**HHS Secretary’s Tribal Advisory Committee (STAC)**

***September 21-22, 2017 at the Cherokee Nation***

***Northwest Portland Area Indian Health Board (NPAIHB) Brief***

HHS Secretary Tom Price made a commitment earlier this year to hold the Secretary’s Tribal Advisory Committee (STAC) in Indian country and he kept this promise. The September 2017 STAC meeting was held at the Cherokee Nation. Portland Area tribal representative, Chairman Ron Allen, Jamestown S’Klallam Tribe, attended the meeting. NPAIHB provided technical support to Chairman Allen and prepared this brief.

**Discussion with the HHS Secretary Tom Price**

Tribal leaders from each IHS region stressed the importance of tribal consultation at the national and regional levels. The HHS Secretary Price agreed that the recognition of respecting the tribal treaties and mentioned the importance of the STAC meeting being held in Indian Country. Secretary Price highlighted his gained perspective on the remarkable spirit of caring in Indian Country, “addressing the mind, body, and spirit that is present in Indian Country is remarkable and should be a model for the rest of the nation.”

Secretary Price announced that HHS is raising the threshold for Indian Health Service (IHS) capital projects. The construction threshold will be increased from $1 million to $5 million; the renovation threshold will rise from $2 million to $10 million; and the repairs threshold will increase from $5 to $15 million. In addition, projects funded with tribes will now not require HHS approval.

Tribal leaders highlighted the importance of tribal consultation and the HHS consultation policy. When there are critical healthcare events there must be communication between the federal government and tribal governments. Additionally, tribal leaders requested that Secretary Price provide written response letters to the STAC letters that were sent to Secretary Price after the last meeting.

Chairman Allen emphasized the successes of policies from prior Administrations and that there is no need to reinvent the wheel. Chairman Allen highlighted the fact that the tribal healthcare infrastructure is complex and the Administration must take into consideration how an Affordable Care Act (ACA) repeal and replace will apply to tribal health programs. Tribal representatives encouraged Secretary Price to work with Tribal Advisory Committees (TACs) and tribal/federal workgroups. Chairman Allen called for the reinstatement of an advisory committee to create a better agenda moving forward.

***Importance of CMS Services and Reimbursement in Indian Country***

Tribal leaders expressed the significance of Medicaid services and reimbursement from the Centers for Medicare and Medicaid Services (CMS) including 100% federal medical assistance percentage (FMAP) reimbursement for services provided to American Indians and Alaska Natives (AI/ANs) as well as Medicaid expansion. Additionally, tribal leaders articulated issues with emerging 1115 waiver requirements that states have submitted, which would include work requirements for Medicaid eligibility. On behalf of the STAC tribal leaders, Chairman Allen requested that tribes be exempted from the 1115 waiver work requirement because of the high unemployment in Indian Country, the fallback on an already underfunded health care system, as well as the federal government trust responsibility to tribes.

***Opioid Crisis in Indian Country***

Tribal Council Cheryl Frye-Cromwell, the STAC Nashville tribal representative, requested a federal partners and tribal workgroup to address the opioid crisis in Indian Country with a demonstration project that was discussed at the last STAC meeting. Tribal representatives requested the need to track funding provided to states to ensure that states are accountable for resources and funding to go to tribes. Chairman Allen stated the importance of tribes being aware of funding and resources between the various HHS departments. Secretary Price commented that the Centers for Disease Control and Prevention (CDC) has released a guideline for prescribing opioids.

In response to the funding comment, Secretary Price stated that it would be beneficial for all IHS and HHS resources for Indian Country to be under the congressional jurisdiction of the Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies because there are more resources and expertise under the Subcommittee. Secretary Price requested that the STAC decide if this is an issue that the STAC should take on or the IHS Budget Committee to support. STAC Chairman Chester Antone, Council Member of Tohono O’odham Nation, asked tribal leadership to consider this issue and for the STAC to evaluate how it will impact tribes.

***Healthcare Workforce in Indian Country***

Tribal leaders voiced their concerns regarding recruitment of healthcare professionals in rural tribal communities. President Russell Begaye, STAC Navajo Area representative underlined the need to increase payback and get more medical students to provide services in Indian Country. President Begaye requested an HHS directive for a residency program at IHS facilities. In addition, President Begaye raised the foundational need of housing for healthcare professionals. HHS Secretary Price responded that medical schools and residencies are something that they will focus on. Secretary Price affirmed that HHS will make sure access to education and training will be available for Native communities because, generally, where residents train is where the vast majority stay to practice.

