

# TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

c/o Self-Governance Communication and Education

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May 6, 2016

Steve Petzinger, OMB Program Examiner  
Health Division – IHS  
Office of Management and Budget  
725 – 17th Street, NW, Room 7002  
Washington, DC 20503

**RE: Follow up from March 2016 Tribal Self-Governance Advisory Committee Meeting**

Dear Mr. Petzinger:

On behalf of the Indian Health Service (IHS) Tribal Self-Governance Advisory Committee meeting, I write to thank you for participating in our quarterly meeting on March 31, 2016. The Tribal leadership greatly appreciates your engagement on our Self-Governance priority issues being advanced for the remainder of the Obama Administration. The following is a summary of the main issues and actions discussed during our meeting:

- Parity with other Federal health programs – Tribal leaders and staff from across Indian Country remain actively involved in working with the IHS on the annual budget formulation process. As a result of this partnership and Tribal advocacy efforts with the Administration and Congress, we have seen increases in the IHS budget over the past several years. However, despite these increases, the actual level of need for Tribal health care continue to hover at a flat 56-59% as calculated by IHS. Self-Governance Tribes continue to emphasize that additional resources are needed to adequately fund the Tribal health system in a manner which would bring parity with the rest of the nation.
- Exemption from Sequestration - In 2012, Congress failed to enact legislation negating the implementation of a government-wide sequestration of FY 2013 appropriations. Tribes are continuing to request that IHS services and facilities budgets be exempt from these devastating cuts. This remains a top budget priority for Self-Governance Tribes.
- Advanced Appropriations – We continue to request the Administration's support for any legislative effort to provide for advanced appropriations for IHS. Late funding creates significant challenges to Tribes and IHS provider budgeting, recruitment, retention, provision of services, facility maintenance and construction efforts. Providing sufficient, timely, and predictable funding is needed to ensure the federal government meets its obligation to provide health care for American Indian and Alaska Native people.
- Mandatory Contract Support Costs (CSC) and Use of the Medical Inflation Rate for CSC – Tribal leaders are pleased and supportive of the FY2017 President's budget request to include a long-term proposal to fully fund contract support costs (CSC) by reclassifying both BIA and IHS CSC to mandatory funding beginning in FY 2018. The FY 2017 budget would also fully fund CSC. However, we do not agree with the continued insertion of a proviso that could effectively deny the carryover authority granted by the Indian Self-Determination and Education Assistance Act. We request the assistance of the Administration to work with Self-Governance Tribes to seek the removal of this language. We further advocate that the Medical Inflation rate should also apply to CSC.

Finally, last week during the 2016 Annual Self-Governance Conference in Orlando, FL, a White House Roundtable discussion was held with Tribal leaders and representatives from the White House, including Karen R. Diver, Special Assistant to the President for Native American Affairs, Domestic Policy Council, Executive Office of the President and Morgan Rodman, Executive Director, White House Council on Native American Affairs. During that roundtable discussion, Tribal leaders further advanced the need to:

- **Appoint a Director of Native American Affairs within OMB** – The individual would be a Tribal candidate with the required credentials and skills that could serve as our advocate in budget matters. The position would be within the President's office and would track the accountability of the Federal agencies with respect to the Indian Country budget; and,
- **Establish a Tribal Budget Advisory Committee for OMB** - Tribes need greater access to the budget negotiation process, including, a seat and a voice at the table beyond the discussions and agency level exercises in budget formulation. We need to move from a discretionary to a mandatory mindset. Under discretionary funding, agencies are capped with respect to how much money they can request for Indian programs. An Advisory Committee would provide greater support to OMB examiners and facilitate discussion between OMB and Tribal Nations to address other issues noted above.

In closing, we again express our appreciation to you for meeting with the Self-Governance Tribal leadership and look forward to further discussion on how to best work with you to advance these priorities. In the meantime, should you have any questions or wish to discuss further, please do not hesitate to contact me at (860)862-6192; or via email: [lmalerba@moheganmail.com](mailto:lmalerba@moheganmail.com). Thank you.

Sincerely,



Chief Lynn Malerba, Mohegan Tribe of Connecticut  
Chairwoman, IHS TSGAC

cc: Mary Smith, Principal Deputy Director, Indian Health Service  
P. Benjamin Smith, Director, Office of Tribal Self-Governance  
TSGAC Members and Technical Workgroup