

# MEMORANDUM

DATE: July 22, 2016

TO: NPAIHB Delegates, Tribal Health Directors and Tribal Chairs

FROM: Joe Finkbonner, , Executive Director, RPH, MHA

RE: WEEKLY MAILOUT

- Long Term Care Grant Opportunity

## **Delegates and Tribal Health Directors**

- HHS IEA Bulletin
- HHS Draft Letter
- Circular No. 2016-08
- Good Health and Wellness in Indian Country Tribal Resource Digest, Issue 78

## **Oregon Delegates and Tribal Health Directors**

- Federal Register Notice 38

**July 12, 2016**

**Funding Opportunity for CILs to Increase Service to Indian Country**

The Administration for Independent Living (ACL), Independent Living Administration (ILA) recognizes there is a need to develop capacity building within existing Centers for Independent Living (CIL) for serving individuals with disabilities in Indian Country.

Through a new funding opportunity ACL intends to:

- Gain an increased understanding of service needs of Native Americans with disabilities living in Indian Country;
- Improve cultural competence in regards to the needs of specific tribal organizations targeted by current CIL grantees;
- Capture lessons learned and best practices for outreach and service delivery for Native Americans with disabilities, a traditionally under-served population.

To achieve these goals, ACL is seeking applications from existing CIL grantees to develop capacity and demonstrate how to provide the five CIL core services in Indian Country.

ACL, ILA will fund a demonstration project to place Independent Living (IL) Specialists who are culturally competent on the needs of Tribal Communities in the areas that the CIL serves and knowledgeable in IL services for the purpose of developing capacity and providing services in Indian Country.

With this funding opportunity ACL plans to fund three (3) grants for three years with one year budget periods. Each budget period will have a minimum of \$200,000 and a maximum of \$250,000.

If you are interested, please review the full Funding Opportunity Announcement at [www.grants.gov](http://www.grants.gov). (HHS-2016-ACL-AOD-IL-0184 Native American Independent Living Demonstration Project)The due date for applications is 08/16/2016.

If you have additional questions please contact Corinna Stiles at [corinna.stiles@acl.hhs.gov](mailto:corinna.stiles@acl.hhs.gov).



## HHS IEA Weekly Bulletin

A Weekly Bulletin of the U.S. Department of Health & Human Services Office of Intergovernmental and External Affairs

# Friday, July 15, 2016

Visit [HHS.gov/Healthcare](http://HHS.gov/Healthcare) and [CuidadodeSalud.Gov](http://CuidadodeSalud.Gov), two consumer-focused health care websites to: [find insurance options](#), [compare care quality](#), and [learn about the law](#).

## HHS News

### ➤ **Bundled Payment For Care Improvement (BPCI) Downside Risk Waiver Notification**

*July 15, 2016*

Today, The Centers for Medicare & Medicaid Services (CMS) sent notifications to relevant stakeholders of a decision to waive downside risk calculations for physician group practice (PGP) episode initiators participating in Models 2 and 3 of the Bundled Payments for Care Improvement (BPCI) initiative as well as for impacted episodes for indirectly impacted Model 2 and 3 Awardees for all of 2015.

CMS will continue to analyze the situation and is considering additional short term and long term solutions for the provider reassignment and episode attribution issues. CMS will keep Awardees and external stakeholders apprised of the situation and the timeline. The BPCI team will contact impacted Awardees and Awardee Conveners prior to the January 2017 reconciliation.

Click [here](#) to email the BPCI team.

### ➤ **Teen Pregnancy Prevention Program FY 2010-2014 Results**

*July 15, 2016*

Today, the OASH's Office of Adolescent Health (OAH) Teen Pregnancy Prevention (TPP) Program released findings from implementing and evaluating teen pregnancy prevention programs.

The United States teen birth rates are at historic lows and there have been substantial declines in all 50 states and among all racial and ethnic groups. The TPP Program is focused on teen pregnancy prevention in communities in which teen pregnancy rates remain high. Between Fiscal Years 2010 and 2014, HHS awarded \$100 million in teen pregnancy prevention grants to states, non-profit

organizations, school districts, universities, and others to support the replication of teen pregnancy prevention programs that have been shown to be effective through rigorous research as well as the testing of new, innovative approaches to combating teen pregnancy. OAH is releasing the findings from the first five years of this program.

Click [here](#) for further information.

➤ **HIS Rosebud Hospital Emergency Department To Resume Full Operations**

*July 14, 2016*

Today, the Indian Health Service announced that the IHS Rosebud Hospital emergency department will resume operations 24 hours a day, seven days a week beginning tomorrow. The emergency room has been on diversionary status since December 5, 2015.

While the emergency department was on diversionary status, IHS renovated the emergency department, inventoried equipment, repaired or replaced equipment due for upgrade, revised processes to improve patient assessments and upgraded technology systems to support effective medical records documentation through the IHS electronic health record.

Click [here](#) to view the press release.

➤ **Value Based Purchasing Guidance To States And Manufacturers**

*July 14, 2016*

This notice is to inform manufacturers on how to seek guidance from CMS on their specific value based purchasing (VBP) arrangement, as well as encourage states to consider entering into (VBP) arrangements as a means to address, as well as offset, Medicaid's high cost drug treatments. This guidance also reminds states that they may extend their Medicaid supplemental rebate agreement to some or all of their managed care prescription claims. After release of the VBP guidance we will send Novartis a letter regarding their drug Cosentyx and a VBP arrangement they are employing.

Click [here](#) for more information.

➤ **2015-2025 Projections Of National Health Expenditures Data Released**

*July 13, 2016*

Total health care spending growth is expected to average 5.8 percent annually over 2015-2025, according to a report published today as a 'Web First' by *Health Affairs* and authored by the Centers for Medicare & Medicaid Services' (CMS) Office of the Actuary (OACT). Projected national health spending growth remains lower than the average over previous two decades before 2008 (nearly 8 percent).

In 2015, medical price growth is estimated to continue to be very low, helping to restrain overall health spending growth. In addition, the Medicare program is testing various alternative payment approaches, which may provide some relief to long-term spending growth, even as a record number of people age into Medicare. Overall, national health expenditures are estimated to have reached \$3.2 trillion in 2015.

Click [here](#) to continue reading.

Click [here](#) for the OACT report.

Click [here](#) for an article about the study in Health Affairs.

➤ **Healthcare.gov Cost Sharing Data Brief**

*July 12, 2016*

Today, CMS released a new data brief showing that the median individual deductible for HealthCare.gov Marketplace policies (after taking into account cost-sharing reductions) in 2016 is \$850, down from \$900 in 2015.

Click [here](#) to for the press release.

Click [here](#) for the data brief.

➤ **Hawaii Navigator FOA**

*July 11, 2016*

Today, The Centers for Medicare & Medicaid Services (CMS) published a 2016 Limited Competition Navigator Funding Opportunity Announcement for eligible individuals, entities, and consortia proposing to operate as Marketplace Navigators in the state of Hawaii.

Click [here](#) to view the funding opportunity.

## **HHS Blogs**

➤ **Fighting The Opioid Epidemic On Jessie's Behalf**

By David Grubb

*July 14, 2016*

This week, Secretary Burwell is meeting with Governors from across the country at the summer meeting of the National Governors Association. She's there to talk about how leaders in states and the federal government can work together in the fight against the opioid epidemic. And just last week, the Obama Administration announced new steps that the federal government is taking to save more Americans from prescription opioid and heroin abuse.

Behind all of this work, though, are the stories of countless American families who have helped a loved one fight addiction, and, in some cases, lost that fight. Here is the story of Jessica Grubb in West Virginia – as told by her father, former State Senator David Grubb.

Click [here](#) to continue reading.

➤ **Supporting Families To End Homelessness**

By Mark Greenberg  
*July 13, 2016*

Stable housing is a crucial contributor to family economic success and to healthy child development. And research shows that experiencing homelessness can have devastating consequences for families. Homelessness is often associated with family separations, poor health, exposure to violence, stress, school moves and absences, and social, emotional, and behavioral problems, as well as academic delays, for young children.

While the annual Point in Time data shows important progress in reducing the numbers of unsheltered families in recent years, it's also clear that a number of cities and states are facing significant challenges and are working hard to address family homelessness.

Click [here](#) to continue reading.

➤ **Austin Demby: When Ebola Hit Home**

By HHS Office of Global Affairs  
*July 13, 2016*

This week marks the two-year anniversary of CDC's official activation of the emergency response to the Ebola outbreak that originated in West Africa. As a Department, HHS's response to what would become the largest epidemic of its kind and CDC's largest emergency activation ranged from medical research to technical assistance—nearly 4,000 CDC staff were engaged in the response—to diplomatic: The HHS Office of Global Affairs liaised with the World Health Organization and foreign governments to coordinate global participation in the emergency response.

But for Dr. Austin Demby, a CDC epidemiologist on detail to the HHS Office of Global Affairs, his role in the response was personal. Demby was born in Sierra Leone. His connection to the area would prove to be pivotal in getting ahead of the epidemic.

Click [here](#) to continue reading.

➤ **Your Money Or Your PHI: New Guidance On Ransomware**

By Jocelyn Samuels  
*July 11, 2016*

One of the biggest current threats to health information privacy is the serious compromise of the integrity and availability of data caused by malicious cyber-attacks on electronic health information systems, such as through ransomware. The FBI has reported an increase in ransomware attacks and media have reported a number of ransomware attacks on hospitals.

To help health care entities better understand and respond to the threat of ransomware, the HHS Office for Civil Rights has released new Health Insurance Portability and Accountability Act (HIPAA) guidance on ransomware. The new guidance reinforces activities required by HIPAA that can help organizations prevent, detect, contain, and respond to threats.

