**TO: [IHS Area]**

**FROM: [Name of TSGAC Member], Indian Health Service Tribal Self-Governance Advisory Committee (IHS-TSGAC) and [Name of Technical Workgroup Member], TSGAC Technical Workgroup Representative(s)**

**Subject: January 24, 2018 IHS Tribal Self-Governance Advisory Committee Quarterly Meeting Summary**

The Indian Health Service’s (IHS) Tribal Self-Governance Advisory Committee (TSGAC) met January 24, 2018 in Washington, D.C. Due to the uncertainties regarding the timing of the Federal government shutdown, the meeting was shortened to 1 day. The government re-opened on Tuesday, January 23rd thereby allowing IHS representatives to meet with the TSGAC to receive updates and host discussions on the following topics/issues: Office of Tribal Self-Governance; Office of Resource Access and Partnership; Office of Information Technology; Health Resources and Services Administration; IHS Strategic Plan; and, Affordable Care Act update.

Below is a brief summary of the discussions. A detailed summary of the meeting minutes is available on the SGCE website at: [www.tribalselfgov.org](http://www.tribalselfgov.org).

**TSGAC Business:**

The following new TSGAC representatives were appointed during the meeting:

Great Plains Area:

Kenneth Baker, Jr., Primary Representative, Spirit Lake Tribe

Arliss Krulish, Alternate, Spirit Lake Tribe

Alaska Area:

Bart Garber, Executive Director, Primary Representative, Kenaitze Indian Tribe

**Office of Tribal Self-Governance Update:**

Jennifer Cooper, Acting OTSG Director, reported there are 3 new Self-Governance Tribes (Pascua Yaqui (Tucson Area), Nottawaseppi Huron Band of Potawatomi (Bemidji Area) and Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians (Gun Lake Tribe) (Bemidji Area); for a total of 98 Compacts and 124 Funding Agreements. OTSG is further working on quality issues to improve the process in implementing the Title V Self-Governance Authorities, including updating of the IHS Headquarters Programs, Services, Functions and Activities (PSFA) Manual and role of the Agency Lead Negotiators. There will be workgroups formed to assist in the development of recommendations.

**Indian Health Service Budget Update:**

Elizabeth Fowler, Deputy Director for Management Operations, IHS provided an update on the status of the budget for each of the following fiscal years: (1) FY2018 - Short term funding has been provided under a Continuing Resolution (CR) through February 8th. The timing of the recent government shutdown didn’t allow for adequate planning ahead of time and this is something that IHS needs to do better. IHS is holding internal discussions about how to improve and requested Tribal input and recommendations, including improvement on communication; (2) FY2019 is still in pre-decisional phase and is planned to be released in early February. There could be a slight delay because of the shutdown; and, (3) FY2020 – Area submissions have been received. National Budget Formulation will meet in February 15-16, 2018 in Crystal City, Virginia. The HHS Annual Budget Consultation Session is scheduled for Feb. 28 and March 1st – just 2 weeks after the IHS budget session. Stacey Ecoffey is going to see if this can be changed, but it’s not sure if that will happen. However, the Secretary’s Budget Council did agree to meet with the group in advance; which is a good opportunity.

**Office of Resource Access and Partnerships Update:**

Terri Schmidt, RN, Acting Director, Office of Resource Access and Partnershipsprovided an update on PRC rate savings for physicians and non-hospital supplies and services in FY2017. She also provided an update on the CVS/Caremark issue and reported IHS has been conducting weekly calls with IHS technical experts and Tribal representatives. CVS is providing a list of plans that want to process their own claims. Once IHS gets the process worked out, then they will let everyone know and send out a *Dear Tribal Leader Letter*. They have identified 3 groups to begin working with them.

**Office of Information Technology Update (OIT)**

CAPT Mark Rives, DSC, Director, Office of Information Technology, IHS, provided a presentation (*See PPT in Meeting Packages – link below*). Cybersecurity events have dominated recent IHS health IT activities. Further, with the announcement of the Veteran’s Affairs upcoming health record switch to Cerner, IHS is currently doing a review to make sure that they have all the capabilities that were promised. Current status: Request For Information (RFI) was published for Heath IT (HIT) Modernization with responses due 2/1/18. RFI achieves a greater understanding of products and services available. Continuing work for IT includes New Medicare card and other routine updates. OIT is working towards a broader HIT modernization initiative including the use of Healthshare.