***SDPI Reauthorization***

Tribal leaders stressed the importance of reauthorization of the Special Diabetes Program for Indians (SDPI) and the support that Indian Country needs from HHS to reauthorize SDPI. Secretary Price replied that HHS is working with congressional members on Capitol Hill to get SDPI reauthorized.

**Discussion with HHS Office of Intergovernmental and External Affairs Director Jane Norton**

President Begaye was elected as Vice Chairman of STAC. Tribal leaders recommended to the Office of Intergovernmental and External Affairs Director Norton that the budget formulation process needs to change to better meet the needs in Indian country. Chairman Allen recommended putting together a workgroup that would propose how the budget formulation could be conducted with proposed instructions and that would take into consideration regional priorities. Additionally, Chairman Allen stated that tribes need to have an idea of how the FY 2017 appropriations from the Office of Management and Budget (OMB) will break down for HHS and which tribes are accessing those funds. Tribal leaders reiterated the importance of approving Area Directors. Director Norton responded that they have 10 regional directors and two have been appointed while the rest have been identified so they are in a holding pattern.

The Office of Intergovernmental and External Affairs proposed cancellation of the December 5-6, 2017 STAC meeting as well as provided the following proposed dates for future STAC meetings:

1. January 17-18, 2018
2. March 8-9, 2018 for Annual Tribal Budget Consultation
3. May 9-10, 2018
4. September 19-20, 2018
5. July 2018 for Strategic Planning Meeting

**HHS Budget Updates with the Acting Assistant Secretary for Financial Resources, Jennifer Moughalian**

On September 8, 2017 the Continuing Appropriations Act, 2018 and Supplemental Appropriations for Disaster Relief Requirements Act, 2017 (H.R. 601) became law. The Continuing Resolution will suspend the debt limit and be short term funding through December 8, 2017. Acting Assistant Secretary Moughalian stated that IHS is a priority as they engage with OMB. Acting Assistant Secretary Moughalian has reviewed the STAC’s FY 2018 budget recommendations and they are part of the FY 2019 budget conversations.

**Discussion with the Administration for Children and Families Acting Assistant Secretary Steven Wagner**

Acting Assistant Secretary Steven Wagner acknowledged that the Administration for Children and Families (ACF) will be working toward prevention in the removal of children. With Headstart, the ACF will be preserving slots because participation is only hitting 50% of eligible children. ACF will be looking at setting up a system for children who are neglected and not privileged to participate. The ACF nominated Assistant Secretary is up for congressional approval. There has not been a Deputy Assistant Secretary for Native Affairs identified yet. Tribal leaders made the distinction that tribal temporary assistance for needy families (TANF) is completely different that state TANF, therefore the consultation process must be invoked for the adoption and foster care analysis and reporting (AFCAR). Tribes need data and funds be provided directly to tribal communities. Chairman Allen said that the Jamestown S’klallam Tribe is struggling with the state on the enforcement of the ACF. Chairman Allen also specified that the 477 program has been very successful and tribes need the ACF on board to assist in getting it passed to be a model for welfare reform.

**Discussion with Indian Health Service Acting Director Michael Weahkee**

The Indian Health Service (IHS) recently sent out a Dear Tribal Leader Letter (DTLL) invoking consultation with tribes on the 2018-2022 IHS Strategic Framework. Comments for the IHS Strategic Framework are due October 31. A tribal/federal workgroup will be reviewing the comments to create a draft IHS Strategic Framework that will be released for a 30-day comment period prior to final publication. Acting Director Michael Weahkee indicated that recruitment and retention of staff across IHS is a key priority for the agency. Chairman Ron Allen, STAC Northwest Area representative acknowledged that IHS needs help with making recruitment and retention adjustments. Chairman Allen expressed that it is harder to fill positions for tribes and sometimes tribes cannot pay the market value for talent and benefits to retain healthcare staff. IHS is creating a fellowship program for entry level medical officers to develop skills to work within the Indian healthcare system. Acting Director Weahkee affirmed tribal leaders that IHS is creating a search committee for filling key Area Director positions and IHS is working on several Title 38 authorities and benefits packages for recruitment. Numerous tribal leaders emphasized the need for direct services tribes to have the flexibility to move funding around and that IHS needs to ensure that the voice of direct service tribes is heard.

