash drive that contained state profiles listing various tribal contacts in every state, as well as a PowerPoint presentation used by regions when talking to states about tribal/state relations.
- The STAC established its Tribal/State Relations Workgroup in 2012.

## 4. Policy and Regulatory Issues

Policy and regulatory issues have wound through the STAC's deliberations in each of the priorities of the Committee. The STAC emphasized the importance of tribal consultation and partnership in the development of policies and regulations that will impact programs serving AI/ANs. The specific policies and regulations discussed by the STAC include Public Law 102-477, the Indian Child Welfare Act (ICWA), and collaborations between the Department of Veterans Affairs and the IHS. The activities and actions taken by HHS are identified at the end of this section.

"The law [P.L. 102-477] states that we have to spend 70% on child care dollars. We have built a comprehensive employment and training services area where child care is fundamental.....We place over 1500 people a year in unsubsidized jobs. It's a 477 model that allows us to connect people to their self-sufficiency and opportunity."

— Gloria O'Neill, STAC Alaska Delegate

***Public Law 102-477***

STAC members expressed an interest to resolve issues around Public Law 102-477, which is the Indian Employment, Training, and Related Services Demonstration Act of 1992, as amended by Public Law 106-568, the Omnibus Indian Advancement Act of 2000. Public Law 102-477 allows federally-recognized tribes and Alaska Native entities to combine formula-funded federal grant funds that are employment and training-related into a single plan with a single budget and a single reporting system. HHS acknowledged that some of its components, such as the Temporary Assistance for Needy Families (TANF) program, have not always supported the spirit of the law by allowing tribes to put funding from various agencies into one contract. The STAC members suggested the need to focus on implementation of Public Law 102-477 and inquired about the timing. HHS assured committee members Public Law 102-477 is a departmental priority, the focus of frequent and regular conversations with OMB and the Department of the Interior, and something the HHS seeks to implement correctly.

***The Indian Child Welfare Act***

The 2012 Regional Consultation feedback from tribes yielded consensus that child welfare was one of the top priorities in tribal/state relations. The STAC has considered policy related to the implementation of ICWA to encourage states to collaborate and negotiate in good faith with the tribes when states are working on Indian child welfare issues. HHS encouraged the STAC members to provide advice on the types of questions to ask states regarding tribal/state/HHS relations. The STAC assembled stories to support claims of states' non-compliance with ICWA and developed proposals for strategies to deal with this non-compliance.

***Collaborations between the Department of Veterans Affairs and IHS***

The VA and the IHS have collaborated for several years on efforts to improve the health of AI/AN veterans through coordination, collaboration, and resource-sharing. In 2010, VA and IHS signed an updated Memorandum of Understanding to promote improved coordination of services for veterans eligible for IHS and VA. The STAC requested updates on implementation of the MOU and IHS provided regular updates. The STAC also requested updates on progress in implementation of the IHICIA provision that authorizes reimbursement of IHS by VA for services provided to AI/AN veterans. IHS and VA consulted with tribes in 2012 on a draft reimbursement agreement and comments were reviewed. The national IHS VA reimbursement agreement was signed on December 5, 2012 by VA and IHS and it will cover reimbursement for federal facilities that will begin with 10 federal sites during the first 6 months. The VA has posted guidance for tribal health programs to establish individual agreements with the VA and they can use the national agreement or negotiate their own agreements. IHS provided regular updates to the STAC regarding progress on implementation of the IHICIA reimbursement provision.

**Policy and Regulatory Activities and Actions**

- Secretary Sebelius noted that HHS has been working on a three-step approach for P.L. 102-477, including:
  - Notifying tribes that HHS seeks to use its substantial waiver authority in the Public Law 102-477 statute to provide more flexibility for TANF and other HHS programs;
  - Removing the requirement that tribes sign the addendum proposed earlier as a

**"...Tribes are competing with various organizations and lobbies and it is important that they [tribes] come together with one voice."**

— Gary Hayes  
STAC Albuquerque Delegate

- condition for funding;
- Creating a workgroup to identify simpler audit requirements. The Secretary added that the goal was to not make audit requirements cumbersome for tribes while still providing the information that HHS needs for Congressional oversight.
- HHS informed the STAC that the states would receive guidance on the implementation of the ICWA.
- HHS informed the STAC that a draft agreement is in progress for the VA to provide reimbursement of services delivered at IHS and Tribal Public Law 93-638 facilities.

## 5. Tribal Consultation

STAC members regularly discussed the importance of meaningful consultation on HHS programs and services that benefit AI/AN people. As mentioned in the previous section, the STAC received regular updates from HHS and its operating divisions on consultation activities and implementation of new policies and guidance. STAC members also assisted HHS with facilitation and participation in tribal consultation activities, such as the Annual HHS Tribal Budget Consultation, and HHS Regional Consultation sessions.

### Tribal Consultation Activities and Actions

- HHS updated its tribal consultation policy.
  - The following HHS Operating Divisions updated or established their tribal consultation policies:
    - CMS
    - SAMHSA
    - ACF
    - NIH
    - HRSA
    - CDC
    - IHS
- “Thank you Secretary Sebelius for your role and involvement.”**
- Herman Honanie,  
STAC Phoenix Delegate*
- IHS has continued providing the STAC with status reports on activities to implement improvements in its tribal consultation policy process as recommended by the IHS Director's Advisory Workgroup on Tribal Consultation.
  - The HHS Annual Tribal Budget Consultation has changed its agenda each year in response to input from the STAC to make the sessions more meaningful and interactive.
  - HHS Regional Consultations included the participation and facilitation assistance of STAC members.

## MAJOR ACCOMPLISHMENTS

During the first two years, STAC members identified the main goal of eliminating health disparities among AI/AN communities and recommended specific priorities, along with actions and activities, as described in this report. The STAC conducted this work at seven meetings from December 2010 to September 2012 in Washington, D.C.

Secretary Sebelius attended every meeting of the STAC, demonstrating her commitment to the government-to-government relationship and this unique Cabinet-level interaction with tribes. During the STAC meetings, the Secretary reaffirmed the commitment of HHS leadership to improve the lives of AI/AN communities and individuals through HHS programs. She identified tribal needs as a key component of her initiatives and has focused efforts to integrate tribal concerns into the Department's activities. The Secretary understands and wants all agencies across the U.S. Government to understand that every law Congress passes affects tribes and has recommended to her colleagues in the Cabinet to establish their own STACs.

"I'd like to thank the federal agencies present at the STAC meeting for their work on tribes' behalf. I appreciate all that you do and I am encouraged to hear these professionals come in and talk about their commitment to helping us."

— Jefferson Keel,  
STAC Member At Large

A Senior Leadership Roundtable was conducted at every meeting where HHS Senior officials or their designee provide information and updates on their agencies' AI/AN activities and how policies and legislation impact tribes. A critical component of success for the Senior Leadership Roundtable was federal officials' active listening to the tribal leaders for health concerns and priorities, and their follow-up actions to address those concerns and incorporate tribal health priorities in their agency strategic planning. The establishment of the STAC, which provided a forum for consultation and communication with tribal leaders, has encouraged all HHS agencies to implement or improve their own agency tribal consultation policies and activities. Numerous policy, regulatory, budgetary and legislative activities have been influenced by the activities of the STAC across HHS.

### Highlights of the First Two Years

The accomplishments below are a direct result of discussions that occurred at STAC meetings. STAC members discussed issues and the HHS representatives heard the recommendations and took action:

#### **Secretary Sebelius Letter to Governors**

On September 14, 2011, HHS Secretary Kathleen Sebelius wrote the governors of the states regarding the importance of tribal relations and consultation. The letter reiterates her commitment to the government-to-government relationship with AI/AN Nations and encourages states to consult with tribes as they administer health and human services programs supported by federal funding.

#### **Reducing Barriers and Improving Access to HHS Resources**

The STAC inspired a "Supporting Tribal Access to Grants" workshop for HHS program and grant managers held on December 6, 2011. It highlighted methods for ensuring improved tribal access to grants and to assist tribal organizations with successfully completing the grant life cycle process.

#### **Outreach and Technical Assistance**

An analysis was conducted on how HHS agencies provide outreach and technical assistance to tribes. The outcome of this analysis was that HHS agencies needed to improve their outreach and technical assistance to tribes.