**Legislative Update:**

Stacy Bohlen, Executive Director, Caitrin Shuy, Director of Congressional Relations, and Jessica Steinberger, National Indian Health Board,provided an update on current legislative issues and bills being addressed in Congress, including:

* **Continuing Resolution (CR)** was passed on 1/22/18 to keep the government open until February 8th. The CR includes the 6-year CHIP re-authorization. Special Diabetes Program for Indians (SDPI) was not included in the CR and will expire the end of March 2018. Tribes are encouraged to continue their advocacy and outreach with Congress on renewal of the SDPI.
* **Restoring Accountability in the IHS of 2017 (S 1250 & HR 2662)**

Not moving quickly; Tribal SG language is included (Self-Governance for federal food programs like the Supplemental Nutrition Assistance Program (SNAP). Committees are working on amended bi-cameral process.

* **Tax Reform Impact on Indian Health** – repealed individual mandate in the ACA; goes into effect in 2019. Indians are already exempt from the mandate. CBO predicts that 13 million fewer people will have insurance coverage by 2027; and premiums will increase by 10% most years.
* **Medicaid Work Requirements** – Tribes have been universally opposed to these requirements. CMS Administrator Seema Verma indicated that she directed CMS to give AI/AN exemptions to the work requirements but the Division of Civil Rights stopped it. TSGAC to request meeting with the Division of Civil Rights and will coordinate with NIHB and TTAG who are also requesting the same.
* **Mitigating METH Act – S. 2270**. – This makes Tribes eligible under the State Response to Opioid Abuse Crisis grants.
* **Veterans’ Health Legislation** - Reaffirm and maintain the current agreements between VA, IHS and Tribal health programs. Does include some Tribal exemptions. GAO is conducting a study on impacts of the MOUs.
* **Tribal Health Priorities in the Farm Bill** – NIHB participated in a roundtable with the SCIA; stressed the need for Federal policy to support traditional food practices, Tribal sovereignty, and self-determination.

**Health Resources and Services Administration (HRSA)**

Ms. Melissa Ryan, HRSA, provided some background information on the current health professionals’ shortage areas. In 2013, HRSA embarked on a multi-year project to streamline its process and standardize data to increase transparency. HRSA has a new on-line system. The next phase of the system is to get additional information into the system. They are also engaging with IHS colleagues and Tribal representatives as well.

Dr. Paul Young noted that the IHS has a similar program (purpose of loan repayment program is to fund physicians who are working within the IHS system). We work closely with HRSA, but there are significant differences between the two systems. Dr. Michael Toedt, IHS Chief Medical Officer, noted the importance of bringing in IHS people to this program. When primary care providers are recruited and have eligibility, they may be asked to cover some in-patient care, emergency care, or administrative duties which could jeopardize their loan re-payment. Mr. Ben Smith, Deputy Director for Intergovernmental Affairs, IHS, stated that TSGAC re-iterated the request to look at the alignment of data requirements with IHS on these uniform measures. This issue first emerged in the Title V negotiations with the Alaska co-signors several years ago. We are not able to consolidate or streamline these measures. Our IT is working on FAQ’s to provide general information about GPRA. This will be shared with Tribes once available.

**IHS Strategic Plan Update:**

Ms. Francis Frazier, Director, Office of Public Health Support, IHS stated that the work has been fast and furious. Workgroup is looking at the mission, vision and goals/objectives. IHS received over 137 comments--- comprehensive and covering the framework of the Plan. Currently, there are 78 priorities. Strategies have been proposed for each of the goals and objectives. Workgroup will finalize the strategies by Feb. 1st; will publish in Federal Register (30 day comment period). During the 30 day period, IHS will host a town hall activity. Comments received will be responded to in a follow up Federal Register Notice. Chief Malerba stated some of the Tribes are concerned that they haven’t had enough time and input in the Plan. Federal Register and Town Hall is not enough consultation. She suggested a Webinar about the process to help educate them would be helpful. There needs to be a few in-person consultation sessions as well. It may extend the timeline, but if you want Tribes to buy in, you should provide the opportunity.