Click [here](#) to continue reading

➤ **#RefugeesWelcome: A New Life, Opportunity and Business**

By Ram Rai

July 11, 2016

I was born in Bhutan, very far from here. My family was part of a Nepali ethnic group and because of political persecution and civil war in Bhutan, my parents had to hide in the jungle. We finally fled to Nepal. But the Nepal government was suspicious of the Bhutanese refugees and wouldn't let us live freely.

I was just 8 years old when I came to the refugee camp in eastern Nepal. It was horrible. We survived with very little food and water. Health conditions were very bad, and people were dying.

Click [here](#) to continue reading.

## White House Blog

➤ **President Obama Writes On Health Care Progress In The Journal Of The American Medical Association**

By Melanie Garunay

July 11, 2016

Today, President Obama laid out the progress we've made on health care in the latest edition of the Journal of the American Medical Association.

In his paper, "United States Health Care Reform: Progress to Date and Next Steps," the President assessed the ways that the Affordable Care Act has improved our health care system, from expanding and improving coverage to reforming our health care delivery system.

Click [here](#) to continue reading.

## Educational Materials

*Below you'll find materials related to the implementation of the Affordable Care Act.*

➤ **Zika Virus: What You Need To Know**

*For up-to-date information on the Zika Virus and how you can protect yourself and your loved ones, visit <http://www.hhs.gov/zika/index.html>*

➤ **The Opioids Epidemic**

*For information about the prescription drug and heroin overdose epidemic, and to learn what HHS is doing about it, visit <http://www.hhs.gov/opioids/>*

## ➤ **Info-Graphics**

View all our *Flickr Info-Graphs* page [here](#).

## ➤ **Health Insurance Marketplace**

For more information about the Health Insurance Marketplace including official resources, research, news, and events visit <http://marketplace.cms.gov/>

## ➤ **#GetCovered: Share your story**

Whether you've just enrolled in health coverage through the Health Insurance Marketplace or you're benefiting from the myriad of new protections under the Affordable Care Act, tell us your story below - then ask your friends to do the same by visiting this [page](#).

## ➤ **Marketplace Updates**

For information on how to sign up for coverage through the Health Insurance Marketplace, including text message and email updates visit <http://www.healthcare.gov/marketplace/index.html>

## ➤ **State by State Fact Sheets**

Choose your state to learn more about the immediate benefits of the Affordable Care Act, The ACA state by state fact sheets have been updated with the most current stats available. They can be found here: <http://www.hhs.gov/healthcare/facts/bystate/statebystate.html>

## ➤ **ACA Fact Sheets**

The ACA fact sheets have been updated with the most current stats available.

They can be found here: <http://www.hhs.gov/healthcare/facts/bystate/statebystate.html>





JULY 18 2016

Dear Tribal Leader:

The Indian Health Service (IHS) is requesting your comments and recommendations on a draft Circular that the IHS has created to address the purchase of health care coverage, which is commonly referred to as Tribal Premium Sponsorship (Sponsorship). Sponsorship occurs when a Tribe pays health insurance premiums on behalf of IHS beneficiaries. As you know, when Tribal members enroll in coverage they are able to improve their access to care through increased options for health care. In turn, revenue collected by Tribal and IHS providers goes back into the facility to meet conditions of participation and provide additional funds to hire staff and purchase services and new equipment. In addition, with greater alternate resources, Purchased/Referred Care (PRC) funds go farther as more patients have coverage. The purpose of this draft Circular is to provide further detailed guidance to IHS Area Offices regarding the current IHS policy if a Tribe, Tribal organization, or Urban Indian organization wishes to purchase coverage for IHS beneficiaries with Indian Self-Determination and Education Assistance Act (ISDEAA) funding or other IHS-appropriated funds. Per Section 402 of the Indian Health Care Improvement Act (25 U.S.C. § 1642) Indian Tribes, Tribal organizations, and Urban Indian organizations may use federally appropriated funding, to the extent it is available under law, to purchase health insurance for IHS beneficiaries.

The draft Circular is needed as many Tribes across the country have created Sponsorship programs. Tribes have reported success stories as their members enroll in health benefits coverage and access care. Tribes have also reported increased revenues tied to these Sponsorships, which often result in additional revenue that lets them supplement operations, procure services and new equipment, and allows them to hire more providers. Tribes have also reported savings in PRC programs, which has led to PRC funds lasting longer and facilitated payment for lower priority services. The IHS is pleased to hear of this success and is committed to supporting and encouraging Tribes in their efforts to enhance access to care for their members, improve third party collections, and cost savings. Tribes have primarily used their own funds to pay premiums and some now seek to use appropriated funds.

The draft Circular provides guidance to IHS Area Offices regarding eligible beneficiaries and funding sources, along with recommended language to be included in new or existing contracts, compacts or funding agreements between Tribes, Tribal organizations, and the IHS. The draft Circular also addresses PRC Residual Responsibility and Coordination of Benefits when a Direct Service Tribe (DST) decides to take a portion of their PRC funds to purchase insurance for some or all of their Tribal members, and leaves a residual of funds in the DST PRC program to provide care for PRC-eligible patients who do not have alternate resources, and when a premium sponsorship program is self-funded in part or whole with ISDEAA funds. Finally, the draft Circular provides guidance on when a plan self-funded in part or whole with ISDEAA funds will be considered eligible for reimbursement from the Catastrophic Health Emergency Fund.

I hope that you will find the draft Circular to be useful in understanding IHS's views on the purchase of health care coverage and that it will be helpful in any planning and implementation efforts to provide health benefits coverage to IHS beneficiaries. The IHS is committed to working with all Tribes to improve access to care for American Indians and Alaska Natives.

The IHS will consult with Tribal Leaders from July 18 through August 17. Written comments by Tribal Leaders or Tribal organizations can be e-mailed to [consultation@ihs.gov](mailto:consultation@ihs.gov) by COB August 17.

Please participate on a telephone Tribal Consultation and Urban Confer Call that will provide an overview and discussion of the draft Circular.

**Telephone Tribal Consultation and Urban Confer Call:**

Call date: July 25, 2016 (Monday)  
Call time: 3:00 p.m. – 4:00 p.m. (Eastern Time)  
Call In Number: (888) 323-5260  
Passcode: 5432202

Thank you for your support and partnership. I look forward to hearing your input on this purchase of health care coverage draft Circular.

If you have any questions about this draft Circular, please contact Ms. Terri Schmidt, Acting Director, Office of Resource Access and Partnerships at (301) 443-4973 or by e-mail at [terri.schmidt@ihs.gov](mailto:terri.schmidt@ihs.gov).

Sincerely,

/Mary Smith/

Mary Smith  
Principal Deputy Director

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service  
Rockville, Maryland 20857

Refer to: ORAP

INDIAN HEALTH SERVICE CIRCULAR NO. 2016-08

---

PURCHASING HEALTH CARE COVERAGE

Sec.

1. Purpose
2. Contract/Compact Language
3. Eligibility Criteria
4. Purchased/Referred Care Residual Responsibility & Coordination of Benefits
5. Eligibility For the Catastrophic Health Emergency Fund
6. Effective Date

1. PURPOSE. The purpose of this circular is to provide further detailed guidance into the current policy (Oct. 2013 Dear Tribal Leader Letter) if a Tribe, Tribal organization, or urban Indian organization wishes to purchase coverage for Indian Health Service (IHS) beneficiaries under 25 *United States Code* (U.S.C.) § 1642 with Indian Self-Determination and Education Assistance Act (ISDEAA) funding or other IHS appropriated funds.
2. CONTRACT/COMPACT LANGUAGE. The following language is recommended to be inserted into a new or an existing Tribal-IHS contract/compact or funding agreement to identify:
  - A. The funding source, i.e., Purchased/Referred Care (PRC), Hospital & Clinic (H&C) funds, third-party revenues, or tribal supplements
  - B. The specific amount of funding needed
  - C. The type of coverage that will be provided
  - D. Eligibility criteria
  - E. Alternate resource rules, if applicable

DRAFT

Distribution: IHS-wide

Date: XX/XX/2016

- F. If third-party revenues collected by the Tribe are identified as part or all of the funding source, IHS recommends the following:
- (1) The funds should have already been collected and not yet expended (i.e., not amounts owed or future projections for anticipated collections).
  - (2) In accordance with 25 U.S.C. § 1641, Medicare and Medicaid collections are intended to be used first to maintain or achieve compliance with the respective program.
  - (3) To the extent the third-party revenues are collected by IHS, the contract/compact should not promise or guarantee the award of third-party revenue, including revenue derived from sponsorship coverage. Such collections may only be transferred as authorized by law and shall be considered nonrecurring.
3. ELIGIBILITY CRITERIA. Tribes and Tribal Organizations may make eligibility determinations for IHS programs under 25 U.S.C. 450j-1, but must follow applicable eligibility rules and regulations. In addition, the purchase of health care coverage by an Indian tribe, tribal organization, or urban Indian organization can be based on the financial need of the beneficiary, if the Tribe/Tribal Organization or urban Indian organization wishes to limit the number of beneficiaries covered, pursuant to 25 U.S.C. §1642. The statute specifies that the financial need of the beneficiary is determined by the tribe(s) served, based upon a schedule of income levels developed by the tribe(s) served. The IHS makes the following recommendations with respect to eligibility:
- A. Eligibility should follow the source of funding.
- (1) If non-PRC funds are utilized, direct service eligibility rules should apply.
  - (2) If PRC funds are utilized, alone or in combination with non-H&C funds, including supplements from the tribe, PRC eligibility should apply.
  - (3) If both unrestricted H&C and PRC funds are utilized, the contract/compact should state whether direct service or PRC eligibility will be followed and the funds should be rebudgeted accordingly.
- B. If any PRC funds are used and they are not rebudgeted as H&C funds according to the guidance above, PRC eligibility rules should be followed for the sponsorship and references to the following PRC eligibility rules should be included in the contract or compact:
- (1) 42 Code of Federal Regulations (CFR) 136.23 – Persons to whom contract health services (now known as Purchased/Referred Care) will be provided.