### **Tribal Eligibility for Grants**

The main focus on grant eligibility centered on increasing tribal access and availability to HHS grants. Access refers to the opportunity for tribes and tribal organizations to find, apply for, and obtain grant funds for which they are eligible. To that end, HHS can increase accessibility by: ensuring HHS Operating Divisions (OPDIVs) are aware of and use all available resources to post grant information; providing training and technical assistance to tribes, as feasible, due to staff time and budgetary constraints; and increasing staff understanding of AI/AN communities which may assist OPDIVs to provide improved grant program announcements, training and technical assistance, and other resources. HHS developed a matrix of eligibility for grants in several OPDIVs. In the spring of 2013, tribal grant workshops will be conducted with the following objectives:

- To inform tribal communities about current HHS tools for accessing grant opportunities;
- To receive feedback from tribal communities on how HHS can improve accessibility;
- To build a better working relationship between HHS and tribal communities.

### **Expansion of Self-Governance**

A partnership between tribes and HHS created the establishment of the SGTFW to “develop recommendations for advancing tribal self-governance at HHS.” The overarching purpose is to provide advice and guidance that will help HHS move forward toward implementing a tribal self-governance demonstration project, if legislative authority were given to HHS. Two Self-Governance Education Sessions were held in December 2011 in preparation for the development of a tribal federal workgroup. The SGTFW was first convened in February 2012 and met four times to analyze the self-government expansion. A report of the workgroup’s deliberations is in progress.

### **Tribal/State Relations**

HHS has established a Tribal/State Relations Workgroup, as a sub group of the Secretary’s Tribal Advisory Committee to identify the challenges that exist to better relationships between tribes and states, identify best practices in tribal/state partnerships, and to provide assistance regarding tribal/state consultation practices and policies. For some HHS programs, the authority and program funding is administered by the state on behalf of the tribe. For many of these programs tribes are not eligible to receive direct funding creating a need for strong working relationships between tribes and states. The workgroup decided to focus on three specific areas all of which aim to analyze: what is currently being done on the subject, what more can be done, how does HHS provide guidance, and how do we facilitate relationships? HHS, in partnership with the STAC, plans to have a proposal developed in 2013 to begin addressing these issues.

### **Medicaid Meaningful Use Incentive**

In coordination with the CMS, eligibility for Medicaid Meaningful Use incentives has been modified to allow all tribal clinics to be treated as Federally Qualified Health Centers for purposes of qualifying for these incentives. This modification allowed tribal clinics to meet the needy individual patient volume threshold, rather than the more stringent Medicaid patient volume threshold, and facilitate the qualification of tribal clinics for these incentives.

### **Improvements in Tribal Consultation**

Several HHS OPDIVs updated or established tribal consultation policies and regularly reported activities to the STAC.

## CONCLUSION

In November 2009, at the White House Tribal Nations Conference, President Obama signed a Presidential Memorandum outlining his direction to all executive agencies to come into compliance with Executive Order 13175, regarding consultation and coordination with tribal governments. HHS Secretary Sebelius took this responsibility very seriously by taking timely actions that demonstrated HHS' assurance to comply with Executive Order 13175. The first action was to request specific tribal comments on the HHS Tribal Consultation Policy during the 2010 Regional Tribal Consultation Sessions held January through April 2010. In October 2010, a tribal federal workgroup was established and tasked with reviewing tribal leader recommendations and reports from regional tribal consultations and to develop specific recommendations to improve the HHS Tribal Consultation Policy. In November 2010, Secretary Sebelius signed the revised HHS Tribal Consultation Policy based on tribal consultation and collaboration.

Striving to find innovative ways to work with tribal leaders, Secretary Sebelius announced, in October 2010, the development of the HHS STAC that was in alignment with the President's and Secretary Sebelius' priorities. The establishment of a tribal advisory committee at the Secretarial level created a coordinated, department-wide strategy to incorporate tribal guidance on HHS priorities, policies and budget, improve the government-to-government relationship, and implement mechanisms for continuous improvement through HHS' partnership with tribes.

This series of events clearly demonstrates actions, not just discussions. Most importantly, the establishment and continuation of the STAC proves the HHS commitment regarding the importance placed on the health and well-being of AI/AN communities.



Secretary Sebelius with the children of the Rosebud Sioux Tribe Child Care Program during her visit in August 2012

## APPENDICES



**Andy Teuber Jr.**, Tribal Council Member, Woody Island Tribal Council; **Rex Lee Jim**, Vice President, Navajo Nation; **Chester Antone**, Tribal Council Member, Tohono O'odham Nation; **Roberta Bisbee**, Tribal Council Member, Nez Perce Tribe; **Gary Hayes**, Chairman, Ute Mountain Ute Tribe; **Cheryle Kennedy**, Chairwoman, Confederated Tribes of Grande Ronde; **Secretary Kathleen Sebelius**; **Ken Lucero**, Chair, Secretary's Tribal Advisory Committee and Tribal Council Representative, Pueblo of Zia; **Jefferson Keel**, Lt. Governor, Chickasaw Nation; **Roger Trudell**, Chairman, Santee Sioux Tribe; **L. Jace Killsback**, Tribal Council Representative, Northern Cheyenne Tribe; **Herman Honanie**, Vice Chairman, Hopi Tribe; and **Stacy Dixon**, Chairman, Susanville Indian Rancheria.

## APPENDIX A

# The Secretary's Tribal Advisory Committee

For full Executive Summaries and Reports, go to <http://www.hhs.gov/iea/tribal/aboutstac>

### Executive Summaries

- December 2010
- March 2011
- May 2011
- September 2011
- January 2012
- May 2012
- September 2012



## Summary of the December 2010 STAC Meeting

The inaugural meeting of the STAC, which took place on December 14, 2010, addressed the STAC's purpose. It featured discussions concerning issues in AI/AN health, recommendations for the STAC's focus, and next steps for the STAC.

***STAC's Purpose:*** Secretary Sebelius told delegates that the STAC reflected the Department's commitment to the government-to-government relationship. She charged the STAC to identify key challenges in Indian Country, and propose steps to eliminate barriers, improve services, and address AI/AN health disparities.

***Issues in AI/AN Health:*** STAC members held a wide-ranging discussion with the Secretary and other senior HHS officials about the challenges facing Indian Country and possible areas of focus to improve the overall health of AI/ANs. Delegates expressed concern about the budget landscape, the historical underfunding of health care in Indian Country, and the possibility that state funding constraints will cut critical services. In a discussion of tribal/state relations, STAC members raised the issues of access barriers, the reliance of tribes on state pass-through for federal funding, and the need for more direction by HHS to the states on working with tribes.

***Recommendations for STAC Focus:*** STAC members suggested that the STAC could (1) define what a Healthy Tribal Community would look like, and then develop a roadmap for HHS with specific actionable measures to begin achieving this; (2) provide guidance to HHS on implementation of the Affordable Care Act; (3) provide guidance to HHS on implementation of the Indian Health Care Improvement Act; (4) improve collaboration on Indian health across the federal government; (5) eliminate barriers to access to care; (6) eliminate administrative barriers to creating integrated, comprehensive tribal health programs administered by tribes with federal support; (7) create a one-stop shop for all HHS information about funding and grants information; (8) develop a list of federal agency resources outside HHS that might be tapped to further the goal of a Healthy Tribal Community; (9) provide technical expertise around grant applications and grants management; (10) create a one-stop application process for tribal families seeking help (rather than having to apply agency by agency); (11) address data issues (including data collection and sharing of data); (12) improve the coordination of tribal workgroups across HHS; (13) develop a matrix of recommendations from previous HHS and agency-specific tribal consultation processes, tribal leaders' testimony, and other information to guide the STAC's work; (14) allow tribes to establish best practices (e.g., in the area of mental health services), as well as looking at best practice models in place elsewhere; (15) explore co-location of facilities and services; (16) improve care for infants and children (including focusing on environmental issues impacting their health); and (17) improve care for older Americans.

***Next Steps:*** STAC delegates discussed steps to arrive at a few targeted, actionable recommendations that HHS could tackle in 2011 and 2012.

## Summary of the March 2011 STAC Meeting

The STAC members received updates on the federal budget, the ACA, and the IHCIA; an overview of the Federal Advisory Committee Act (FACA); and briefings about the HHS tribal advisory panels from various agencies.

***HHS Federal Budget:*** A briefing on the FY 2011 and FY 2012 budgets addressed: the continuing resolution extension; highlights of the IHS FY 2012 budget, including funding of contract health services and contract support costs; budget charts of program activities for AI/ANs; workforce programs; and fraud and abuse in Medicare and Medicaid. The briefing included assurance that consultation would influence budget recommendations for the FY 2013 budget.

***ACA:*** Initiatives presented in a report on ACA included the ACA monthly calls, the distribution of a weekly bulletin, and the work of HHS internal teams on the ACA. IHS has a leadership role in the implementation of ACA, in part because of the ACA's inclusion of the IHCIA, and will consider the STAC recommendations as it proceeds. Current programs serve as bridges to the full implementation of ACA in 2014. HHS emphasized its commitment to consultation with tribes about ACA.