IHS Acting Director pronounced that IHS has finalized a report on diabetes and kidney failure prevention successes, which will be sent out to the STAC. In addition, IHS will work with the VA to ensure that American Indian and Alaska Native (AI/AN) veteran patients are exempt from copays or IHS pays the copays.

**Discussion with Centers for Medicare and Medicaid Services Senior Counselor to the Administrator, Calder Lynch**

Senior Counselor to the Administrator, Calder Lynch reaffirmed tribal leaders that consultation will continue to play a significant role in policy development to obtain guidance and input from tribes. Chairman Allen voiced the importance of the unique treaty relationship and the need to focus on how to increase access to affordable healthcare services. The first goal for the Centers for Medicare and Medicaid Services (CMS) is to empower doctors, state flexibility and local leadership to develop innovative approaches to improve accessibility and improve the CMS customer experience. CMS is working on the following initiatives: (1) offering more flexible approaches to address the opioid epidemic; (2) enhance Medicaid and CHIP around IT and data; (3) focus on streamlining the state plan amendment and waiver process as well as improve the technology and transparency; and (4) identify and streamline policies to reduce burden.

Tribal leaders articulated the importance of maintaining the 100% federal medical assistance percentage (FMAP) and the need for tribal exemption from emerging provisions like work requirements and eligibility requirements for Medicaid. Senior Counselor Lynch affirmed tribal leaders that there will be continued conversations with TTAG on these issues. CMS is continuing to monitor congressional changes to expand the 100% FMAP ability. Chairman Allen emphasized the importance of engagement with tribal/federal workgroups before connecting with the states. Tribal leaders expressed concern with the drastic sudden funding cut for navigators. Tribal leaders reiterated the need for states to partner with tribes in a concerted effort to improve the health of the AI/AN people.

Senior Counselor Lynch stated that CMS has held a few different technical meetings and webinars to provide technical assistance for the New Medicare Card Project. CMS will be launching a campaign to get the word out about the New Medicare Card Project.

**Discussion with the Administration for Community Living Administrator Lance Robertson**

The Administration for Community Living (ACL) Administrator Lance Robertson identified that mortality rates for AI/ANs are at 66 years of age versus 76 years of age and the goal of ACL is to keep elders in their home. The ACL is a crossover agency for the older population and individuals with chronic diseases. The Older Americans Act is now funding 270 tribes. ACL has funded 30 tribes for innovative work for elder justice and the falls prevention project has been expanded. ACL Administrator Lance Robertson highlighted the following priorities for the agency: (1) strengthen Title XI program; (2) creation of a tribal consultation policy; and (3) support for innovative programs like chronic disease self-management and work to strengthen services. STAC Northwest Area representative, Chairman Allen highlighted the need for tribal input during the tribal consultation policy creation as well as the formation of a tribal advisory committee (TAC).

**Discussion with the White House Council on Native American Affairs Executive Director Ben Keel**

White House Council on Native American Affairs Executive Director Keel is currently working on transitioning the Council from a federal agency only participation to a tribal council with tribal representation that will help form and shape federal Indian policy. Executive Director Keel informed tribal leaders that they are in the process of moving the council from the Department of the Interior (DOI) to the White House Office of Intergovernmental Affairs in order to have a true government to government relationship. The White House Council on Native American Affairs would like to continue the Tribal Nations Summit. On November 1, Executive Director Keel will have an update for STAC on the Opioid Task Force Report. Numerous tribal leaders stated issues with public safety and the high rates of domestic violence, child abuse and sexual assault in tribal communities, therefore adding public safety to the list of issues under the White House Council on Native American Affairs. STAC Navajo Nation Area representative, President Begaye recommended that it would be beneficial for tribes to know how various agencies are working together on certain issues like suicide and substance abuse.