- (2) The language of 42 CFR 136.22(a) – (PRC Service Delivery Area) - “In accordance with the congressional intention that funds appropriated for the general support of the health program of the IHS be used to provide health services for Indians who live on or near Indian reservations...”
    - C. Coverage can be provided to IHS beneficiaries who are also employees of tribal businesses, but eligibility should not be limited to tribal employees.
4. Purchased/Referred Care Residual Responsibility & Coordination of Benefits. IHS recommends the following:
  - A. When a Direct Service Tribe (DST) decides to take a portion of its PRC funds to purchase insurance for some or all of their tribal members, this leaves a residual of funds in the DST PRC program to provide care for those who are PRC eligible who do not have alternate resources. IHS makes the following recommendations with respect to PRC residual responsibility:
    - (1) IHS considers sponsorship through indemnity to be an alternate resource under the payer of last resort rule.
    - (2) In the case of sponsorship through a self-insurance plan, where the plan is self-funded in part or whole with ISDEAA funds and there is no reinsurance or indemnity, the self-funded plan will be considered a payer of last resort, but benefits will be coordinated between the PRC program and the self-funded plan as set forth in subsection 4.B., below.
    - (3) IHS does not consider an IHS beneficiary to be eligible for PRC to the extent that the sponsorship provides coverage.
  - B. Under the payer of last resort rule and a coordination of benefits process, the PRC program shall not pay primary to any third-party payers, including sponsorship in any form.
  - C. To the extent that a plan is indemnified or reinsured, it does not qualify as a self-insurance plan that is exempt from IHS’ right of recovery under 25 U.S.C. § 1621e(f). IHS shall have the right to recover under 25 U.S.C. § 1621e(a) from any indemnity or reinsurance, whether or not it is purchased through 25 U.S.C. § 1642.
5. ELIGIBILITY FOR THE CATASTROPHIC HEALTH EMERGENCY FUND. In the case of sponsorship through a self-insurance plan, where the plan is entirely self-funded in part or whole with ISDEAA funds and there is no reinsurance or indemnity, and the plan is designed to follow PRC eligibility, the self-funded plan will be considered eligible

for reimbursement from the Catastrophic Health Emergency Fund on the same basis and under the same terms that PRC programs are eligible for such reimbursement.

6. EFFECTIVE DATE. This circular becomes effective on date of signature.

Mary Smith  
Principal Deputy Director  
Indian Health Service

N C C D P H P  
GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY  
TRIBAL RESOURCE DIGEST

2016 - Issue 78



Welcome to the Centers for Disease Control and Prevention's (CDC) tribal resource digest for the week of July 18, 2016. The purpose of this digest is to help you connect with the tools and resources you may need to do valuable work in your communities.

*Photo from the Southern Plains Tribal Health Board Site Visit, 2016*

The digest serves as your personal guide to repositories of open and free resources where you can find content to enrich your program or your professional growth. Please note that CDC does not endorse any materials or websites not directly linked from the CDC website. Links to non-Federal organizations found in this digest are provided solely as a courtesy. CDC is not responsible for the content of the individual organization web pages found at these links.

If you have comments or suggestions about this weekly update, please email Hannah Cain at [kzq3@cdc.gov](mailto:kzq3@cdc.gov) with the words "TRIBAL DIGEST" in the subject line.

**N C C D P H P**  
**GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY**  
**TRIBAL RESOURCE DIGEST**

**2016 - Issue 78**

**Contents**

Contents .....	2
I. Request for Photos! .....	3
II. Articles.....	3
In Southwest New Mexico, a Public Health Clinic offers a Model for Rural Care .....	3
III. Resources.....	3
Sustainability Action Planning Resource from the NPAIHB WEAVE Team! .....	3
Population Health Management Resource .....	3
Expanding Hypertension Control Learning Session Series .....	4
IV. Webinars .....	4
National Partnership for Action to End Health Disparities—Promoting Health Equity through Programs and Policy Webinar .....	4
Substance Abuse Webinar: Who’s leading the leading Health Indicators?.....	4
The Inter-Tribal Council of Michigan’s National Native Network: Cancer Risk and Reduction in Indian Country .....	5
Public Health Accreditation: Organizing for Success! Webinar.....	5
V. Trainings and Conferences .....	5
First Annual Conference on Native American Nutrition.....	6
VI. Funding opportunities .....	6
U.S. Economic Development Administration Assistance 2016 .....	6
VII. CONTACT INFORMATION.....	6



**N C C D P H P**  
**GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY**  
**TRIBAL RESOURCE DIGEST**

2016 - Issue 78

**I. REQUEST FOR PHOTOS!**

Please send any photos of GHWIC work (community gardens, events, team meetings, etc.) to Hannah Cain, [kzq3@cdc.gov](mailto:kzq3@cdc.gov) with a short description of the photo!

**II. ARTICLES**

**In Southwest New Mexico, a Public Health Clinic offers a Model for Rural Care**

Jul 10, 2016 -- Describes the variety of programs and successes of Hidalgo Medical Services in delivering high quality and affordable healthcare services to people in rural New Mexico.

Read the article here: [Hidalgo Medical Services | Insurance News Net](#)

Source: InsuranceNewsNet

**III. RESOURCES**

**Sustainability Action Planning Resource from the NPAI HB WEAVE Team!**

The WEAVE-NW team is working with the Center for Public Health and Systems Science at Washington University in St. Louis to bring their **Program Sustainability Assessment Tool (PSAT)** and program sustainability action planning process to the NW tribes. The 40 item tool and sustainability action planning process have been used with tribal populations and were adapted to reflect the cultural and linguistic preferences of those communities, and to address the unique considerations of Tribal sustainability action planning.

The PSAT is available online at <https://sustaintool.org/> and organizations can complete their own assessment there. For more in-depth sustainability action planning work, the Center for Public Health Systems Science offers a variety of in-person and webinar format services that may be useful for GHWIC grantees.

For more information see <https://sustaintool.org/servicesoverview> or contact the Project Director, Sarah Moreland-Russell at [smoreland-russell@wustl.edu](mailto:smoreland-russell@wustl.edu).

**Population Health Management Resource**

The Public Health Informatics Institute (PHII) has released its [Population Health Management Software: An Opportunity to Advance Primary Care and Public Health Integration](#) report. This report, a product of a project led by the Division for Heart Disease and Stroke Prevention; the Division of Nutrition, Physical Activity and Obesity; and the Center's Office of Informatics and Information Resources Management, is a Consumer Report-like tool to help small- to medium-sized health care practices and independent provider groups identify population health management (PHM) products that provide robust reporting and analytic capacity.

**N C C D P H P**  
**GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY**  
**TRIBAL RESOURCE DIGEST**

**2016 - Issue 78**

**Expanding Hypertension Control Learning Session Series**

ASTHO and the National Forum for Heart Disease and Stroke Prevention have added five new podcasts to their Million Hearts Learning Session Series on Policy, Program and System Strategies to Control Hypertension. These podcasts feature presentations and discussions with national experts discussing how to implement and expand different hypertension control strategies. Each learning session podcast includes a transcript, a speaker biography, and a summary of podcast objectives.

Learning Sessions can be found here:

<http://www.nationalforum.org/newsroom/podcasts-policy-program-and-system-strategies-control-hypertension>

**IV. WEBINARS**

**National Partnership for Action to End Health Disparities—Promoting Health Equity through Programs and Policy Webinar**

This webinar will introduce practitioners interested in the lens to discuss the application and outcomes of this analysis in their work. Application of the equity lens ensures that policies impact community outcomes, and it creates the environment for candid dialogue about the root causes of inequities.

Topic: Equity and Empowerment Lens: A Tool to Create Equitable Policies and Programs

Speaker: Ben Duncan, Chief Diversity and Equity Officer and the Director of the Office of Diversity and Equity for Multnomah County, Oregon

Date: **July 21, 2016**, 3:00 p.m. – 4:00 p.m. EST

Register Here: <http://tinyurl.com/FIHETWEBINAR>

Click Here for Full Abstract and Speaker Biographies: <http://tinyurl.com/Equity-Empowerment-Lens-Bios>

**Substance Abuse Webinar: Who's leading the leading Health Indicators?**

Join us at this webinar to learn how one community organization is working to prevent underage alcohol consumption and reduce alcohol-related harms through evidence-based policies and practices.

Substance abuse is associated with a range of destructive social conditions, including family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse, and crime. Additionally, social attitudes and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues facing our Nation today.

Webinar Date and Time: **July 21, 2016 9:00 - 10:00 AM Pacific**

**N C C D P H P**  
**GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY**  
**TRIBAL RESOURCE DIGEST**

**2016 - Issue 78**

For more information and to register, visit the [Healthy People 2020 website](#).

**The Inter-Tribal Council of Michigan's National Native Network:  
Cancer Risk and Reduction in Indian Country**

Native Cancer Wellness

July 26, 2016, 3:00-4:00 PM EDT

Register by clicking here: <https://attendee.gotowebinar.com/register/1340439188695312643>

**Public Health Accreditation: Organizing for Success! Webinar**

Preparing for public health accreditation is no small feat. It is a complex process that includes many steps and requires a significant investment of time and resources. Once a Tribal Health Department makes the decision to pursue accreditation, the department then needs to determine how to plan and organize the effort. Some of the first steps are to:

1. Identify an accreditation coordinator to oversee the process
2. Form a multi-disciplinary team to monitor readiness activities
3. Conduct an organizational self-assessment to identify areas of strength and growth to prepare for public health accreditation

This webinar features a brief description of strategies and considerations when taking these first steps, followed by a presentation by representatives from the Ho Chunk Nation Health Department who will share the approach they used, as well as lessons learned along the way.