***IHCIA:*** HHS announced a forthcoming decision on section 157 regarding the tribes' ability to purchase insurance for their employees. Tribal leaders learned of the need for imminent consultation on IHS efforts to coordinate with the Department of Veterans Affairs on the IHCIA provision for reimbursement and shared facilities.

***FACA:*** A review of FACA included the observation that FACA does not cover the STAC. FACA permits the public to attend meetings but not to speak and allows tribal officers or designees to speak on behalf of the STAC tribal officials when the STAC tribal officials temporarily transfer this role.

### HHS Agency Tribal Advisory Committees:

**HHS Health Research Advisory Council (HRAC):** Established in 2006, HRAC includes tribal leaders from each of the IHS areas and four national at-large members. The Council obtains input from tribal leaders on health research priorities, provides a forum for HHS divisions to communicate and coordinate AI/AN health research activities, and disseminate information to tribes about research findings.

**SAMHSA Tribal Technical Advisory Committee (TTAC):** Formed in 2008, TTAC includes officials of tribal governments or their designees who discuss public health issues, identify behavioral health needs, and consider collaborative approaches to redress these issues.

**CMS TTAG:** Formed in 2003, TTAG advises CMS on the impact of Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) on Indian Country and provides suggestions for initiatives for the delivery of services in Native communities.

**CDC Tribal Advisory Committee (TAC):** TAC promotes dialogue between tribal representatives and the CDC Director on public health issues in Indian Country, identifies urgent public health needs, and discusses collaborative approaches. TAC assists CDC in planning its tribal consultations twice a year, including one at CDC and another in Indian Country.

## Summary of the May 2011 STAC Meeting

The meeting provided an opportunity for the STAC to discuss 2011 priorities and receive updates on the federal budget, the ACA, state plans for Medicaid, and HHS agency initiatives.

**STAC 2011 Priorities:** The STAC priorities for the year included redress of health and human service disparities, access to resources and funds for Indian Country, and tribal/state/federal relationships.

**HHS Federal Budget:** The FY2011 budget included a \$17 million increase over the FY 2010 budget, but the FY 2012 budget will continue deficit reductions that will affect all budget discussions.

**ACA:** Establishing the State Health Insurance Marketplaces by 2014 was a major activity in the first year; the second year will focus on improving the quality of care and reducing costs.

**State Medicaid:** Participants discussed challenges and opportunities for Medicaid. Secretary Sebelius sent a letter to state governors to describe efforts to improve coverage and the new initiatives.

### HHS Agency Updates:

**AoA:** Provided information on funding from the Older Americans Act, Title IV discretionary grants, and Title VI funding; training and technical assistance for tribes; and monthly webinars and cluster trainings.

**NIH:** Presented its consultation policy activities. NIH received tribal comments for the FY 2013 budget recommendations, including the Native American Research Centers for Health.

**ACF:** Provided information on tribal funding, access, and participation in its programs, the Native Asset Building Initiative, review of comments regarding the 477 program, and the consultation process.

**SAMHSA:** Updated on its grants, the technical advisory committee, its consultation process, establishment of the Office of Indian Alcohol and Substance Abuse, and the Tribal Law and Order Act.

**CDC:** Announced a vacancy for the Associate Director for Tribal Support and provided updates on the publication of its consultation policy, funding for eight tribal organizations under an ACA initiative, and efforts to increase tribal participation and recruit for its Public Health Associate Program.

**HRSA:** Reported 35 new AI/ANs had registered in its reviewer database. ACA allows Indian health facilities that serve only tribal members to qualify as National Health Service Corps (NHSC) sites; 229 vacancies at NHSC-tribal sites were open. HRSA noted the development of a consultation process.

**CMS:** Provided information regarding work on health insurance Marketplace policies, a tribal consultation, CHIP outreach efforts, discussions about the Federal Medical Assistance Percentage (FMAP) issue, and the Medicaid Electronic Health Records (EHR) Incentive Program.

**OMH:** Described its participation in HRAC, tribal grant programs, Tribal Epidemiology Centers, and National Umbrella Cooperative Agreements.

**IHS:** Provided information on a scheduled tribal consultation summit, updates available on the Director's Blog, a budget increase of \$16 million, and forthcoming communications to the tribes.

## Summary of the September 2011 STAC Meeting

The meeting updated the STAC on the federal budget, the ACA, program funding, the HHS health data initiative, tribal policies, and HHS agency activities.

***HHS Federal Budget:*** HHS described the automatic budget cuts; it noted IHS cuts would not exceed two percent. The FY 2012 IHS and HHS budgets discretionary spending were held by Congress.

***ACA:*** HHS has proposed rules for a framework to establish Marketplaces and eligibility for the Marketplace and Medicaid formularies. HHS acknowledged tribal concerns about the three definitions of Indian in ACA, but only Congress can correct the problem. The STAC asked for ongoing consultation.

***Funding:*** HHS staff reported they were seeking to increase tribal access to Federal Financial Assistance Programs. Resolving tribal access to federal grant funding requires helping tribes to apply for funds which they are eligible and facilitating access to grants for which tribes are not currently eligible.

***HHS Health Data Initiative:*** HHS described its new initiatives to promote access to data. The STAC members suggested creating a “data challenge” for an initiative specific to tribal communities.

***Policy:*** The Self-Governance Workgroup was reviewing the expansion of tribal self-governance throughout HHS operating divisions. HHS was also examining both funding and procedure issues.

### HHS Agency Updates:

***HRSA:*** HRSA and IHS staff met quarterly. HRSA was seeking to increase the number of IHS and tribal sites designated as NHSC sites, update its consultation policy, and provide technical assistance.

***AoA:*** Reported on funding initiatives; efforts to increase collaboration among federal, state, and tribal directors; and efforts to increase cooperation among AoA, CMS, and IHS.

***IHS:*** Described efforts to strengthen tribal partnerships; its own reforms; improvement of quality and access to care; and transparency, accountability, fairness, and inclusiveness.

***CDC:*** Provided updates on hiring the Associate Director for Tribal Support, tribal direct funding, the importance of data, and streamlining funding and standardizing CDC processes.

***OMH:*** Reported on current and upcoming HRAC activities. OMH was developing a web-based guide with tools and resources to help tribes make informed decisions on genetics research.

***SAMHSA:*** Provided updates on the agreement among HHS and Departments of Justice and Interior to reduce alcohol and substance abuse in AI/AN communities and efforts related to consultation.

***ACF:*** Announced signing its tribal consultation policy. ACF activities included plans to host a tribal grantee meeting; developing training sessions for ACF staff on consultation, the President's Executive Order, and working with tribes; and improving interoperability.

***NIH:*** Reported on its consultation policy, strategies to disseminate culturally appropriate health information to Indian Country, and the FY 2013 funding of Native American Research Centers for Health.

## Summary of the January 2012 STAC Meeting

The meeting provided an opportunity for the STAC to set its priorities for 2012, discussions on the federal budget; and the Affordable Care Act.

**STAC 2012 Priorities:** The STAC identified funding, ACA, tribal-state relations; and policy and regulatory issues as the 2012 priorities. Sub-priorities were identified in each priority topic.

**HHS Budget Discussions:** The STAC was provided an overview of the budget process and an update on the status of the HHS budget. The STAC discussed the IHS budget and mandatory vs. discretionary funding.

**ACA:** HHS emphasized the importance of STAC participation on ACA policies that impact tribes and tribal consultation. Information was provided regarding progress on meeting goals set for the 2014 insurance marketplaces. IHS Senior Advisor, Geoffrey Roth, provided the STAC with updates on the Indian Health Care Improvement Act.

### HHS Agency Updates:

**NIH:** Discussed select NIH-supported activities and funding announcements of special interest to tribes and the NIH Guidance for Implementation of the HHS Tribal Consultation Policy and asked the STAC to send comments on the draft policy.

**AoA:** Announced Cynthia LaCounte as the Director of the Office of American Indian, Alaska Native and Native Hawaiian Programs and the MOU between AoA, the IHS and CMS was signed.

**HRSA:** Provided funding updates, reported on its tribal consultation process and the drafting of its tribal consultation policy and noted their project officers training on tribal issues.

**IHS:** Discussed the 2012 budget receiving a 6 percent increase, primarily reflected in the areas of contract support costs, staffing, and facilities.

