

## **U.S. Department of Health and Human Services**

### **13<sup>th</sup> Annual National HHS Tribal Budget and Policy Consultation**

#### ***Executive Summary***

The U.S. Department of Health and Human Services (HHS) 13<sup>th</sup> Annual National HHS Tribal Budget and Policy Consultation was held March 3-4, 2011, in Washington, DC. The consultation afforded Tribal leaders and stakeholders an opportunity to convey their priorities to HHS senior leadership on the HHS budget and other crosscutting policy issues important to Indian Country.

Lt. Governor Jefferson Keel, Chickasaw Nation, opened the meeting by welcoming the participants and inviting Gil Vigil, Tribal Council Member of Tesuque Pueblo, to provide a prayer. As part of his opening remarks, Paul Dioguardi, Director, HHS, Office of Intergovernmental Affairs (IGA), acknowledged strides made over the last 2 years:

1. The passage of the Affordable Care Act (ACA);
2. The permanent reauthorization of the Indian Health Care Improvement Act (IHCIA);
3. A significant increase in the Indian Health Service (IHS) budget for 2 years in a row;
4. The continued commitment from the Secretary; and
5. The continued communication between HHS and Tribal leadership.

Bill Corr, HHS, Deputy Secretary, also greeted the group, expressing HHS's commitment to ensure that American Indians/Alaska Natives (AI/ANs) benefit from the ACA and addressing the President's proposed investments in programs for Tribes and the IHS. He communicated the Secretary's desire to support Tribal best practices and encouraged the Tribal leaders to give specific ideas when delivering their comments and testimonies. After echoing Mr. Corr's request that Tribal leaders provide specific outcomes and goals during the consultation, Mr. Dioguardi confirmed the Department's commitment to following up with Tribes, delivering on promises, and explaining barriers that may preclude its ability to solve problems identified by the Tribes.

Cathy Abramson, Chair, National Indian Health Board, moderated the *Open Tribal Leader Comment* session. Among the themes noted by Tribal leaders included:

1. Strengthening the capacity of Tribal governments to become self-reliant;
2. Support for Head Start programs;
3. Tribes' difficulty working with States;
4. Funding concerns regarding contract health services, Medicaid, transportation budgets;
5. The IHS budget as it pertains to facilities construction, behavioral health/mental health initiatives, and elder care services; and
6. Questions about ACA implementation.

The afternoon sessions on the first day of the consultation provided Tribal leaders and representatives with an opportunity to present their budget priorities to HHS operating divisions (OPDIVs) and work with the leadership and budget teams to develop recommendations for the

Fiscal Year (FY) 2013 budget. Resounding recommendations and comments per each OPDIV were as follows:

- **Administration for Children and Families (ACF):** Requests for increased funding for programs and tribal set-asides; concern for children of color who represent a disproportional high number within the child welfare system; continued need for Temporary Assistance for Needy Families (TANF) and Head Start programs; and frustration over lack of States' cooperation with Tribes regarding Federal funds.
- **Administration on Aging (AoA):** Need for long-term care and elder care services.
- **Substance Abuse and Mental Health Services Administration:** Requests for increased funds for substance abuse prevention, suicide prevention, and other mental health services; need to increase Tribes' capacity for research and evaluation; continued funding of the Circles of Care grantees.
- **Health Resource and Services Administration (HRSA):** Concern over health disparities and need to create an appropriate workforce pipeline to serve Indian Country.
- **National Institutes of Health (NIH)/Agency for Healthcare Research and Quality (AHRQ):** Request for a single point of contact in the NIH Director's Office for all AI/AN health; and significant concerns regarding the National Children's Study.
- **Centers for Disease Control and Prevention (CDC)/Agency for Toxic Substances and Disease Registry (ATSDR):** Need for an integrated and coordinated HHS data system for AI/AN communities; and requests for direct funding to Tribes.
- **Centers for Medicaid and Medicare Services (CMS):** Additional resources needed for Tribes to plan and implement ACA provisions; concern for definitions of "federally qualified health centers" (FQHCs) and "need populations;" requests for direct funding to Tribes; and difficult relationships with States.

The second day of the 13<sup>th</sup> Annual National HHS Tribal Budget and Policy Consultation began with Ken Lucero, Chair, Secretary's Tribal Advisory Committee and Cathy Abramson, Chair, National Indian Health Board welcoming the participants back. The *Crosscutting Issue Session* allowed Tribal members to discuss important issues with HHS OPDIVs and address budget priorities. Among the comments and concerns raised during the sessions included the following:

- **Food and Drug Administration (FDA):** Differing opinions on the use of tobacco; and jurisdictional concerns about enforcement activities.
- **Affordable Care Act (ACA) Affects on Tribes:** Concern about federal funding going through States; request for assistance to facilitate consultation with States; and concern about the ProviderOne system.
- **State Budget Reductions Impacting Medicaid:** Desire for separate benefits package through the Indian Health Service/Tribal/Urban Programs (I/T/U) system; lack of States' cooperation on Medicaid issues; concern about encounter rates in the billing process; and concern over optional Medicaid benefit cuts.
- **Indian Health Service Budget Formulation Team Testimony:** Current funding levels insufficient to meet AI/AN health care needs.

HHS Secretary Kathleen Sebelius joined the consultation session to thank the Tribal leaders and representatives for advising HHS. She assured the Tribal leaders that their recommendations will be

used to facilitate HHS's actions, budget, and policies. She recognized that health disparities continued to be a major issue; and she indicated that the ACA would be especially important to Tribes. After briefly commenting on the State-based insurance exchanges and HHS budgets for FY 2011 - 2013, the Secretary reaffirmed her and the President's commitment to Indian Country. In addressing the Secretary, Tribal leaders' comments ranged from appreciation of staffs' efforts to move the Tribal agenda forward, to calls for direct funding to Tribes, and to disappointment regarding America's treatment of AI/ANs.

At the conclusion of the day, Paul Dioguardi, Director, Intergovernmental Affairs, remarked on the importance of this ongoing communication between HHS and Tribes. A tribal closing concluded the annual consultation.

A more detailed account of the consultation discussions is provided in the *U.S. Health and Human Services 13<sup>th</sup> Annual National HHS Tribal Budget and Policy Consultation Meeting Summary*, under separate cover.