Date: **Thursday July 28, 2016**, 2:30 PM CDT, 1 hour

Click the link below to register: <https://cc.readytalk.com/favicon.ico>

**V. TRAININGS AND CONFERENCES**

**Nike Native Fitness Training hosted by NPAIHB's Western Tribal  
Diabetes Project**

Participants learn skills from the Native American Fitness Council in basic aerobic training, creative fitness training techniques, and culturally specific approaches to health & wellness. People who are encouraged to attend are Diabetes Coordinators, Tribal Fitness Coordinators, Community Wellness Trainers, Youth Coordinators, and Tribal Leaders. To register please follow the link below.

**When:** August 30-31<sup>st</sup>, 2016

**Where:** Nike World Headquarters, Beaverton, Oregon

**Online registration:** <https://www.surveymonkey.com/r/NativeFitnessXIII>

**N C C D P H P**  
**GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY**  
**TRIBAL RESOURCE DIGEST**

2016 - Issue 78

For questions please contact: [wtdp@npaihb.org](mailto:wtdp@npaihb.org)

### **First Annual Conference on Native American Nutrition**

This conference will be a first-of-its-kind forum to share and advance knowledge related to the dietary health of Native communities. It represents a commitment by the Shakopee Mdewakanton Sioux Community and the University of Minnesota to co-organize a series of annual national conferences focused on the nutrition of Native peoples.

Tribal leaders, Native and non-Native practitioners, researchers, public health experts, and others are invited to exchange Indigenous and academic scientific knowledge; discuss current practices; listen to, connect with, and learn from each other; and candidly explore ways to overcome the existing obstacles to greater understanding. Additionally, the conference aims to identify areas of needed research, discuss practical applications, and foster new collaborations.

Abstracts for oral and poster presentations may be submitted online until August 15. The full agenda, registration, abstract submission, and other information are available at [SeedsOfNativeHealth.org/Conference](http://SeedsOfNativeHealth.org/Conference). **There is an early bird registration discount until July 31. Register soon, as space will be limited!**

**When:** September 26-27 in Prior Lake, Minnesota

## **VI. FUNDING OPPORTUNITIES**

### **U.S. Economic Development Administration Assistance 2016**

Full details [here](#).

Funding Opportunity Number: EDAP2016

The U.S. Economic Development Administration (EDA) solicits applications from applicants in rural and urban areas to provide investments that support construction, non-construction, technical assistance, and revolving loan fund projects under EDA's Public Works and Economic Adjustment Assistance programs. Grants and cooperative agreements made under these programs are designed to leverage existing regional assets and support the implementation of economic development strategies that advance new ideas and creative approaches to advance economic prosperity in distressed communities. EDA's investment priorities include Environmentally-Sustainable Development and Underserved Communities. Award Amount: Minimum \$100,000 up to \$3,000,000. Tribal governments are eligible applicants.

## **VII. CONTACT INFORMATION**

### **National Center for Chronic Disease Prevention and Health Promotion**

Office of the Medical Director

4770 Buford Highway, MS F80

N C C D P H P  
GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY  
TRIBAL RESOURCE DIGEST

**2016 - Issue 78**

Atlanta, GA 30341

(770) 488-5131

<http://www.cdc.gov/chronicdisease/index.htm>

For Tribal Digest related questions, comments, or concerns please contact:

Hannah Cain, Public Health Associate

KZQ3@cdc.gov

505-232-9908



(4) For Model 777-200, -300, and -300ER airplanes identified in Boeing Alert Service Bulletin 777-57A0059, dated October 30, 2008: Cap seal the fasteners in the center fuel tanks that were not sealed during production, in accordance with the Accomplishment Instructions of Boeing Alert Service Bulletin 777-57A0059, dated October 30, 2008.

**(h) Retained Cap Sealing the Fasteners, With No Changes**

This paragraph restates the requirements of paragraph (i) of AD 2011-26-03, with no changes. For Model 777-200LR airplanes identified in Boeing Alert Service Bulletin 777-57A0059, dated October 30, 2008: Within 60 months after January 3, 2012 (the effective date of AD 2011-26-03), cap seal the fasteners in the center fuel tanks that were not sealed during production, in accordance with the Accomplishment Instructions of Boeing Alert Service Bulletin 777-57A0059, dated October 30, 2008.

**(i) New Detailed Inspection and Corrective Actions**

For Group 1, Configurations 2 through 4 airplanes; Groups 2 through 4, Configurations 3 through 5 airplanes; Groups 5 through 43, Configuration 1 airplanes; and Groups 44 and 45 airplanes; as identified in Boeing Service Bulletin 777-57A0050, Revision 4, dated September 28, 2015: Within 60 months after the effective date of this AD, do the applicable actions specified in paragraphs (i)(1), (i)(2), and (i)(3) of this AD, except as required by paragraph (k)(2) of this AD.

(1) For Group 1, Configurations 2 through 4 airplanes; Groups 2 through 4, Configurations 3 through 5 airplanes; Groups 5 through 43, Configuration 1 airplanes; and Groups 44 and 45 airplanes; as identified in Boeing Service Bulletin 777-57A0050, Revision 4, dated September 28, 2015: Do a detailed inspection for installation of Teflon sleeves on certain wire bundle clamps, as applicable; a detailed inspection to determine the type of wire bundle clamp; and do all applicable corrective actions; in accordance with the Accomplishment Instructions of Boeing Service Bulletin 777-57A0050, Revision 4, dated September 28, 2015. Do all applicable corrective actions before further flight.

(2) For Group 1, Configurations 2 through 4 airplanes; and Groups 2 through 4, Configurations 3 through 5 airplanes; as identified in Boeing Service Bulletin 777-57A0050, Revision 4, dated September 28, 2015: Do a detailed inspection for correct installation of certain Teflon sleeves, as applicable; and do all applicable corrective actions; in accordance with the Accomplishment Instructions of Boeing Service Bulletin 777-57A0050, Revision 4, dated September 28, 2015. Do all applicable corrective actions before further flight.

(3) For Group 1, Configurations 2 through 4 airplanes; and Groups 2 through 4, Configurations 3 through 5 airplanes; as identified in Boeing Service Bulletin 777-57A0050, Revision 4, dated September 28, 2015: Do a detailed inspection for cap sealing of certain fasteners, as applicable; and do all applicable corrective actions; in accordance with the Accomplishment Instructions of

Boeing Service Bulletin 777-57A0050, Revision 4, dated September 28, 2015. Do all applicable corrective actions before further flight.

**(j) New Installation of Teflon Sleeves**

For Group 1, Configurations 2 through 5 airplanes; Groups 2 through 4, Configurations 3 through 6 airplanes; and Groups 5 through 43, Configuration 2 airplanes; as identified in Boeing Service Bulletin 777-57A0050, Revision 4, dated September 28, 2015: Within 60 months after the effective date of this AD, install Teflon sleeves under certain wire bundle clamps, as applicable, in accordance with the Accomplishment Instructions of Boeing Service Bulletin 777-57A0050, Revision 4, dated September 28, 2015, except as required by paragraphs (k)(1), (k)(2), and (k)(3) of this AD.

**(k) Exception to the Service Information**

(1) Where "WORK PACKAGE 21: More Work: Rear Spar Wire Bundle Teflon sleeve Installation" of Boeing Service Bulletin 777-57A0050, Revision 4, dated September 28, 2015, specifies "Groups 5 through 43, Configuration 2," for this AD, "WORK PACKAGE 21: More Work: Rear Spar Wire Bundle Teflon sleeve Installation" of Boeing Service Bulletin 777-57A0050, Revision 4, dated September 28, 2015, applies to Groups 5 through 43.

(2) Where Figure 3 of Boeing Service Bulletin 777-57A0050, Revision 4, dated September 28, 2015, specifies "Groups 1 through 7, and 9 through 43," for this AD, Figure 3 of Boeing Service Bulletin 777-57A0050, Revision 4, dated September 28, 2015, applies to Groups 1 through 43.

(3) Where Figure 100 of Boeing Service Bulletin 777-57A0050, Revision 4, dated September 28, 2015, specifies "Groups 5 through 43, Configuration 2," for this AD, Figure 100 of Boeing Service Bulletin 777-57A0050, Revision 4, dated September 28, 2015, applies to Groups 5 through 43.

**(l) Credit for Previous Actions**

(1) This paragraph provides credit for the actions specified in paragraph (g)(1) of this AD, if those actions were performed before January 20, 2011 (the effective date of AD 2010-24-12), using Boeing Alert Service Bulletin 777-57A0050, dated January 26, 2006; or Revision 1, dated August 2, 2007; provided that the applicable additional work specified in Boeing Service Bulletin 777-57A0050, Revision 2, dated May 14, 2009, is done within the compliance time specified in paragraph (g) of this AD. The additional work must be done in accordance with Boeing Service Bulletin 777-57A0050, Revision 2, dated May 14, 2009.

(2) This paragraph provides credit for the actions specified in paragraph (g)(3) of this AD, if those actions were performed before January 20, 2011 (the effective date of AD 2010-24-12), using Boeing Alert Service Bulletin 777-57A0057, dated August 7, 2006.

**(m) Alternative Methods of Compliance (AMOCs)**

(1) The Manager, Seattle Aircraft Certification Office (ACO), FAA, has the authority to approve AMOCs for this AD, if requested using the procedures found in 14

CFR 39.19. In accordance with 14 CFR 39.19, send your request to your principal inspector or local Flight Standards District Office, as appropriate. If sending information directly to the manager of the ACO, send it to the attention of the person identified in paragraph (n)(1) of this AD. Information may be emailed to: [9-ANM-Seattle-ACO-AMOC-Requests@faa.gov](mailto:9-ANM-Seattle-ACO-AMOC-Requests@faa.gov).

(2) Before using any approved AMOC, notify your appropriate principal inspector, or lacking a principal inspector, the manager of the local flight standards district office/certificate holding district office.