**SAMHSA:** Provided a written update on SAMHSA activities and highlighted the anticipated release of agencies collaboration on suicide prevention activities for FY 2011 and the selection of a permanent Director for the Office of Indian Alcohol and Substance Abuse.

**CMS:** Discussed their tribal consultation policy and will provide regular review and evaluation of the policy. Updates on Health Marketplace regulations in terms of Medicaid expansion were provided.

**OMH:** Reported activities including the Health Research Advisory Council Research Roundtable held November 10, 2011, research priorities in Native communities and the Native American Healthy Babies campaign.

**CDC:** Announced Delight Satter as the Associate Director for Tribal Support, an upcoming TAC meeting and tribal consultation session and their tribal consultation policy was under review by the Tribal Support unit.

**ACF:** Reported a tribal/federal workgroup was addressing the "477" issue, STAC members were encouraged to comment on the ACYF Tribal Child Welfare Final Rule, and the ACF website contained an updated grantee matrix for 2011, allowing Tribes to see grants, due dates, and funding amounts for Tribal eligible grants.

## Summary of the May 2012 STAC Meeting

The meeting provided an opportunity for the STAC to receive updates on the federal budget and the STAC budget priorities, ACA, tribal-state relations, and initiatives by HHS agencies.

**HHS Budget:** HHS presented documents on HHS's discretionary and mandatory programs. The STAC discussed the effects of sequestration and the FY 2013 and FY 2014 budget formulation process.

**STAC Budget Priorities:** The STAC identified the Head Start Block Grant, the SAMHSA programs, the Health Insurance Marketplace, cancer research, and language preservation as its budget priorities.

**ACA:** HHS described the states' options concerning Health Insurance Marketplaces, changes in Medicaid and state-level activities, three local consultations on the ACA, and a draft agreement for the VA to reimburse services delivered at IHS and tribal 638 facilities.

**Tribal/State Relations:** Tribal feedback identified child welfare and Medicaid as primary concerns in tribal-state relations. HHS asked for input on tribes' difficulties in working with states on ACA.

### HHS Agency Updates:

**CMS:** Signed a contract for the Navajo Nation Medicaid Feasibility Study. CMS discussed two 1115 waivers returned to states for insufficient consultation and several upcoming meetings.

**ACF:** Described efforts to preserve Native language, the direct IV-E waiver, guidance to states concerning the Indian Child Welfare Act, and cultural sensitivity training within ACF staff.

**CDC:** Discussed tribal funding opportunities and recent awards to tribes. CDC has been collaborating with IHS to address the Rocky Mountain Spotted Fever epidemic in tribes. CDC discussed upcoming TAC consultations and a log to track tribal recommendations and outcomes.

**ACL:** Announced the Administration on Community Living as the new agency that joins together the AoA, the Administration for Developmental Disabilities, and the Office on Disability. ACL will give guidance to tribes and states on opportunities and how tribes can work with area aging agencies.

**NIH:** Reported on its consultation policy, new funding opportunities for health promotion in Indian Country, and technical assistance workshops on this opportunity.

**HRSA:** Provided updates on the implementation of its tribal consultation policy, the listening sessions on the consultation process, and grant awards that were made to tribal organizations.

**OMH:** Provided information on its AI/AN Health Disparities Program which expands to the Tribal Epidemiology Centers (TEC). Awards are expected to be granted by September 2012.

**SAMHSA:** Reported that the priorities of tribes are suicide prevention and substance abuse issues. It discussed funding initiatives and announced it had created the SAMHSA AI/AN Team (SAIANT).

**IHS:** Announced work is being finalized for the FY 2014 IHS budget. IHS described an upcoming consultation summit and the Behavioral Health Conference.

## Summary of the September 2012 STAC Meeting

The STAC members received updated on the HHS federal budget, *Salazar v. Ramah*, the ACA, the IHCA, funding, and HHS agency initiatives.

**HHS Federal Budget:** HHS reported the House of Representatives funded IHS above the President's request in the FY 2013 budget, but the Senate had not acted on the budget.

***Salazar v. Ramah:*** IHS and tribal lawyers have negotiated language which incorporated the Supreme Court's decision on contract support costs; IHS asked for input on how to address the budgetary implications of the implementation of the decision.

**ACA:** CCIIO will conduct tribal consultation on the Federally-Facilitated Marketplace. STAC members learned of grant opportunities related to the implementation of ACA in Indian Country.

**IHCIA:** IHS reported on "Dear Tribal Leader" letters and consultations. It has an AI/AN-specific PowerPoint on ACA benefits. It also reported the Navajo Medicaid Feasibility Study has commenced, and the VA agreement for reimbursement of IHS services was near completion.

**Funding:** ACF's Office of Community Services (OCS) administers several grant programs with funds for tribal communities.

### HHS Agency Updates:

**SAMHSA:** Described several grant programs and training initiatives it sponsors which will involve tribal communities.

**IHS:** Shared staff and program successes. It provided a list of consultations held since 2009. It reported collaborations with ACF and HRSA.

**ACF:** Discussed collaborations with other agencies and current training and consultations.

**HRSA:** Described the finalization of its consultation policy, grant activities, and outreach.

**NIH:** Reported the finalization of its consultation implementation guidance, efforts to increase the numbers of AI/ANs in biomedical research, and funding opportunities.

**ACL:** Explained its outreach to Indian Country and partnerships with federal agencies.

**OMH:** Updated members on outreach and training activities, efforts to update an HIV/AIDS curriculum for AI/ANs, and programs and initiatives in Indian Country.

**CMS:** Discussed training on state-based Marketplaces, the continuation of the All Tribes Calls, and the implementation of the Navajo Nation Medicaid Feasibility Study.

**CDC:** Presented on its internal structure to facilitate activities in Indian Country, strategic partnerships, funding updates, and a summary of its most recent TAC meetings.

## **APPENDIX B**

# The Secretary's Tribal Advisory Committee Charter



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Secretary's Tribal Advisory Committee**  
**CHARTER**

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**Background**

The United States has a unique legal and political relationship with Indian tribal governments, established through and confirmed by the Constitution of the United States, treaties, statutes, executive orders, and judicial decisions. In recognition of that special relationship, pursuant to Executive Order 13175 of November 6, 2000, executive departments and agencies are charged with engaging in regular and meaningful consultation and collaboration with tribal officials in the development of federal policies that have tribal implications, and are responsible for strengthening the government-to-government relationship between the United States and Indian tribes.

The Department of Health and Human Services (HHS) has taken its responsibility to comply with Executive Order 13175 very seriously over the past decade, and on February 4, 2010, in compliance with President Obama's Memorandum for the Heads of Executive Departments and Agencies, signed on November 5<sup>th</sup>, 2009, HHS proposed a set of initial activities to step up the Department's efforts to improve services, outreach, and consultation efforts. The establishment of the Secretary's Tribal Advisory Committee (STAC), one key piece of this plan, will bring the work of HHS's reform and improvement efforts to a new level.

**Purpose and Function**

The Secretary's Tribal Advisory Committee signals a new level of attention to Government-to-Government relationship between HHS and Indian Tribal Governments.

The STAC's primary purpose is to seek consensus, exchange views, share information, provide advice and/or recommendations; or facilitate any other interaction related to intergovernmental responsibilities or administration of HHS programs, including those that arise explicitly or implicitly under statute, regulation or Executive Order. This purpose will be accomplished through forums, meetings and conversations between federal officials and elected tribal leaders in their official capacity (or their designated employees or national associations with authority to act on their behalf).

The purview of the STAC covers but is not limited to the following core functions:

1. Identify evolving issues and barriers to access, coverage and delivery of services to AI/ANs, related to HHS programs;
2. Propose clarifications and other recommendations and solutions to address issues raised at tribal, regional and national levels;
3. Serve as a forum for tribes and HHS to discuss these issues and proposals for changes to HHS regulations, policies and procedures;
4. Identify priorities and provide advice on appropriate strategies for tribal consultation on issues at the tribal, regional and/or national levels;
5. Ensure that pertinent issues are brought to the attention of Indian tribes in a timely manner, so that timely tribal feedback can be obtained;
6. Coordinate with HHS Regional Offices' and Operating Divisions on tribal consultation initiatives.

**Committee Composition**

The STAC will be comprised of seventeen positions to be filled by voluntary representatives: one delegate (and one alternate) from each of the twelve Indian Health Service (IHS) areas and one delegate (and one alternate) for five National At-Large Tribal Member (NALM) positions.

