**IHS Tribal Self-Governance Advisory Committee (TSGAC)**

**Talking Points – July 16, 2019**

**Contract Support Cost Policy**

We appreciate the agency’s most recent update regarding the CSC policy. Following the last meeting of the workgroup there was agreement that the final decision would come before the workgroup prior to release to the broader tribal community. TSGAC remains hopeful that the agency will agree to work with the workgroup prior to the announcement, especially if the recommendations mutually agreed to at the last meeting are not the expected outcome.

**IHS – Veteran Affairs (VA) National Agreement**

TSGAC appreciates the seriousness which the VHA and IHS have taken our recommendation to include substantive tribal consultation on a renewal of the National Umbrella Agreement as well as the Reimbursable Agreement. As the activities of IHS influence VA’s approach, we look forward to having continued dialogue and collaboration on updates to these agreements prior to expiration of the current ones. Further, we support the early conclusion of the MOU updates in the Fall of 2020.

**Provide an accounting of the 105(l) leasing funds for FY2018 and request separate funding increases for FY2019 lease needs.**

TSGAC is looking forward to information regarding the FY2018 leasing costs and expectations for FY2019. Additionally, TSGAC will provide nomination letter for members to the joint workgroup, as proposed by IHS. The TSGAC request for data still stands, as that information will be important to the recommendations from the workgroup. TSGAC believes FAAB make be a good partner for this workgroup.

**Sanitation Facilities Construction and Sanitation Deficiency System Draft Guidance**

While the Agency provided an excellent summary of the comments received, TSGAC remains concerned about the Agency’s position on thirty-five percent (35%) of the total comments provided by Tribes especially given the proposal to implement these changes prior to FY2020.

Recommendations have been FAAB – federal side and many of the tribal reps were not in agreement. Will FAAB come out with a consensus document? What is IHS going to put out for the final policy?

**Behavioral Health Grants Tribal Consultation**

TSGAC provided support to the NTAC at their June 2019 meeting regarding the TSGAC recommendations. We are looking forward to the outcome of the NTAC meeting.

* TSGAC requests an extension to provide comments in response to the Opioid DTLL.
* Regarding the request for information related to the Community Health Representative (CHR) Program, it may be challenging to provide as CHR has been consumed and fully integrated into overall programs.

**National Institute of Health “All of Us” Initiative**

There are concerns about submitting data that will be part of a larger dataset that can be accessed by any researcher at any point. Particularly, how do you ensure that a Tribal Nation consents to the use of the data for the specific purpose of various research projects? This is essentially a data sovereignty issue.

*Genetic research.* We agree that more genetic research is needed but the approach proposed by NIH has the potential to also harm tribal nations and communities. There needs to be some method for tribal consent.

*Consultation & Advisory Committee.* NIH is changing their approach for consultation but we want a stronger consultation policy. There is also no deadline for submitting comments in response to the NIH DTLLs that are currently out for comment. Further, TSGAC is concerned that NIH does not use truly consider and use the input received from its tribal advisory committee.

*Available Funding.* Not clear if there is funding available for a tribe to pursue their own research and studies to support precision medicine.

***IHS and ICNAA can both help to educate NIH on the use of input obtained from the Tribal Advisory Committee.***

**Budget**

During the presentation, we need a summary update from the evaluation committee and updates on advance appropriations, joint venture, 105(l), and statutory budget caps. Further, a request was made to include dedicated behavioral health facilities within a joint venture.

**IHS Consultation**

We need to have continued review and evaluation of IHS’ consultation policy to ensure continued improvements. We continue to believe it is important for us to understand all of the comments received and how the agency plans to address each of the comments.

**HHS Tribal Advisory Boards**

TSGAC believes we should consider if more formal channels for advisory committees to share information is needed.

**Negotiations**

Negotiations is an area that can benefit from continuous dialogue. Specifically, we need to find ways to streamline the process, ensure more consistency across Areas, improve the sharing of information in advance of the negotiations meeting, and to increase the preparedness of ALNs.

**FACA Workgroups**

IHS should be exempt from the Executive Order, but what about the other HHS advisory committees and the potential for new advisory committees, such as the HRSA committee that has been requested? A participant noted that CDC has a good Inter-Governmental exemption policy.

We may consider whether we need to incorporate any additional procedures into our policy for seating members to ensure continued exemption from efforts to dissolve advisory committees.

We suggest that the HHS-STAC submit formal comments and emphasize that Advisory Committees are a way to implement the trust responsibility.

**IHS Director’s Emergency Fund**

We need to discuss the use of the IHS Director’s Emergency Fund and Management Initiative Fund. Further descriptive updates may be needed as well in the PSFA Headquarters Manual.

**OIT – HIT Modernization**

There is concern related to HRSA Modernization – Health Professionals shortage (HIPSA). For instance, the modernization negatively affected Chickasaw’s dental numbers.

$15 million for placement of I/T/U to fund slots. See DTLL from January 2019. Need a response from IHS. Need clarification specifically on dental.

**Pharmacy/Benefit Manager Payment**

**IHCIF Workgroup –** IHS will be sending out a notification to the members. Final report will be completed and then there will be consultation. No increase was received in FY2019 and will most likely not receive an increase in FY2020. We don’t want to overburden everyone. What is the update for the National Data Warehouse? Going out for updated information from tribes.

**Medicaid Block Grants –** check in with CMS draft guidance that is completed and if IHS has had any input or feedback on that guidance.