**Discussion with the Office of the Assistant Secretary for Health Deputy Assistant Secretary for Minority Health Matthew Lin**

Assistant Secretary for Minority Health Matthew Lin indicated the importance of a grant funding program for evidence-based practices to address historical trauma and health equity. Tribal leaders discussed management of physicians and the need to permanently fill acting positions. In addition, tribal leaders expressed the significance of the Commission Corp and the concern that it takes 9-15 months to get someone identified through the Commission Corp. IHS Acting Director Weahkee responded that the onboarding process is comprehensive and a full background check must be completed. Assistant Secretary for Minority Health Lin responded that they have not had specific open calls, but physicians and dentists are on a continuous open call and they may be opening for Physicians Assistants soon. IHS Chief Medical Officer Dr. Michael Toedt informed tribal leaders that they are going to work on improving the Commission Corp officer process. Commission Corp officers have to go through a medical evaluation for competencies and physical readiness. Assistant Secretary for Minority Health Lin indicated that they are going to work on cultural competency online trainings for the Commission Corp.

**Discussion with Centers for Disease Control and Prevention Office for State, Tribal, Local and Territorial Support Director Carmen Clelland**

The Public Health Associate Program has increased participants over the past few years and six tribal areas have received public health associates in Indian Country. This year there will be twenty-one tribal sites for about one hundred and twenty public health associates. Tribal leaders have requested an understanding of how the funds get out to states and tribes and how to track those dollars in a meaningful way to tribes. The Centers for Disease Control and Prevention (CDC) Tribal Advisory Committee (TAC) has requested technical assistance on how to engage with tribes to increase the capacity of epidemiology in Indian Country. Additionally, the CDC TAC has requested a tracking of CDC responses to requests tribes have made to CDC to see how CDC is responding in a meaningful way. Tribal leaders requested that culturally-based practices must be allowed to be utilized in funding opportunities because CDC-identified best practices may not fit in tribal communities. Tribal leaders requested what activities CDC is doing for teen and youth suicide. Director Clelland responded that CDC has engaged with Epidemic Intelligence Service (EIS) officers who have gone out to areas with high rates of teen suicides. CDC has funded a project with regards to adverse childhood experiences to identify where there are at risk children and teens. The CDC requested tribal representation on the state, tribal, local and territorial support social conditions committee, which ties in social determinants of health as well as environmental and ecological factors. Acting Deputy Assistant Secretary for Mental Health and Substance Use within the Substance Abuse and Mental Health Services Administration (SAMHSA) Kana Enomoto responded that SAMHSA is currently looking at ways to have communities learn from one another with regards to zero suicide.

**Discussion with the Substance Abuse and Mental Health Services Administration Acting Deputy Assistant Secretary for Mental Health and Substance Use Kana Enomoto**

Tribal leaders emphasized the need for prevention efforts and initiative more than treatment as well as coordination with other agencies. Additionally, tribal leaders requested the creation of a federal/tribal workgroup to look into a tribal opioid crisis demonstration project as well as tribal participation on the HOPE committee. Assistant Secretary Enomoto replied that they would be happy to create a federal/tribal workgroup. Tribal leaders requested a funding tracker to make sure that opioid prevention and treatment funding is going to tribes. Tribes raised concerns that the grant language uses the word encourage for States to include tribes in their opioid prevention and treatment strategic plan and funding. Assistant Secretary Enomoto replied that unfortunately the encourage language is tied to the 21st Century Cures Act. The 21st Century Cures Act provides $1 billion in opioid prevention and treatment funding. Assistant Secretary Enomoto announced that SAMHSA has made progress to set aside funding specifically for tribes and has held a webinar for state/tribal grantees. Assistant Secretary Enomoto stated that SAMHSA needs to know more about how opioids are coming into tribal communities because approximately 63,000 AI/ANs are misusing opioids. Assistant Secretary Enomoto announced that SAMHSA is working on the development of an opioid website. STAC Northwest Area representative, Chairman Allen highlighted that the issues of alcohol, methamphetamine and heroin are still an epidemic in Indian Country. STAC Alaska Area representative, Chief Victor Joseph specified the need for flexibility in adjusting treatment services to suit the needs of the individual rather than the static set of treatments as well as the need for substance abuse counselors to have the skills to meet the demands for a variety of addictions. Additionally, Chief Joseph asserted the need for trauma informed care to be tied closely to mental and behavioral health services. Assistant Secretary Enomoto responded that she agreed that too many rely on a single assessment/treatment tool and that insurance may complicate providing certain services. With regards to trauma informed care, Assistant Secretary Enomoto stated that they look forward to hearing about the direction of the White House Council which has been supportive of trauma informed care initiatives in the past.