HHS understands and supports the role of national tribal organizations and the work they do on behalf of tribal governments. There are many national tribal organizations that are not physically based in Washington, DC, and, therefore, are often left out of DC-based advisory opportunities. In order to rectify this long-standing challenge, in accordance with the Federal Advisory Committee Act (FACA) exemption of the

Unfunded Mandates Reform Act (UMRA), HHS has incorporated the "National At Large Member (NALM)" positions as members of the STAC, to provide specific representation for the regional and national concerns of tribal governments. As described below under Selection Process, all NALM members must either be elected tribal officials, acting in their official capacity as elected officials of their tribe, or be designated by an elected tribal official, in that official's elected capacity, with authority to act on behalf of the tribal official.

The Secretary sent a letter to tribal leaders requesting nominations for STAC delegate and alternate from tribes located in each of the twelve Indian Health Service (IHS) Areas for the Area positions and as well as nominations for five NALM delegate and alternate positions.

Primary committee members must make a good faith effort to attend all meetings via teleconference or in person and may be accompanied by a technical advisor as outlined below. Each committee member will have an alternate that has been selected for their specific area and in the event that the Primary committee member cannot attend a meeting the alternate workgroup member will be notified. Such alternate shall have the full rights as designated in the letter by the delegate.

### **Selection Process**

The names of each STAC delegate and alternate from each of the twelve Area Offices of the IHS are to be submitted to the Office of Intergovernmental Affairs (IGA) in an official letter from the tribe. The Chief of Staff and the Director of IGA will be responsible for selecting and finalizing the body of members.

#### ***Area Representatives:***

Area Representatives should be an elected official or designated representative that is qualified to represent the views of the Indian tribes in the respective area for which they are being nominated. Nominations will be considered for selection in the priority order listed below. In the event that there is more than one nomination in the priority list, individuals whom had a letter of support from regional tribal organizations will be taken into consideration when selecting the primary and alternate delegates.

1. Tribal President/Chairperson/Governor
2. Tribal Vice-President/Vice-Chairperson/Lt. Governor
3. Elected or Appointed Tribal Official
4. Designated Tribal Official

#### ***National At Large Members***

In order to achieve the broadest coverage of HHS-related national perspectives and views, the STAC will include five positions for national at-large members (NALMs). A NALM should be an elected official or designated representative that is qualified to represent the views of tribes on a national, collective perspective, including but not limited to such views of groups like National Congress of American Indians, National Indian Health Board, Tribal Self Governance Advisory Committee, Direct Service Tribes Advisory Committee, National Indian Child Welfare Association, National Indian Head Start Director's Association and the National Tribal Environmental Council.

Nominations will be considered for selection in the priority order listed below. In the event that there is more than one nomination in the priority list, individuals whom had a letter of support from tribal organizations will be taken into consideration when selecting the primary and alternate delegates.

1. Tribal President/Chairperson/Governor
2. Tribal Vice-President/Vice-Chairperson/Lt. Governor
3. Elected or Appointed Tribal Official
4. Designated Tribal Official

### **Period of Service:**

Terms for the STAC will be two calendar years. Terms will be staggered, with a lottery method used to assign one-year terms to half the Area members and two of the NALMs initially appointed to the STAC (with their first terms expiring on December 31, 2011) and two-year terms to the remaining half of the Area members

and three of the NALMs (with their first terms expiring on December 31, 2012). A member may serve successive, consecutive terms if nominated again when their term expires.

Vacancy: When a vacancy occurs, IGA will notify Indian tribes in the respective area and ask them to nominate a replacement.

Removal: STAC members (either delegate or alternate) are expected to make a good faith effort to participate in all meetings and telephone conference calls. If a STAC delegate does not participate in a meeting, in-person or by telephone, on three successive occasions, (or an STAC alternate does not participate in a meeting, in-person or by telephone, for which he/she has agreed in advance to participate in place of the delegate) on three successive occasions, IGA will notify Indian tribes in the respective area and ask them to nominate a replacement.

Interim Representative: When there is a vacancy in a delegate position (due to removal of for other reasons) for which an alternate is currently serving, IGA will notify the alternate and request that the alternate perform the duties of the delegate. The criteria and process for selecting a replacement following a vacancy or removal will follow the Selection Process described above. A replacement delegate or alternate will serve the remainder of the unexpired term of the original member and if nominated again may serve successive, consecutive terms.

A copy of this notification and any response from the alternate to this request will be forwarded to the respective Area tribes and a notice will be give to all tribes for a NALM for nominations of a replacement.

### **Meetings:**

Depending upon availability of funds, it is anticipated the STAC will convene up to three face-to-face meetings on a fiscal year basis. Conference calls will be held as needed.

STAC meetings serve the Purposes and Functions described above and in § 204(b)(2) of UMRA for STAC tribal delegates and alternates and designated HHS officials to exchange views, information, and advice. Under certain circumstances, the delegate, alternate, or both for an Area or NALM position may participate in a meeting or conference call, in-person or by telephone. When the delegate is the elected officer of a tribal government, and the alternate is a designated employee or national association with authority to act on behalf of the elected officer, and they are present for the same meeting or call, the delegate may designate, in writing, the alternate to participate on the delegate's behalf at the meeting or call, and the delegate will yield his or her participation to the alternate until the delegate wishes to resume participation at the meeting or call. When the delegate and alternate are both elected tribal government officers or have both been designated by an elected officer of a tribal government to act on behalf of the officer, they may both participate in the same meeting or call. In the instance that both the primary and alternate attend the meeting, HHS will only provide funding for the primary representative.

If both the primary and the alternate for a particular Area or NALM position are participating in the same meeting or call, only one will be counted for a quorum and voting purposes. The primary and alternate may agree which of them will express a view for consensus or vote on particular issues. If they do not agree, then the delegate's view or vote will be counted.

IGA will provide appropriate advance notice to STAC delegates and alternates of in-person meetings and conference calls.

A quorum consisting of a majority of the total number of Area and NALM positions (9 of 17, if all such positions are filled by a delegate or alternate, present in-person and by telephone, will be necessary for formal decisions and actions by the STAC. (Informational sessions may occur in the absence of a quorum.) To the extent possible, such STAC decisions and actions will be taken by a consensus of tribal Area and NALM members. To resolve differences where consensus cannot be reached, a vote may be taken by simple majority

of the positions represented, in-person and by telephone (a quorum being present) or the Chair or Co-Chair may authorize a subsequent polling of the positions.

The meetings will be limited to only official representatives of the committee. Tribal delegates will be allowed to bring one-technical advisor to the meeting to assist them with their duties and responsibilities as a member of the STAC. The advisor's role is limited to assisting the member, and the advisor cannot participate in the meetings of the STAC, unless the advisor has been designated by the elected tribal official to act on behalf of the official at the meeting.

HHS has four Tribal Advisory Committees(TAC) which are established at the HHS Division level and currently exist at the Centers for Disease Control and Prevention, Centers for Medicare & Medicaid, Substance Abuse and Mental Health Services Administration and the Health Research Advisory Council. Each TAC will be required to provide an official update to the STAC on an annual basis. Each TAC will receive an official invitation to present to the STAC. At which time they will have one representative present to the STAC.

HHS representatives determined by the Secretary or her designee will be expected to attend all meetings of the STAC. In the event that the designated HHS representatives are not able to attend the meeting, the next highest ranking official will be designated to attend in their absence. The HHS representative will be allowed to bring one-technical advisor to the meeting to assist them with their duties and responsibilities as an advisor to the STAC. The advisor must be either a full-time or permanent part-time officer or employee of the federal government.

HHS anticipates that appropriate representatives from the following HHS components will be actively involved, regularly attend STAC meetings, and otherwise provide necessary assistance to the STAC in fulfilling its mission.

1. Chief of Staff
2. Director, Office of Intergovernmental Affairs
3. Assistant Secretary, Administration for Children and Families
4. Assistant Secretary, Administration on Aging
5. Assistant Secretary Health, Office of Public Health and Science
6. Director, Centers for Disease Control and Prevention
7. Administrator, Centers for Medicare & Medicaid Services
8. Administrator, Health Resources and Services Administration
9. Director, Indian Health Service
10. Director, National Institutes of Health
11. Administrator, Substance Abuse Mental Health Services Administration

Due to the complexity of programs and services HHS will work to ensure that subject matter technical experts are available when needed. As mentioned above the meetings will be limited to the official representatives and HHS will utilize the Interdepartmental Council on Native American Affairs (ICNAA) as a vehicle to report activities of the STAC and coordinate agenda's, activities and follow-up items of the STAC.

**HHS Support:** The Office of Intergovernmental Affairs will have the primary responsibility to coordinate and staff the STAC.