(3) An AMOC that provides an acceptable level of safety may be used for any repair, modification, or alteration required by this AD if it is approved by the Boeing Commercial Airplanes Organization Designation Authorization (ODA) that has been authorized by the Manager, Seattle ACO, to make those findings. To be approved, the repair method, modification deviation, or alteration deviation must meet the certification basis of the airplane, and the approval must specifically refer to this AD.

(4) AMOCs approved previously for AD 2011-26-03 are approved as AMOCs for the corresponding provisions of this AD.

**(n) Related Information**

(1) For more information about this AD, contact Suzanne Lucier, Aerospace Engineer, Propulsion Branch, ANM 140S, FAA, Seattle Aircraft Certification Office (ACO), 1601 Lind Avenue SW., Renton, WA 98057-3356; phone: 425-917-6438; fax: 425-917-6590; email: [suzanne.lucier@faa.gov](mailto:suzanne.lucier@faa.gov).

(2) For service information identified in this AD, contact Boeing Commercial Airplanes, Attention: Data & Services Management, P.O. Box 3707, MC 2H-65, Seattle, WA 98124-2207; telephone: 206-544-5000, extension 1; fax: 206-766-5680; Internet: <https://www.myboeingfleet.com>. You may view this referenced service information at the FAA, Transport Airplane Directorate, 1601 Lind Avenue SW., Renton, WA. For information on the availability of this material at the FAA, call 425-227-1221.

Issued in Renton, Washington, on July 8, 2016.

**Michael Kaszycki,**  
*Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.*

[FR Doc. 2016-16906 Filed 7-19-16; 8:45 am]

BILLING CODE 4910-13-P

**DEPARTMENT OF VETERANS AFFAIRS**

**38 CFR Part 14**

RIN 2900-AP51

**Recognition of Tribal Organizations for Representation of VA Claimants**

**AGENCY:** Department of Veterans Affairs.

**ACTION:** Proposed rule.

**SUMMARY:** The Department of Veterans Affairs (VA) is proposing to amend its regulations concerning recognition of

certain national, State, and regional or local organizations for purposes of VA claims representation. Specifically, this rulemaking would allow the Secretary of Veterans Affairs to recognize tribal organizations in a similar manner as the Secretary recognizes State organizations. The proposed rule would allow a tribal organization that is established and funded by one or more tribal governments to be recognized for the purpose of providing assistance on VA benefit claims. In addition, the proposed rule would allow an employee of a tribal government to become accredited through a recognized State organization in a similar manner as a County Veterans' Service Officer (CVSO) may become accredited through a recognized State organization. The intended effect of this proposed rule is to improve access of Native American veterans to VA-recognized organizations and VA-accredited individuals who may assist them on their benefit claims.

**DATES:** Written comments must be received on or before September 19, 2016.

**ADDRESSES:** Written comments may be submitted through <http://www.regulations.gov>; by mail or hand delivery to the Director, Regulation Policy and Management (OOREG), Department of Veterans Affairs, 810 Vermont Avenue NW., Room 1068, Washington, DC 20420; or by fax to (202) 273-9026. Comments should indicate that they are submitted in response to "RIN 2900-AP51, Recognition of Tribal Organizations for Representation of VA Claimants." Copies of comments received will be available for public inspection in the Office of Regulation Policy and Management, Room 1068, between the hours of 8 a.m. and 4:30 p.m., Monday through Friday (except holidays). Please call (202) 461-4902 for an appointment. (This is not a toll-free number.) In addition, during the comment period, comments may be viewed online through the Federal Docket Management System at <http://www.regulations.gov/>.

**FOR FURTHER INFORMATION CONTACT:** Dana Raffaelli, Staff Attorney, Benefits Law Group, Office of the General Counsel, (022D), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 461-7699. (This is not a toll free number.)

**SUPPLEMENTARY INFORMATION:** This proposed rule would amend part 14 of title 38, Code of Federal Regulations, to provide for the recognition of tribal organizations that are established and funded by tribal governments so that representatives of the organizations may assist Native American veterans and

their families in the preparation, presentation, and prosecution of their VA benefit claims. The purpose of this proposed rule is to address the needs of Native American populations who are geographically isolated from existing recognized Veterans Service Organizations (VSOs) or who may not be utilizing other recognized VSOs due to cultural barriers or lack of familiarity with those organizations. Native American veterans face challenges accessing representation in VA claims because many live in remote areas that are far from the nearest accredited representative. In addition, some Native American veterans may prefer to seek assistance from organizations that are associated with their tribal government, rather than using other organizations that are not as familiar to them. This proposed rule would help facilitate the VA recognition of tribal organizations that are established and funded by one or more tribal governments and whose primary purpose is to serve Native American veterans.

Pursuant to 38 U.S.C. 5902, VA recognizes organizations and accredits their representatives for the preparation, presentation, and prosecution of claims under laws administered by VA. VA's regulation regarding the recognition of such organizations is 38 CFR 14.628, which currently does not expressly allow for the recognition of tribal organizations. Under the current regulations, however, any organization, including an organization created by one or more tribal governments, may apply for recognition by VA as either: (1) A national organization, or (2) a regional or local organization. To be recognized as a national organization, the organization must meet the requirements of § 14.628(a) and (d). To be recognized as a regional or local organization, the organization must meet the requirements of § 14.628(c) and (d). VA also accredits State organizations. To be recognized as a State organization, the organization must meet the requirements of § 14.628(b) and (d). Under the current regulations, VA has received only a few inquiries from tribal governments expressing interest in pursuing any type of VA recognition other than the type of recognition granted to State organizations. Pursuant to 38 CFR 14.627 and 14.629, VA recognition of a State organization is limited to organizations established and funded by a State, possession, territory, or Commonwealth of the United States, and the District of Columbia. This proposed rule would allow tribal governments to establish and fund tribal

organizations in a similar manner as the State governments have established and funded State organizations. Allowing organizations that are created and funded by tribal governments to be recognized as "tribal organizations" rather than as national, regional or local organizations would afford VA the opportunity to acknowledge and affirm the long-standing recognition by the Federal government of tribes' inherent sovereignty and right to self-government.

This proposed rule would amend 38 CFR 14.627 by adding a paragraph (r) that would provide that tribal government means the Federally recognized governing body of any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or Regional or Village Corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act, which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. This is consistent with the definition of Indian tribe in 38 CFR 39.2.

This proposed rule would amend current § 14.628(b) by redesignating it as paragraph (b)(1), "State organization," and adding paragraph (b)(2), "Tribal organization." VA would clarify that a *Tribal organization*, for the purposes of 38 CFR 14.626 through 14.637, is a legally established organization that is primarily funded and controlled, sanctioned, or chartered by one or more tribal governments and that has a primary purpose of serving the needs of Native American veterans; that only one tribal organization may be recognized for each tribal government; and, that, if a tribal organization is created and funded by more than one tribal government, the approval of each tribal government must be obtained prior to applying for VA recognition and that, if one of the supporting tribal governments withdraws from the tribal organization, the tribal organization must notify VA of the withdrawal and certify that the tribal organization can continue to meet the recognition requirements in § 14.628(d) without the participation of that tribal government. This change is intended to allow tribal organizations to be recognized in a similar manner as State organizations, while still taking into account the unique circumstances of tribal governments being sovereign nations and of varying sizes.

In order to ensure that all claimants for VA benefits receive responsible, qualified representation in the preparation, presentation, and

prosecution in their claims for veterans' benefits, VA has established general criteria that apply to all organizations requesting VA recognition as a national, State, regional, or local organization under § 14.628(a) through (c). Therefore, tribal organizations would also need to meet these same general requirements in order to be recognized. Pursuant to § 14.628(d), an organization requesting recognition must: (1) Have as a primary purpose serving veterans, (2) demonstrate a substantial service commitment to veterans either by showing a sizable organizational membership or by showing performance of veterans' services to a sizable number of veterans, (3) commit a significant portion of its assets to veterans' services and have adequate funding to properly perform those services, (4) maintain a policy and capability of providing complete claims service to each claimant requesting representation or give written notice of any limitation in its claims service with advice concerning the availability of alternative sources of claims service, and (5) take affirmative action, including training and monitoring of accredited representatives, to ensure proper handling of claims.

We recognize the varying sizes of tribal governments. We further recognize that, due to the size of certain smaller Indian tribes, a single tribal government may be unable to establish an organization that could demonstrate a substantial service commitment to veterans either by showing a sizable organizational membership or by showing performance of veterans' services to a sizable number of veterans. A single tribal government may also be unable to establish an organization that would be able to adequately fund the necessary services of a tribal organization that provides assistance with VA benefit claims. Therefore, VA would consider applications from a tribal organization that is established and funded by one or more tribal governments to be recognized for the purpose of providing assistance on VA benefit claims. The approval of each tribal government would be necessary for VA to process the request for VA recognition. While VA is sensitive to the fact that some tribal governments may have difficulty meeting the substantial service commitment and funding requirements, VA must ensure that VA accredited organizations can provide long-term, competent representation. Therefore, VA would require that, if one of the supporting tribal governments withdraws from the tribal organization, the tribal organization must notify VA of

the withdrawal and certify that the tribal organization continues to meet the recognition requirements in § 14.628(d) without the participation of that tribal government. We note that 25 U.S.C. 450b(l) recognizes the existence of tribal coalitions in the definition of tribal organization for the purpose of entering into contracts or grants for certain educational benefits. Additionally, in 38 CFR 39.2, VA has recognized the existence of a parallel concept for the purpose of applying for cemetery grants.

Based on our experience in applying § 14.628, we believe the proposed addition to the regulation would facilitate the recognition of Tribal organizations and would improve Native American veterans' access to accredited representatives. Once a tribal organization has been recognized by VA, the certifying official of the organization would be able to file for VA accreditation for the individuals that the organization wishes to become accredited as its representatives. See 38 CFR 14.629.

