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

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

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

The update around the Affordable Care Act focused on the work being done toward in anticipation of the 2014 rollout of the health insurance Exchanges as well as changes in Medicaid eligibility (including covering people up to 133 percent of the poverty limit and ratcheting down the number of eligibility categories). Regarding the health insurance Exchanges, HHS has issues two proposed rules dealing with (1) a framework for States to build their Exchanges; and (2) guidance on eligibility for the Exchanges and the Medicaid formularies.
During the HHS Federal Member Roundtable Discussion, the STAC heard updates on the work the staff across the Department are doing on behalf of Tribes and Tribal communities. The STAC heard specifically from the following offices and operating divisions: Health Resources and Services Administration; Administration on Aging; Indian Health Service; Centers for Disease Control and Prevention; Office of Minority Health; Substance Abuse and Mental Health Services Administration; Administration for Children and Families; and the National Institutes of Health.

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

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

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

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

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