***/Kathleen Sebelius/***

**Kathleen Sebelius**  
Secretary

**Date: OCT – 7 2010**

## APPENDIX C

# The Secretary's Tribal Advisory Committee

## Rules of Order



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Secretary's Tribal Advisory Committee**  
**Rules of Order**

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4. Membership
5. Roles
6. Conduct of Meetings
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9. Tribal Advisory Committees (TAC)
10. Other

**1. MISSION STATEMENT**

The Secretary's Tribal Advisory Committee's primary purpose is to seek consensus, exchange views, share information, provide advice and/or recommendations; or facilitate any other interaction related to intergovernmental responsibilities or administration of HHS programs, including those that arise explicitly or implicitly under statute, regulation or Executive Order. This purpose will be accomplished through forums, meetings and conversations between federal officials and elected tribal leaders in their official capacity (or their designated employees or national associations with authority to act on their behalf).

**2. PURPOSE OF STAC**

The United States has a unique legal and political relationship with Indian tribal governments, established through and confirmed by the Constitution of the United States, treaties, statutes, executive orders, and judicial decisions. In recognition of that special relationship, pursuant to Executive Order 13175 of November 6, 2000, executive departments and agencies are charged with engaging in regular and meaningful consultation and collaboration with tribal officials in the development of federal policies that have tribal implications, and are responsible for strengthening the government-to-government relationship between the United States and Indian tribe.

The Department of Health and Human Services (HHS) has taken its responsibility to comply with Executive Order 13175 very seriously over the past decade. On February 4, 2010, in compliance with President Obama's Memorandum for the Heads of Executive Departments and Agencies, signed on November 5th, 2009, on Consultation and Coordination with Indian Tribal Governments. HHS proposed a set of initial activities to step up the Department's efforts to improve services, outreach, and consultation efforts. HHS proposed a set of initial activities to step up the Department's efforts to improve services, outreach, and consultation efforts. The establishment of the Secretary's Tribal Advisory Committee (STAC), one key piece of this plan, will bring the work of HHS's reform and improvement efforts to a new level.

**3. GOALS**

- Identify evolving issues and barriers to access, coverage and delivery of services to AI/ANs, related to HHS programs;
- Propose clarifications and other recommendations and solutions to address issues raised at tribal, regional and national levels;
- Serve as a forum for Indian tribe and HHS to discuss these issues and proposals for changes to HHS regulations, policies and procedures;
- Identify priorities and provide advice on appropriate strategies for tribal consultation on issues at the tribal, regional and/or national levels;

- Ensure that pertinent issues are brought to the attention of Indian tribe in a timely manner, so that timely tribal feedback can be obtained;
- Coordinate with HHS Regional Offices' and Operating Divisions on tribal consultation initiatives.

#### 4. **MEMBERSHIP**

- a. **Appointment/Reappointment terms:** The Secretary will send a letter to tribal leaders requesting nominations for a STAC delegate and alternate from Indian tribe categorized by the twelve Indian Health Service (IHS) Areas; and will nominate five National At Large Tribal Member (NALM) delegates and alternate positions.

The names of each STAC delegate and alternate from the twelve IHS Office Areas will be submitted to the Office of Intergovernmental Affairs (IGA) in an official letter from the tribe. The Chief of Staff and the Director of IGA will be responsible for selecting and finalizing the body of members.

Nominated members for the STAC will serve two calendar year terms of which will be staggered. Upon creation of the STAC, a lottery method will be used to assign one-year terms to six of the Area members and two of the NALMs (expected first term will expire on December 31, 2011). The remaining lottery method assignments of the six Area members and three NALMs will serve two year terms (expected first term will expire on December 31, 2012).

- b. **Representation:** The STAC will include seventeen representatives to include one Delegate (and one Alternate) from each of the twelve Indian Health Service (IHS) Areas and five NALM.

IHS Area Representatives should be an elected official or designated tribal representative that is qualified to represent the views of the Indian tribe in the respective area for which they are being nominated. Nominations will be considered for selection in the priority order listed below.

- A. Tribal President/Chairperson/Governor
- B. Tribal Vice-President/Vice-Chairperson/Lt. Governor
- C. Elected or Appointed Tribal Official
- D. Designated Tribal Official

In the event that there is more than one nomination in the priority list, letters of support from regional tribal organizations will be taken into consideration when selecting individuals for the primary and alternate delegates.

- c. **Alternate:** Each Delegate will have an Alternate that has been selected for their specific IHS Area. Should the Delegate be unable to attend a meeting, the Alternate has full rights to participation and voting privileges.
- d. **National At-Large Tribal Member (NALM):** In accordance with the Federal Advisory Committee Act (FACA) exemption of the Unfunded Mandates Reform Act (UMRA), HHS has incorporated the "NALM" positions as members of the STAC, to provide specific representation for the regional and national concerns of tribal governments.

All NALM members must either be elected tribal officials, acting in their capacity as elected officials of their tribe, or be designated by an elected tribal official, in that official's elected capacity, with authority to act on behalf of the tribal official. There will be one Delegate (and one Alternate) for five NALM positions.

Nominations will be considered for selection in the priority order listed below:

- A. Tribal President/Chairperson/Governor
- B. Tribal Vice-President/Vice-Chairperson/Lt. Governor

- C. Elected or Appointed Tribal Official
- D. Designated Tribal Official

In the event that there is more than one nomination in the priority list, letters of support from tribal organizations will be taken into consideration when selecting the individuals for the primary and alternate delegates.

In order to achieve the broadest coverage of HHS-related national perspectives and views, a NALM must be qualified to represent the on a national and collective tribal perspectives. Representation of such viewpoints includes groups like National Congress of American Indians, National Indian Health Board, Tribal Self Governance Advisory Committee, Direct Service Indian Tribe Advisory Committee, National Indian Child Welfare Association, National Indian Head Start Director's Association and the National Tribal Environmental Council.

- e. **HHS Representatives:** HHS anticipates that appropriate representatives from the following HHS components will be actively involved, attend regular STAC meetings, and provide necessary assistance to the STAC to fulfill its mission.
  1. Chief of Staff
  2. Director, Office of Intergovernmental Affairs
  3. Assistant Secretary, Administration for Children and Families
  4. Assistant Secretary, Administration on Aging
  5. Assistant Secretary Health, Office of Public Health and Science
  6. Director, Centers for Disease Control and Prevention
  7. Administrator, Centers for Medicare & Medicaid Services
  8. Administrator, Health Resources and Services Administration
  9. Director, Indian Health Service
  10. Director, National Institutes of Health
  11. Administrator, Substance Abuse Mental Health Services Administration

## 5. ROLES

- a. **STAC Delegate** (Area/NALM representative or primary committee member): should be an elected official or designated representative, acting, in their official capacity, is the delegate must be qualified to represent the views of the Indian tribe in the respective Area for which they have been selected. HHS will pay for the Delegate to attend STAC meetings. In the event that the Delegate cannot attend, HHS will provide funding for the Alternate to attend the meeting.
- b. **STAC Alternate:** should be an elected official or designated area representative, acting in their official capacity and is qualified to represent the views of the Indian tribe in the respective area for which they have been selected. HHS will pay for the Alternate to attend the meeting in the event that the Delegate cannot attend. The Alternate will also be given full voting rights in this instance. They may attend all STAC meetings and activities, but cannot actively participate unless the seat is ceded by the primary delegate.
- c. **STAC Technical Advisor:** Tribal Delegates will be allowed to bring one STAC technical advisor to the meeting to assist them with their duties and responsibilities as a STAC member. If the STAC Technical Advisor is accompanying the STAC delegate/STAC Alternate he/she cannot actively participate unless the seat is ceded by the Primary Delegate/Alternate. The STAC Technical Advisor may always communicate directly with his/her STAC Delegate or Alternate. The Technical Advisor has no authority to vote.
- d. **HHS Representative:** Health and Human Service (HHS) representatives are determined by the Secretary and he/she will be expected to attend all STAC meetings. In the event that the designated HHS representative is unable to attend the meeting, the next highest ranking official will be designated to attend. The HHS Representative has no voting capacity for quorum.

- e. **HHS Technical Advisor:** The HHS representative will be allowed to bring one HHS technical advisor to the meeting to assist them with their duties and responsibilities as an advisor to the STAC. The advisor must be either a full-time or permanent part-time officer or employee of the federal government. Due to the complexity of programs and services, HHS will work to ensure that subject matter technical experts are available when needed. The HHS Technical Advisor has no voting capacity for quorum.