VA further recognizes that not all tribal governments may want to establish their own Tribal veterans organization and some may have already established working relationships with their respective State organizations to help address the needs of their Native American veteran population. We, therefore, propose to amend 38 CFR 14.629(a)(2) to allow for an employee of a tribal government that is not associated with a tribal organization, to become accredited as a representative of a State organization in a similar manner as a county employee, *i.e.*, a CVSO. In 1990, in order to further ensure the availability of competent representation for VA claimants, VA extended the opportunity for accreditation through State organizations to county veterans' service officers. See 54 FR 50772; 55 FR 38056. In extending this opportunity, VA cited the close association between States and county veterans' service officers, likening the association to that of a State employee under 54 FR 50772. In a previous rulemaking, VA recognized the fact that State governments do not have direct supervision of, or accountability for, CVSO, and therefore, to ensure adequate training and fitness to serve as a VA accredited representative, VA prescribed criteria that such officers must meet in order to become accredited. The criteria for a CVSO to become accredited through a State organization are outlined in § 14.629(a)(2)(i) through (iii). In order for a CVSO to be recommended for VA accreditation by a VA-recognized State organization, the officer must be a paid

employee of the county working for it not less than 1,000 hours annually; have successfully completed a course of training and an examination which have been approved by a Regional Counsel with jurisdiction for the State; and receive either regular supervision and monitoring or annual training to assure continued qualification as a representative in the claims process. We note that the VA Office of the General Counsel (OGC) has recently undergone realignment and under the new structure Regional Counsels are now referred to as Chief Counsels. To avoid unnecessary confusion and because we intend to issue a direct final rule addressing the realignment of OGC and the changing of titles of certain OGC positions in the accreditation regulations in a single rulemaking, we are continuing to use the outdated title of Regional Counsel for this rulemaking.

Although tribal governments are not politically subordinate to State governments like county governments are, tribal governments often do have close, productive relationships with State governments through gaming compacts, cross-deputization, and other cooperative agreements. Therefore, we believe that the collaborative nature of the relationship between tribes and States supports the proposed concept of recognizing tribal veterans' service officers in a manner similar to county veterans' service officers. As stated above, we believe this additional path to become an accredited representative would further facilitate veterans obtaining representation across county, State, and tribal borders.

For consistency, the proposed rule would also amend 38 CFR 14.635 to extend office space opportunities already granted to certain employees of State organizations to employees of tribal organizations. The proposed rule would allow the Secretary to furnish office space and facilities, when available, to both State and tribal organization employees who are also accredited to national organizations for the purpose of assisting claimants in the preparation, presentation, and prosecution of claims for benefits.

We are also requesting from the Office of Management and Budget (OMB) approval for the provisions of § 14.628(d) that constitute a collection of information under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3521). Therefore, we would remove the current OMB control number parenthetical at the end of § 14.628 and add, in its place, a placeholder parenthetical.

Finally, we would make a technical amendment to § 14.629(a)(2) to correct



“county veteran’s service officer” to read as “county veterans’ service officer”. In a prior rulemaking, we misplaced the location of the apostrophe associated with the previously mentioned phrase. See 54 FR 50772 (Dec. 11, 1989); 55 FR 38056 (Sept. 17, 1990). Therefore, we would correct that error in this rulemaking.

#### Paperwork Reduction Act

This proposed rule includes provisions constituting collections of information under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3521) that require approval by OMB. Accordingly, under 44 U.S.C. 3507(d), VA has submitted a copy of this rulemaking action to OMB for review.

OMB assigns control numbers to collections of information it approves. VA may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Proposed § 14.628 contains a collection of information under the Paperwork Reduction Act of 1995. If OMB does not approve the collection of information as requested, VA will immediately remove the provisions containing a collection of information or take such other action as is directed by OMB.

Comments on the collection of information contained in this proposed rule should be submitted to the Office of Management and Budget, Attention: Desk Officer for the Department of Veterans Affairs, Office of Information and Regulatory Affairs, Washington, DC 20503, with copies sent by mail or hand delivery to the Director, Regulation Policy and Management (OOREG), Department of Veterans Affairs, 810 Vermont Avenue NW., Room 1068, Washington, DC 20420; fax to (202) 273–9026; email to [www.Regulations.gov](http://www.Regulations.gov). Comments should indicate that they are submitted in response to “RIN 2900–AP51.”

OMB is required to make a decision concerning the collections of information contained in this proposed rule between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment to OMB is best assured of having its full effect if OMB receives it within 30 days of publication. This does not affect the deadline for the public to comment on the proposed rule.

The Department considers comments by the public on proposed collections of information in—

- Evaluating whether the proposed collections of information are necessary for the proper performance of the functions of the Department, including

whether the information will have practical utility;

- Evaluating the accuracy of the Department’s estimate of the burden of the proposed collections of information, including the validity of the methodology and assumptions used;
- Enhancing the quality, usefulness, and clarity of the information to be collected; and
- Minimizing the burden of the collections of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

The collection of information contained in 38 CFR 14.628 is described immediately following this paragraph, under its respective title.

*Title:* Requirements for Recognition as a VA Accredited Organization.

- *Summary of collection of information:* The collection of information in 38 CFR 14.628 would require organizations seeking VA accreditation under § 14.628 to submit certain documentation to certify that the organization meets the requirements for VA accreditation. Pursuant to § 14.628(d), an organization requesting recognition must have as a primary purpose serving veterans. In establishing that it meets this requirement, an organization requesting recognition shall submit a statement establishing the purpose of the organization and that veterans would benefit by recognition of the organization.

The organization must also demonstrate a substantial service commitment to veterans either by showing a sizable organizational membership or by showing performance of veterans’ services to a sizable number of veterans. In establishing that it meets this requirement, an organization requesting recognition shall submit: The number of members and number of posts, chapters, or offices and their addresses; a copy of the articles of incorporation, constitution, charter, and bylaws of the organization, as appropriate; a description of the services performed or to be performed in connection with programs administered by VA, with an approximation of the number of veterans, survivors, and dependents served or to be served by the organization in each type of service designated; and a description of the type of services, if any, performed in connection with other Federal and State programs which are designed to assist

former Armed Forces personnel and their dependents, with an approximation of the number of veterans, survivors, and dependents served by the organization under each program designated.

An organization requesting recognition must commit a significant portion of its assets to veterans’ services and have adequate funding to properly perform those services. In establishing that it meets this requirement, an organization requesting recognition shall submit: A copy of the last financial statement of the organization indicating the amount of funds allocated for conducting particular veterans’ services (VA may, in cases where it deems necessary, require an audited financial statement); and a statement indicating that use of the organization’s funding is not subject to limitations imposed under any Federal grant or law which would prevent it from representing claimants before VA.

An organization requesting recognition must maintain a policy and capability of providing complete claims service to each claimant requesting representation or give written notice of any limitation in its claims service with advice concerning the availability of alternative sources of claims service. In establishing that it meets this requirement, an organization requesting recognition shall submit evidence of its capability to represent claimants before VA regional offices and before the Board of Veterans’ Appeals. If an organization does not intend to represent claimants before the Board of Veterans’ Appeals, the organization shall submit evidence of an association or agreement with a recognized service organization for the purpose of representation before the Board of Veterans’ Appeals, or the proposed method of informing claimants of the limitations in service that can be provided, with advice concerning the availability of alternative sources of claims service. If an organization does not intend to represent each claimant requesting assistance, the organization shall submit a statement of its policy concerning the selection of claimants and the proposed method of informing claimants of this policy, with advice concerning the availability of alternative sources of claims service.

An organization requesting recognition must take affirmative action, including training and monitoring of accredited representatives, to ensure proper handling of claims. In establishing that it meets this requirement, an organization requesting recognition shall submit: A statement of the skills, training, and other

qualifications of current paid or volunteer staff personnel for handling veterans' claims; and a plan for recruiting and training qualified claim representatives, including the number of hours of formal classroom instruction, the subjects to be taught, the period of on-the-job training, a schedule or timetable for training, the projected number of trainees for the first year, and the name(s) and qualifications of the individual(s) primarily responsible for the training.

In addition, the organization requesting recognition shall supply: A statement that neither the organization nor its accredited representatives will charge or accept a fee or gratuity for service to a claimant and that the organization will not represent to the public that VA recognition of the organization is for any purpose other than claimant representation; and the names, titles, and addresses of officers and the official(s) authorized to certify representatives.

- *Description of need for information and proposed use of information:* The information is used by VA in reviewing accreditation applications to determine whether organizations meet the requirements for VA accreditation under § 14.628.

- *Description of likely respondents:* Organizations seeking VA accreditation under § 14.628.

- *Estimated number of respondents:* 5 applicants per year.

- *Estimated frequency of responses:* This is a one-time collection.

- *Estimated average burden per response:* 5 hours.

- *Estimated total annual reporting and recordkeeping burden:* 25 hours per year.

#### Regulatory Flexibility Act

The Secretary hereby certifies that this proposed rule would not have a significant economic impact on a substantial number of small entities as they are defined in the Regulatory Flexibility Act, 5 U.S.C. 601–612. It does not require any action on the part of any entity but merely provides a new opportunity for tribal organizations to become recognized by VA for the purpose of assisting VA claimants in the preparation, presentation, and prosecution of claims for VA benefits. Therefore, pursuant to 5 U.S.C. 605(b), this rulemaking is exempt from the initial and final regulatory flexibility analysis requirements of sections 603 and 604.

#### Executive Order 13175

Executive Order 13175 provides that Federal agencies may not issue a

regulation that has tribal implications, that imposes substantial direct compliance costs on tribal governments, and that is not required by statute, unless the Federal government provides the funds necessary to pay the direct compliance costs incurred by the tribal governments or the Federal agency consults with tribal officials early in the process of developing the proposed regulation, develops and publishes in the *Federal Register* a tribal summary impact statement, and provides to the Director of OMB any written communications submitted to the agency by the tribal officials.

