**Indian Health Service Tribal Self-Governance Advisory Committee**

September 30-October 1, 2019

DRAFT Talking Points

**IHS Opioid Funding Consultation**

TSGAC submitted comments in response to the IHS request about the distribution of $10 million to support opioid abuse prevention and treatment. Generally, TSGAC does not support the distribution of funding via grants, however the Committee recognizes there may be little choice for the agency. As such, TSGAC provided comments that IHS support applicants who propose prevention and utilize alternative treatments from those permitted under the Substance Abuse and Mental Health Administration (SAMHSA) Tribal Opioid Response grant. Further, TSGAC recommended evaluation of the grantees should be driven by the proposed project, rather than national standard. Finally, the Committee recommended that less than 5%, if any, of the funds provided support grant administration tasks.

* When is a decision going to be made and how will the funds be distributed?
* When will the funds be distributed? (just because it is 2-year money, we don’t want distribution to lag)
* Does IHS have a response to any of the ideas proposed in the TSGAC letter?

**IHS National Tribal Advisory Committee on Behavioral Health Recommendations**

TSGAC continues to support the transfer to specialty behavioral health grants be transferred to Title I and Title V contracts and funding agreements in Fiscal Year 2021. The Committee supports the specific recommendation that each Area Office consult with Tribes to distribute funds. One area the Committee would like to see additional information about are those funds provided to Tribal Epidemiology Centers (TECs) and leave the choice regarding evaluation to tribal decisions.

* What role should TECs play in epicenters and who decides the role?
* Want to be sure that Tribes have the funds needed to administer the program—regardless of the federal cap on administrative costs.
* Want to be sure CSC is available.
* This is the last year in the 5-year cycle.

**Community Health Aid Program**

The CHAP Tribal Advisory Group met on September 9, 2019 and there remain a number of differences between IHS and the TAG. TSGAC supports the TAG request to see the final policy before it is process for internal review. TSGAC would like to expedite the review upon final consensus from the TAG. It is critical that the agency support tribal programs which have already developed programmatic aspects and support their implementation in a timely and efficient manner.

**Pharmacy Benefits Manager**

IHS has not yet provided guidance to tribes regarding outstanding claims and claim denials. Will the agency provide notification to Tribes? Has the agency initiated discussions with other PBMS that are denying payment to Tribes and IHS facilities?

* The only real progress has been with CVS Caremark
* Prior year claims have gone unpaid- will need to be an individual Tribal decision on how to deal with prior year claims.
* IHS and Tribes are working together on current claims. The process can be improved.
* Where is IHS regarding the other PBMs?

**105(l) Consultation Outcome**

TSGAC submitted comments to the request from IHS, but has not yet received and outcome regarding the consultation. Has IHS formulated a final decision for FY19? Is the agency consider fulfilling the request that TSGAC submitted about assembling a work group to estimate 105(l) costs? (Senate Committee report gives a time frame)

* Frustrated with the prospect again of taking funds from some Tribes to give to other Tribes.
* It is court mandated for IHS to pay but there has not been a priority to pay CSC that was also court mandated. Inconsistency between what happened with CSC. Why are we doing this differently?
* Clarity is needed. If Congress appropriates the funds (inflationary dollars) for Tribes to use (those that applied for 105(l)), doesn’t it need to go to Tribes?
* Why isn’t IHS asking for a supplemental appropriations as an anomaly during the CR?

**Office of Inspector General Reports**

The Office of Inspector General has made several recommendations to improve the quality of and access to health care services. How has the agency responded to these recommendations? Is there plan and timeline to implement some or all of the recommendations?

**Contract Support Cost Workgroup**

TSGAC appreciates the final decision and reinstatement of the 97/3 methodology. Now that this issue has been resolved, there remain a few outstanding items for the workgroup to complete, including agreement on the CSC Calculation Form and underlying worksheets and treatment of Catastrophic Health Emergency Funds (CHEF) for CSC. Given the changes in IHS leadership, who will serve as the CSC Lead for the agency? When does the agency intend to host the next CSC Workgroup Meeting?

**Renewing the IHS-VA Reimbursement Agreement**

TSGAC continues to support the development of a Tribal-Federal Workgroup to create performance measures, establish benchmarks for care coordination, and expand the reimbursement agreement to include PRC payments. Does the agency intend to publish a series of joint tribal consultations?

* A joint consultation was held at NIHB and IHS is looking for other venues to hold joint consultations.

**Advance Appropriations**

* What do we need to do to get advance appropriations authority across the finish line?

**National Institutes of Health All of Us Project**

* NIH did embargo the data but Natives not living on Tribal lands are considered fair game.
* NIH’s approach to consultation is concerning.
* Data management policy, All of Us Project, Consultation—all 3 topics need to be included in the TSGAC letter.
* NIH falls under HHS consultation policy but has not adhered to HHS consultation guidance.