## 6. CONDUCT OF MEETINGS

- a. **Participation:** The meetings will be limited to official representatives of the STAC that include the Primary Delegate with his/her Technical Advisor and the HHS Representative with his/her Technical Advisor. In the absence of the delegate and the alternate the technical advisor may attend the meeting but not participate. Due to the complexity of programs and services HHS will work to ensure that subject matter technical experts are available when needed. HHS will utilize the Interdepartmental Council on Native American Affairs (ICNAA) as a vehicle to report activities, coordinate agendas, and organize follow-up of the STAC activities.
- b. **Quorum and Voting:** Total voting capacity of Primary Delegates and NALM representatives is 17 and quorum consisting of a majority, 9 out of 17. Voting can be performed in-person or, in the instance of an emergency, by telephone. Note that informational sessions may occur in the absence of a quorum.
  - i. The twelve Delegates may vote.
    - Should the Delegate be absent, the alternate shall vote.
  - ii. The five NALMs may vote.
    - Should the delegate be absent, the alternate shall vote.
- c. **Decision Making Capacity:** STAC decisions and actions will be taken by a consensus of tribal Area and NALM members. In an instance where a consensus cannot be met, an in-person or telephone majority quorum vote may be taken; or the Chair/Co-Chair may authorize subsequent polling of the positions.

## 7. DUTIES/EXPECTATIONS

- a. **Primary committee members:** must make a good faith effort to attend all meetings via teleconference or in person and may be accompanied by a technical advisor as outlined below.
- b. **Excused Attendance:** The request for an excused absence should be provided 2 weeks before the meeting, if possible, to arrange for travel for the designee. In extreme circumstances, a delegate and alternate who are not able to attend may be allowed to participate in the meeting via other means in compliance with the FACA exemption.
- c. **Termination:**
  - 1. **Vacancy:** When a vacancy occurs for the Primary Delegate or NALM (for reasons such as resignation or loss of tribal election/appointment in a respective Area), IGA will:
    - a. IGA verify the vacancy by contacting:
      - i. the individual;
      - ii. the respective tribe; and/or
      - iii. the regional/area office to confirm.
    - b. Send a regional or national letter for the respective vacancy and Indian tribe will be expected to nominate a replacement.
    - c. IGA will confirm induction of the new member into STAC and will announce the replacement within a timely manner.

2. **Removal:** STAC members (either Delegate or Alternate) are expected to participate in all meetings. Criteria for STAC removal include the following:
  - a. If a STAC Delegate does not participate in three consecutive meetings in-person. An excused absence weighs toward a consecutive absence.
  - b. If a STAC Alternate does not participate in a meeting, in-person or by telephone, on three successive occasions. An excused absence weighs toward a consecutive absence.
  - c. IGA will notify Indian tribe in the respective Area and ask them to nominate a replacement. IGA will confirm induction of the new STAC and will announce the replacement within a timely manner.

### 3. **Speaking:** Discussion and Representation

FACA exemption compliance: Pursuant to page 4 of the charter first paragraph the charter states:

*“When the delegate is the elected officer of a tribal government, and the alternate is a designated employee or national association with authority to act on behalf of the elected officer, and they are present for the same meeting or call, the delegate may designate, the alternate to participate on the delegate’s behalf at the meeting or call, and the delegate will yield his or her participation to the alternate until the delegate wishes to resume participation at the meeting or call. When the delegate and alternate are both elected tribal government officers or have both been designated by an elected officer of a tribal government to act on behalf of the officer, they may both participate in the same meeting or call. In the instance that both the primary and alternate attend the meeting, HHS will only provide funding for the primary representative.” Only the primary delegate shall vote.*

The STAC is exempt from the Federal Advisory Committee Act (FACA) because the members of the STAC meet the “Tribal Leader Exception.” Tribal Leaders can participate on the STAC themselves or may specifically designate, in writing, an alternate to sit on the advisory group on his/her behalf. However, the Tribal Leader will not be able to sit on the STAC at the same time as the alternate and will not be able to actively participate in any discussions while the Tribal Leader is not seated on the STAC. The Tribal Leader can also temporarily designate a special guest/technical advisor as his/her alternate in accordance with the process delineated above.

## 8. **SCHEDULING OF MEETINGS**

- a. **Scheduling of Meetings:** HHS will attempt to schedule STAC meetings so that they are not in conflict with other HHS-tribal consultations/negotiations or national tribal events. The STAC will preset meeting date in advance with adequate time to maximize planning and attendance.
- b. **Schedule of regular and special meetings:**
  - a. Pending availability of funds, STAC will sponsor three face-to-face meetings per fiscal year in Washington, D.C. Sponsorship will include travel and per diem (lodging and food) for the seventeen Primary Delegates and NALM representatives. If funds are available one STAC meeting will be held in Indian Country.
  - b. Informational conference calls will be held as needed. IGA will provide a teleconference phone number with adequate time for maximal attendance.
- c. **Minutes:** Minutes will be recorded at each STAC meeting. The minutes will be given to the STAC members within 30 days of any meeting for review. The meeting minutes will be approved at the beginning of the next STAC meeting and adopted for the official record.
- d. **Agenda:** The agenda will be developed in draft form 30 days prior to the STAC meeting. Suggestions and comments must be given on the draft agenda. IGA will then confirm all suggested topics and speakers. The agenda will be sent to STAC member’s 5 working days prior to the STAC

meeting. In the event that the agenda requires a presentation/discussion of national interest from a member of the public, a NALM will yield his/her seat on a rotating basis to comply with the FACA exemption. If a respective Area delegate requests the agenda item that respective Area delegate will yield his/her seat for the presentation.

- e. **Open/Public meeting:** If the STAC meeting is open to the public, only the STAC delegates/alternates or the federal representatives can participate in the actual meeting. Other attendees must not engage in communication during the meeting with the STAC unless the attendee is made an official alternate designee in writing.
- f. **STAC Member Participation in non-STAC meetings and forums:** Individual members of the STAC can participate in meetings with the public. Additionally, STAC members can and should meet with the Indian tribe in the regions they represent to get information and hear concerns from those respective Indian tribe. However, the STAC as a whole cannot participate in meetings with members of the public. For instance, the entire STAC membership could not participate in a national meeting and hear questions or concerns from the audience. The STAC member should only share STAC related information the STAC has deemed public. Any information the STAC considers non-public should not be shared outside the STAC. STAC members can only speak on behalf of STAC if the STAC has authorized that member to speak on its behalf.

#### 9. **TRIBAL ADVISORY COMMITTEES (TAC)**

HHS currently has four Tribal Advisory Committees (TAC) which are established at the HHS Division level: (1) Centers for Disease Control and Prevention; (2) Centers for Medicare & Medicaid Services (CMS); (3) Substance Abuse and Mental Health Services Administration (SAMHSA); and (4) the Health Research Advisory Council (HRAC). If other HHS Divisions form a TAC, then those TACs will be covered by this provision. Members of the STAC may invite representatives from an HHS TAC to speak to the STAC. If a TAC representative addresses the STAC, a STAC member must cede his/her seat during the presentation. TAC representatives will only be allowed to present on the issue requested by the STAC and will not have general participation or voting privileges. After each official HHS TAC meeting, each HHS TAC will also be requested to provide an official issue paper to the STAC.

#### 10. **OTHER**

- a. **Conflict of Interest:** Members of the STAC will make any and all efforts to avoid and disclose conflicts of interest.
- b. **Revision or Amendment of Charter:** Will be approved by the STAC and forwarded to the Secretary for Final Approval.

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EFFECTIVE DATE:

REVIEWED: N/A

REVISED: N/A

## **APPENDIX D**

# The Secretary's Tribal Advisory Committee

## **Tribal Delegates and Federal Members**



## Secretary's Tribal Advisory Committee (STAC) Tribal Delegates

### PRIMARY AT LARGE MEMBERSHIP

**Ken Lucero**, Chair, HHS Secretary's Tribal Advisory Committee

Tribal Council Representative - Pueblo of Zia

Term: 2 Year Term until December 2013

**Jefferson Keel**

Lt. Governor - Chickasaw Nation

Term: 1 Year Term until December 2012

**Roberta Bisbee**

Tribal Council Member - Nez Perce Tribe

Term: 2 Year Term until December 2013

**Tex Hall**

Chairman - Mandan, Hidatsa & Arikara Nation

Term: 2 Year Term until December 2013

**Robert McGhee**

Tribal Council Treasurer - Poarch Band of Creek Indians

Term: 1 Year Term until December 2012

### ALTERNATES FOR AT LARGE MEMBERSHIP

**Gil Vigil**

Tribal Council Member - Pueblo of Tesuque

Term: 1 Year Term until December 2012

**Tracy King**

President - Fort Belknap Indian Community

Term: 2 Year Term until December 2013

### STAC DELEGATES AND ALTERNATES MEMBERSHIP

#### ABERDEEN DELEGATES

*Term: 1 Year Term until December 2012*

##### Primary:

**Roger Trudell**

Chairman, Santee Sioux Nation

##### Alternate:

**Tony Reider**

President, Flandreau Santee Sioux Tribe

#### ALASKA DELEGATES

*Term: 1 Year Term until December 2012*

##### Primary:

**Gloria O'Neill**

President and CEO, Cook Inlet Tribal Council

##### Alternate:

**Andy Teuber, Jr.**

Tribal Council Member, Woody Island Tribal Council

#### ALBUQUERQUE DELEGATES

*Term: 1 Year Term until December 2012*

##### Primary:

**Gary Hayes**

Chairman, Ute Mountain Ute Tribe

**Alternate:****Richard Luarkie**

Governor, Pueblo of Laguna

**BEMIDJI DELEGATES***Term: 1 Year Term until December 2013***Primary:****Cathy Abramson**

Tribal Council Representative, Sault Ste. Marie Tribe

**Alternate:****Phyllis Davis**

Tribal Council Member, Gun Lake Tribe

**BILLINGS DELEGATES***Term: 1 Year Term until December 2012***Primary:****L. Jace Killsback**

Tribal Council Representative, Northern Cheyenne Tribe

**Alternate:****Cedric Black Eagle**

Chairman, Crow Tribe

**CALIFORNIA DELEGATES***Term: 2 Year Term until December 2013***Primary:****Stacy Dixon**

Tribal Chairman, Susanville Indian Rancheria

**Alternate:****Judy Fink**

Tribal Chairperson, North Fork Rancheria of Mono Indians

**NASHVILLE DELEGATES***Term: 2 Year Term until December 2013***Primary:****Buford Rolin**

Tribal Chairman, Poarch Band of Creek Indians

**Alternate:****Cheryl Frye-Cromwell**

Tribal Council Member, Mashpee Wampanoag Tribe

**NAVAJO DELEGATES***Term: 2 Year Term until December 2013***Primary:****Rex Lee Jim**

Vice-President, Navajo Nation

**Alternate:****Larry Curley**

Director for Navajo Division of Health, Navajo Nation

**OKLAHOMA DELEGATES***Term: 2 Year Term until December 2013***Primary:****Steve Ortiz**

Co-Chair, HHS Secretary's Tribal Advisory Committee (STAC)  
 Chairman, Prairie Band of Potawatomi Nation

**Alternate:****Marshall Gover**

President, Pawnee Nation

**PHOENIX DELEGATES***Term: 1 Year Term until December 2012***Primary:****Herman Honanie**

Tribal Vice Chairman, Hopi Tribe

**Alternate:****David Kwait**

Tribal Chairman, Yavapai-Apache Nation

**PORTLAND DELEGATES***Term: 2 Year Term until December 2013***Primary:****Cheryle Kennedy**

Tribal Council Chairwoman, Confederated Tribes of the Grande Ronde

**Alternate:****Ron Allen**

Chairman, Jamestown S'Klallam Tribe

**TUCSON DELEGATES***Term: 1 Year Term until December 2012***Primary:****Chester Antone**

Tribal Council Representative, Tohono O'odham Nation

**Alternate:****Vacant****Technical Advisors****National At Large**

**Terra Branson**, National Congress of American Indians

**David Simmons**, National Indian Child Welfare Association

**Carol Good Bear**, Mandan, Hidatsa & Arikara Nation

**Aberdeen:**

**Roger Trudell - Jerilyn Church**, Great Plains Tribal Chairman's Health Board

**Alaska:**

**Gloria O'Neill – Valerie Davidson**, Alaska Native Tribal Health Consortium

**Bemidji:**

**Cathy Abramson – Stacy Bohlen**, National Indian Health Board

**Billings:**

**Jace Lawrence Killsback – Jennifer Cooper**, National Indian Health Board

**California:**

**Stacy Dixon – Geoff Strommer**, Hobbs, Straus, Dean & Walker

**Nashville:**

**Buford Rolin – Dee Sabattus**, United South & Eastern Tribes

**Navajo:**

**Rex Lee Jim – Clara Pratte**, Navajo Nation Washington Office

**Portland:**

**Cheryle Kennedy – Jim Roberts**, Northwest Portland Area Indian Health Board

**Tucson:**

**Chester Antone – Jennie Becenti**, Tohono O'odham Nation



## Secretary's Tribal Advisory Committee (STAC) Federal Membership

### DEPARTMENT OF HEALTH & HUMAN SERVICES CHIEF OF STAFF

**Federal Representative:**

**Sally Howard**

Office of Chief of Staff, Immediate Office of the Secretary

**Technical Assistant:**

**Subhan Cheema**

Special Assistant to the Chief of Staff, Office of Chief of Staff, Immediate Office of the Secretary

### OFFICE OF INTERGOVERNMENTAL & EXTERNAL AFFAIRS

**Federal Representative:**

**Paul Dioguardi**

Director, Office of Intergovernmental and External Affairs, Immediate Office of the Secretary

**Technical Assistant:**

**Stacey Ecoffey**

Principal Advisor for Tribal Affairs, Office of Intergovernmental and External Affairs, Immediate Office of the Secretary

### ADMINISTRATION FOR CHILDREN & FAMILIES

**Federal Representative:**

**George Sheldon**

Acting Assistant Secretary, Administration for Children & Families

**Technical Assistant:**

**Lillian Sparks**

Commissioner, Administration for Native Americans

### ADMINISTRATION FOR COMMUNITY LIVING

**Federal Representative:**

**Kathy Greenlee**

Assistant Secretary for Aging, Administration for Community Living

**Technical Assistant:**

**Cynthia LaCounte**

Director, Office for American, Alaskan Native & Native Hawaiian Programs

### OFFICE OF PUBLIC HEALTH & SCIENCE

**Federal Representative:**

**Howard K. Koh**

Assistant Secretary of Health

**Technical Assistant:**

**Nadine Gracia**

Deputy Assistant Secretary for Minority Health

### CENTERS FOR DISEASE CONTROL & PREVENTION

**Federal Representative:**

**Judith A. Monroe**

Director, Office for State, Tribal, Local and Territorial Support

**Technical Assistant:****Delight Satter**

Associate Director for Tribal Support, Office for State, Tribal, Local &amp; Territorial Support

**CENTERS FOR MEDICARE & MEDICAID SERVICES****Federal Representative:****Marilyn Tavenner**

Acting Administrator, Centers for Medicare &amp; Medicaid Services

**Technical Assistant:****Aryana Khalid**

Senior Advisor, Office of the Administrator, Centers for Medicare &amp; Medicaid Services

**HEALTH RESOURCES AND SERVICES ADMINISTRATION****Federal Representative:****Mary Wakefield**

Administrator, Health Resources and Services Administration

**Technical Assistant:****Marcia Brand**

Deputy Administrator, Health Resources and Services Administration

**INDIAN HEALTH SERVICE****Federal Representative:****Yvette Roubideaux**

Director, Indian Health Service

**Technical Assistant:****Sandra Pattea**

Deputy Director, Intergovernmental Affairs, Indian Health Service

**NATIONAL INSTITUTES OF HEALTH****Federal Representative:****Lawrence A. Tabak**

Deputy Director, National Institutes of Health

**Technical Assistant:****Isabel Garcia**

Deputy Director, National Institute of Dental and Craniofacial Research (NIDCR)

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION****Federal Representative:****Pamela S. Hyde**

Administrator, Substance Abuse and Mental Health Services Administration

**Technical Assistant:****Sheila Cooper**

Senior Advisor for Tribal Affairs, Substance Abuse and Mental Health Services Administration

## APPENDIX E

# The Secretary's Tribal Advisory Council

## List of Acronyms



## Acronyms

ACA	Affordable Care Act
ACF	Administration for Children and Families
ACL	Administration for Community Living
AI/AN	American Indian and Alaska Native
ASPE	Assistant Secretary for Planning and Evaluation
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
ICWA	Indian Child Welfare Act
IEA	Office of Intergovernmental and External Affairs
IHCIA	Indian Health Care Improvement Act
IHS	Indian Health Service
NALM	National At Large Tribal Member
NIH	National Institutes of Health
OMB	Office of Management and Budget
OPDIVs	HHS Operating Divisions
OTA	Office of Tribal Affairs
SAMHSA	Substance Abuse and Mental Health Services Administration
SGTFW	Self-Governance Tribal Federal Workgroup
STAC	Secretary's Tribal Advisory Committee
TANF	Temporary Assistance for Needy Families
VA	Department of Veterans Affairs