On March 3 and 10, 2016, respectively, VA issued letters to tribal leaders as well as a *Federal Register* notice, 81 FR 12626, seeking comment on VA's consideration of issuing a proposed rule that would amend part 14 of title 38, Code of Federal Regulations, to expressly provide for the recognition of tribal organizations so that representatives of the organizations may assist Native American claimants in the preparation, presentation, and prosecution of their VA benefit claims. Those interested in providing comment were given 30-days to respond. Based on requests from commenters, VA expanded the comment period an additional 15 days to April 26, 2016. VA received comments from 36 commenters. A few commenters submitted more than one comment. Overall, the comments were supportive of issuing such a proposed rule.

One commenter wrote that, currently, their tribal representatives are being accredited through their State as well as other national organizations and was curious as to the "road blocks" other tribal organizations were facing. This commenter did not provide any suggestions, and therefore, no change to this rulemaking is warranted.

Several commenters noted that currently Native American veterans face many roadblocks to obtaining representation. One commenter noted that geography, economic, and culture barriers prevent Native American veterans from utilizing currently available representation. These comments were offered in support of the proposed rule, and therefore, no change to this rulemaking is warranted.

A few commenters misinterpreted the language provided in the consultation and notice as meaning that VA intended to propose that VA's recognition of a tribal organization would be tied to VA's recognition of the corresponding State organization. One commenter stated that VA should recognize a tribal organization as "equal to" a State organization. VA is not tying VA

recognition of a tribal organization to a State and is choosing not to make value judgements as to the importance of the recognition granted to State organizations and Tribal organizations. Recognition of a tribal organization would stand on its own. VA has chosen to use the term *similar* rather than the term *equal* in this proposed rule because we are proposing some differences in the requirements for VA recognition of a tribal organization and the requirements for State organizations. Specifically, the proposed rule would allow a single tribal government, or multiple tribal governments to join together to establish and fund a tribal organization, but such allowance is not permitted for State governments.

A few commenters misinterpreted the language provided in the consultation and notice as limiting recognition of a tribal veterans' service officer through a State. One commenter asked for clarification on what type of employees would be eligible to become accredited by VA. The commenter stated that employees of a tribal nation as well as a tribal organization should be eligible. We agree, and the proposed rule would allow for both avenues to attain VA accreditation depending on the tribal government's size, relationships with other tribal governments, relationships with States, and the needs of Native American veterans in their area. After a tribal organization becomes recognized by VA, that organization would be able to request to have its own representatives accredited under 38 CFR 14.629. In addition to proposing to recognize tribal organizations and accredit their representatives, VA would provide an additional means by which VA may recognize an employee of a tribal government as a tribal veterans' service officer through a State organization. This accreditation would be akin to accreditation given to county veterans' service officers through State organizations and is only meant to provide an additional path to VA accreditation. We propose that the requirements for a tribal veterans' service officer to become accredited as a representative through a State organization be the same as the requirements for a county veterans' service officer. Therefore, VA makes no changes based on these comments.

One commenter asked what happens to the accreditation of a tribal organization if the Director is relinquished. It seems this comment stems from the misinterpretation previously discussed regarding the accreditation of a tribal organization and the corresponding State organization. The commenter also asked what

happens if the State refuses to sponsor the replacement officer. As discussed above, once a tribal organization becomes recognized by VA, that organization would be able to request to have its own representatives accredited under § 14.629. The tribal organization can file with VA to have a replacement officer accredited. Therefore, VA makes no changes based on this comment.

Several commenters also expressed concern over the requirements for recognition in § 14.628(d). Specifically, the commenters expressed concern that many tribal organizations may not be able to satisfy the primary purpose, size, funding, and training requirements, to include providing the required, supporting documentation. One commenter suggested that VA provide the funding for tribes “to engage in this work.” Another commenter suggested including Indian Health Services for funding assistance. A few commenters expressed concern about the requirement that the organization must maintain a policy of either providing complete claims representation or provide “written notice of any limitation in its claims service with advice concerning the availability of alternative sources of claims service.” 38 CFR 14.628(d)(1)(iv). One commenter seemed to believe VA was questioning the level of competence of tribal representatives. VA must ensure that VA accredited organizations can provide long-term, competent representation and has found that the § 14.628(d) requirements are protective of that mission. These requirements apply to all organizations seeking VA recognition. Exempting tribal organizations from meeting the § 14.628(d) requirements would not be consistent with the purpose of VA recognition to ensure that veterans are receiving qualified, competent representation on their VA benefit claims. As previously discussed, VA has provided additional means to achieve VA recognition or accreditation for those tribal governments that may have difficulty establishing a tribal organization capable of meeting the § 14.628(d) requirements, to include the ability for one or more tribal governments to establish and fund a tribal organization and the ability of an employee of a tribal government to become accredited as a tribal veterans’ service officer through a recognized State organization. Therefore, VA makes no changes based on these comments.

One commenter suggested that VA grant accreditation to tribes through a Memorandum of Understanding and included their tribe’s Memorandum of Understanding with their State. The

commenter also questioned the role of VA in the accreditation and monitoring process. The laws governing VA accreditation are set out at 38 U.S.C. 5902 and 5904 and 38 CFR 14.626–14.637. These laws apply to all organizations, agents, and attorneys seeking VA accreditation. Pursuant to § 14.628, the organization requesting VA accreditation must certify to VA that the organization meets the § 14.628(d) requirements for recognition. Therefore, a Memorandum of Understanding between VA and a tribe is not sufficient for applying for VA accreditation. Furthermore, VA does monitor its accredited organizations, agents, and attorneys and handles disciplinary matters as they arise. Therefore, VA makes no changes based on this comment.

One commenter suggested that VA engage in additional consultation with Tribes that would be “interested in becoming recognized veterans['] service organizations, but are unable to meet the requirements.” In the proposed rule, VA offers alternative avenues for VA recognition and accreditation for tribal governments that may not be capable of establishing an organization that can meet the VA recognition requirements in the proposed rule on their own. VA further welcomes additional comments as to the suitability of those alternative avenues through comments on this proposed rule. VA declines to make any changes based on this comment.

One commenter also recommended that “VA enter into Memorandums of Understanding with [F]ederally-recognized tribes and tribal organizations for [v]eterans’ [s]ervice [o]fficer training and service reimbursement, on individual bases.” Another commenter objected to the fact that there was “no mention of funding to train and maintain such a position.” Section 5902, of title 38, United States Code, which is the law that authorizes VA to recognize organizations for the purpose of providing assistance on VA benefit claims, does not provide for the funding of such organizations to train and maintain representatives. Pursuant to § 14.628(d)(iii)(B), organizations are not precluded from seeking and receiving other sources of State and Federal grant funding so long as the organization’s funding is not subject to limitations imposed under any Federal grant or law which would prevent it from representing claimants before VA. Therefore, VA declines to make any changes based on these comments.

One commenter wrote that VA “. . . should include [F]ederally-recognized tribes, not just tribal organizations funded by tribal governments, as an

entity from which applications will be considered to be recognized for . . .” VA accreditation. Another commenter suggested adding “[F]ederally recognized tribes” or “[F]ederally recognized tribal governments” as part of the definition for tribal organizations. Another commenter suggested adding tribal communities. For the purposes of the regulations pertaining to the representation of VA claimants, VA proposes to define a tribal government to mean “the Federally recognized governing body of any Indian tribe, band, nation, or other organized group or community . . .”. VA finds this definition to be inclusive of the comments, and therefore, no change is warranted.

One commenter suggested a legislative amendment to the definition of State in 38 U.S.C. 101(20) to include “[F]ederally recognized tribal governments.” Amending the statutory language is something that only Congress can accomplish. Since VA is defining the term “tribal government” in regulation and providing an avenue for VA recognition of a tribal organization separate from a State organization, VA does not find such a legislative amendment necessary. Therefore, no change is warranted based on this comment.

Several commenters wrote that “[s]pecial attention must be paid to what specifically is meant by a ‘[tribal] [o]rganization’” and that VA should offer a clear definition of the term. The commenters did not offer any suggestions for such definition. As previously discussed, VA is defining this term for the purposes of this rulemaking. Therefore, VA does not make any changes based on this comment.

Several commenters asked VA to clarify whether tribal governments, including veterans departments within these governments, would be eligible for VA recognition. A Department of Veterans Affairs or a Veterans Affairs office that is established and funded by a tribal government would be included in the definition of tribal organization. Therefore, no change to this rulemaking is warranted based on these comments.

One commenter asked that VA provide recognition for urban Indian organizations. The comment is unclear on whether such an organization would be able to apply for VA recognition as a tribal organization. VA declines to add an additional organization category at this time. In addition to the proposed amendments discussed in this rulemaking, an organization may still utilize other avenues to apply for VA recognition such as requesting VA

recognition as a regional or local organization. To be recognized as a regional or local organization, an organization must meet the requirements of § 14.628(c) and (d).

Further, there are several ways that individuals, including tribal members, tribal government employees, and others who work within and serve tribal or Native American communities, may be accredited by VA to represent claimants. An individual may apply for accreditation as a representative through an existing VA-recognized organization under standards set forth in § 14.629(a). Alternatively, an individual may also seek accreditation in an individual capacity as either an agent or an attorney under the standards set forth in § 14.629(b). Therefore, VA declines to make any changes based on this comment.

A couple of commenters submitted statements certifying that their organization would meet the requirements for accreditation for a tribal organization. Applications for accreditation are outside the scope of this rulemaking. Therefore, no change is warranted based on these comments.

One commenter asked whether accredited tribal representatives would be granted access to software programs containing a veteran's claims file information and whether that access would be on tribal grounds. This issue is outside the scope of this rulemaking. Therefore, no change is warranted based on this comment.