**Patient Protection and Affordable Care Act (ACA) Implementation Update:**

Doneg McDonough, TSGAC Health Technical representatives, provided an overview of the recent TSGAC policy briefs on the ACA (*See briefs in Meeting Packages – link below)*. A new set of data on marketplace enrollment was recently received from TTAG/CMS. Overall enrollment went up 6.8%. (*See TSGAC memo shared with group and included in meeting packages*). For AI/ANs meeting the ACA definition of Indian, enrollment through the Federally Facilitated Marketplace (FFM) grew by 20.7% from 2016 to 2017. All information is posted on the Health Care Reform portion of the Self-Governance Communication and Education website: [www.tribalselfgov.org/health-reform/](http://www.tribalselfgov.org/health-reform/) Copies of the recent policy briefs and Webinars can all be found on the website.

**Joint Discussion with TSGAC and IHS Acting Director:**

Several key issues were raised and discussed with the IHS Acting Director, including:

* **Contract Support Costs** - The IHS announced in December that it is unilaterally suspending a portion of the policy carefully negotiated with Tribes and approved with Tribal Consultation (the 97/3 option for determining duplication). The Acting Director responded that the issue has been elevated to the Department level and that a more in depth conversation will be held on the upcoming CSC meeting in March.
* **Payment Deadline for Self-Governance Funds -** Title V specifically provides that the Tribe has the option to be paid within 10 days of apportionment. IHS has recently taken the position that 10 days of apportionment does not apply to Continuing Resolutions, but only applies when Congress appropriates a full year of funding at the beginning of a year. The IHS Acting Director responded that the agency will be providing a written letter back to the Tribe who raised the issue.
* **Re-Image HHS –** is moving quickly. Workgroup looking at how HHS regions are structured and how we can get better use of this structure. They know that the Indian Health Service has its own Area structure. We will keep everyone engaged. In terms of Human Resources organization, we still have the proposal that was developed during the previous Administration and ready to move forward on it; some will require additional funding which is part of the delay in implementation. TSGAC will request HHS to attend the next Quarterly Meeting in March 2018 and make a presentation.
* **CMS Medicaid Work Requirements –** Office of Civil Rights (OCR) has determined that there cannot be an exemption for AI/AN from Medicaid Work Requirements that states may propose. The Tribes and IHS must weigh in with OCR on this issue – that we are not race based classification, but that exemption is appropriate because we are governments.

We need to think of the practical effect and impact on Indian Health services. RADM Weahkee will also make the same request to Office of Civil Rights regarding exemption of Indian health.

**Meeting Packages:** You can download all PPT presentations and materials from the October 24-25, 2017 meeting here: [2018 TSGAC January Quarterly Meeting.pdf](http://tribalselfgov.org/wp-content/uploads/2015/10/TSGAC-Compiled-Files.pdf). If you have any questions or issues you would like TSGAC to consider at the next quarterly meeting, please contact Melanie Fourkiller at [mfourkiller@choctawnation.com](mailto:mfourkiller@choctawnation.com). Thank you!

Self-Governance 2018 Calendar of Events

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| **Date** | **Meeting** | **Location** |
| March 27-28 | DOI SGAC Quarterly Meeting | Embassy Suites – DC Convention Center |
| March 28-29 | IHS TSGAC Quarterly Meeting |
| April 22-26 | Annual Tribal Self-Governance Consultation Conference | Albuquerque Convention Center  Albuquerque, NM |
| July 17-18 | IHS TSGAC Quarterly Meeting | Embassy Suites – DC Convention Center |
| July 18-19 | DOI SGAC Quarterly Meeting |
| September 5-6 | Tribal Self-Governance Strategy Session | TBD |
| October 16-17 | IHS TSGAC Quarterly Meeting | Embassy Suites – DC Convention Center |
| October 17-18 | DOI SGAC Quarterly Meeting |