One commenter expressed support for VA recognizing tribal organizations in an equal manner as VA recognizes State organizations but suggested that VA authorize a field office close to tribal administration locations and fund one or two veterans service officer positions. The tribal consultation and this proposed rulemaking are limited in scope to recognition for purposes of VA claims representation. The commenter's suggestion of adding a field office is beyond the scope, and therefore, VA declines to make any changes based on this comment. VA also declines to make any changes to the commenter's suggestion of funding job positions for veterans service officers. Part of the § 14.628(d) requirements is that an organization seeking accreditation must commit a significant portion of its assets to veterans' services and have adequate funding to properly perform those services. 38 CFR 14.628(d)(1)(iii).

A few commenters expressed concern that the proposed rulemaking is limiting VA recognition for the preparation, presentation, and prosecution of claims for VA benefits. One commenter seemed to think VA is depriving veterans from

other title 38 benefits. The commenters did not specify what other accreditation they are seeking. As previously discussed, 38 CFR part 14 is limited in jurisdiction to recognizing organizations and accrediting individuals to assist in the preparation, presentation, and prosecution of VA benefit claims.

Pursuant to section 5902, VA accreditation may not be granted for any other purpose. This rulemaking in no way deprives any veteran of any title 38 benefits. Therefore, no change is warranted based on these comments.

One commenter suggested that office space opportunities should be available to tribal governments and organizations in the same manner as they are available to State organizations. As previously discussed, this proposed rule would, under § 14.635, allow the Secretary to furnish office space and facilities, when available, to both State and tribal organization employees who are also accredited to national organizations for the purpose of assisting claimants in the preparation, presentation, and prosecution of claims for benefits. VA would be furnishing office space to tribal organizations in the same manner as it furnishes such space to State organizations. Therefore, no change is warranted based on this comment.

One commenter noted that VA should allow a tribal government employee to become accredited through an accredited body of their choice. VA in no way is limiting how a particular individual may apply to become an accredited VA representative. As previously discussed, VA is merely providing additional paths to VA accreditation than currently exist. Therefore, VA declines to make any changes to this rulemaking based on this comment.

Several commenters suggested further outreach and collaboration. One commenter suggested that VA form a tribal workgroup to allow representatives from tribal organizations to collaborate on implementing the new program. One commenter provided VA with their tribal consultation policy. Other commenters suggested that VA engage in additional consultation with experts in Indian law and hold an all-tribes call to gather additional input for this rulemaking. VA appreciates this information. As previously noted, VA extended the comment period for an additional 15 days to ensure that all interested parties had an appropriate time to provide input. Therefore, VA finds that it has complied with the requirements of Executive Order 13175. VA notes that an additional 60-day comment period is provided for this proposed rule and invites any

additional comment to this rulemaking to be provided during that time.

One commenter asked for the projected implementation date of this rulemaking. VA will publish a final rule to this proposed rule which will contain the effective date of the rulemaking.

#### Executive Orders 12866 and 13563

Executive Orders 12866 and 13563 direct agencies to assess the costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, and other advantages; distributive impacts; and equity). Executive Order 13563 (Improving Regulation and Regulatory Review) emphasizes the importance of quantifying both costs and benefits, reducing costs, harmonizing rules, and promoting flexibility. Executive Order 12866 (Regulatory Planning and Review) defines a "significant regulatory action" requiring review by OMB, unless OMB waives such review, as "any regulatory action that is likely to result in a rule that may: (1) Have an annual effect on the economy of \$100 million or more or adversely affect in a material way the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities; (2) Create a serious inconsistency or otherwise interfere with an action taken or planned by another agency; (3) Materially alter the budgetary impact of entitlements, grants, user fees, or loan programs or the rights and obligations or recipients thereof; or (4) Raise novel legal or policy issues arising out of legal mandates, the President's priorities, or the principles set forth in this Executive Order."

The economic, interagency, budgetary, legal, and policy implications of this regulatory action have been examined, and it has been determined not to be a significant regulatory action under Executive Order 12866. VA's impact analysis can be found as a supporting document at <http://www.regulations.gov>, usually within 48 hours after the rulemaking document is published. Additionally, a copy of this rulemaking and its impact analysis are available on VA's Web site at <http://www.va.gov/orpm/>, by following the link for "VA Regulations Published From FY 2004 Through Fiscal Year to Date."

### Unfunded Mandates

The Unfunded Mandates Reform Act of 1995 requires, at 2 U.S.C. 1532, that agencies prepare an assessment of anticipated costs and benefits before issuing any rule that may result in expenditure by State, local, and tribal governments, in the aggregate, or by the private sector, of \$100 million or more (adjusted annually for inflation) in any one year. This proposed rule would have no such effect on State, local, and tribal governments, or on the private sector.

### Catalog of Federal Domestic Assistance

There are no Catalog of Federal Domestic Assistance programs numbers and titles associated with this proposed rule.

### Signing Authority

The Secretary of Veterans Affairs, or designee, approved this document and authorized Gina S. Farrisee, Deputy Chief of Staff, to sign and submit the document to the Office of the Federal Register for publication electronically as an official document of the Department of Veterans Affairs. Gina S. Farrisee, Deputy Chief of Staff, Department of Veterans Affairs, approved this document on July 14, 2016 for publication.

### List of Subjects in 38 CFR Part 14

Administrative practice and procedure, Claims, Courts, Foreign relations, Government employees, Lawyers, Legal services, Organization and functions (Government agencies), Reporting and recordkeeping requirements, Surety bonds, Trusts and trustees, Veterans.

Dated: July 14, 2016.

Janet J. Coleman,  
Chief, Office of Regulation Policy &  
Management, Office of the Secretary,  
Department of Veterans Affairs.

For the reasons set out in the preamble, the Department of Veterans Affairs proposes to amend 38 CFR part 14 as follows:

### PART 14—LEGAL SERVICES, GENERAL COUNSEL, AND MISCELLANEOUS CLAIMS

- 1. The authority citation for part 14 continues to read as follows:

**Authority:** 5 U.S.C. 301; 28 U.S.C. 2671–2680; 38 U.S.C. 501(a), 512, 515, 5502, 5901–5905; 28 CFR part 14, appendix to part 14, unless otherwise noted.

- 2. Amend § 14.627 by adding paragraph (r) to read as follows:

#### § 14.627 Definitions.

\* \* \* \* \*

(r) *Tribal government* means the Federally recognized governing body of any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or Regional or Village Corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act, which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

\* \* \* \* \*

- 3. Amend § 14.628 by:

- a. Redesignating paragraph (b) as paragraph (b)(1) and adding paragraph (b)(2); and
- b. In the parenthetical at the end of the section, removing “2900–0439” and adding, in its place, 2900–XXXX”.

The addition reads as follows:

#### § 14.628 Recognition of organizations.

\* \* \* \* \*

(b)(1) *State organization.* \* \* \*

(2) *Tribal organization.* For the purposes of 38 CFR 14.626 through 14.637, an organization that is a legally established organization that is primarily funded and controlled, sanctioned, or chartered by one or more tribal governments and that has a primary purpose of serving the needs of Native American veterans. Only one tribal organization may be recognized for each tribal government. If a tribal organization is created and funded by more than one government, the approval of each tribal government must be obtained prior to applying for VA recognition. If one of the supporting tribal governments withdraws from the tribal organization, the tribal organization must notify VA of the withdrawal and certify that the tribal organization continues to meet the recognition requirements in paragraph (d) of this section.

\* \* \* \* \*

#### § 14.629 [Amended]

- 4. Amend § 14.629 by:

- a. In paragraph (a)(2) introductory text, removing “county veteran’s service officer” and adding in its place “county veterans’ service officer”;
- b. In paragraph (a)(2) introductory text, adding “or tribal veterans’ service officer” immediately following “county veterans’ service officer”; and
- c. In paragraph (a)(2)(i), adding “or tribal government” immediately following “county”.

#### § 14.635 [Amended]

- 5. Amend § 14.635 by adding, in the introductory paragraph, “or tribal” immediately following “State”.

[FR Doc. 2016–17052 Filed 7–19–16; 8:45 am]

BILLING CODE 8320–01–P

### ENVIRONMENTAL PROTECTION AGENCY

#### 40 CFR Part 52

[EPA–R04–OAR–2014–0507; FRL–9949–30–Region 4]

#### Air Plan Approval; Florida; Infrastructure Requirements for the 2010 Nitrogen Dioxide National Ambient Air Quality Standard

**AGENCY:** Environmental Protection Agency.

**ACTION:** Proposed rule.

**SUMMARY:** The Environmental Protection Agency (EPA) is proposing to approve the State Implementation Plan (SIP) submission, submitted by the State of Florida, through the Florida Department of Environmental Protection (FDEP), on January 22, 2013, for inclusion into the Florida SIP. This proposal pertains to the infrastructure requirements of the Clean Air Act (CAA or Act) for the 2010 1-hour nitrogen dioxide (NO<sub>2</sub>) national ambient air quality standard (NAAQS). The CAA requires that each state adopt and submit a SIP for the implementation, maintenance and enforcement of each NAAQS promulgated by EPA, which is commonly referred to as an “infrastructure SIP submission.” FDEP certified that the Florida SIP contains provisions that ensure the 2010 1-hour NO<sub>2</sub> NAAQS is implemented, enforced, and maintained in Florida. With the exception of provisions pertaining to the ambient air quality monitoring and data system, prevention of significant deterioration (PSD) permitting and interstate transport provisions pertaining to the contribution to nonattainment or interference with maintenance in other states, EPA is proposing to find that Florida’s infrastructure SIP submission, provided to EPA on January 22, 2013, satisfies certain required infrastructure elements for the 2010 1-hour NO<sub>2</sub> NAAQS.

**DATES:** Written comments must be received on or before August 19, 2016.

**ADDRESSES:** Submit your comments, identified by Docket ID No. EPA–R04–OAR–2014–0507 at <http://www.regulations.gov>. Follow the online instructions for submitting comments. Once submitted, comments cannot be