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

**and Technical Workgroup Virtual Meeting**

**February 17, 2021**

**Tribal Talking Points**

**Fiscal Year 2021 Budget**

There were several program increases under the services budget for IHS, including a few set-asides, such as $5 million for Hepatitis C and HIV; $5 million for Alzheimer's; $5 million for improving Maternal Health; and $1 million for Domestic Violence Prevention. Additional increases include $2 million for dental health ($500,000 for Electronic Dental Records and $1 million for expanding Dental Support Centers); $5 million for Mental Health; $5.5 million for Alcohol & Substance Abuse; $2 million for loan repayment.

* Tribal ask: Will IHS provide direct access to the funding to Tribes, if so, how? If not, what are the plans for deployment?

Similarly the Facilities budget had increases, including $3 million for Technical Assistance and Training and $1 million for emergency generators.

* Tribal ask: How will these funds be distributed?

**Coronavirus Response and Relief Supplemental Appropriations Act (CRSSA) Funding Distribution**

IHS is responsible for the distribution of $1 billion authorized under the CRSSA, including $210 transferred from the Centers for Disease Control and Prevention and $790 transferred from the Public Health and Social Services Emergency Fund. While IHS has announced the process for how these funds will be distributed, none of the funds have been yet to be transferred to Tribes..

**Tribal asks:**

* When can Tribes expect to receive this funding?
* What process can Self-Governance Tribes to receive the PHHS Emergency Funding? What reporting is likely to be required?

**Fiscal Year 2023 Budget Formulation**

TSGAC appreciated the opportunity to participate in the Area Virtual Presentations ahead of the National Tribal Budget Formulation Workgroup Meeting. The Workgroup’s efforts are critical in our collective efforts to successfully fully fund IHS.

* We look forward to the final report and the recommendations of the workgroup and encourage leadership and organizers make efforts to raise issues to the Department of Health and Human Services and Office of Management and Budget (OMB). Including a proper representation and accounting of unfunded trust and treaty obligations.

**Health Information Technology Modernization Efforts**

IHS seems to be making incremental progress as identified in the HIT Roadmap. However, there are critical questions that remain outstanding regarding the overall direction of the project, the estimated full costs, availability of funding for tribes who have already made significant investments to their health information technology.

**Tribal asks:**

* When does the agency intend to announce a decision and outcome of the recent Tribal consultation?
* Does the agency expect to be able to make a specific request in the Fiscal Year 2022 or 2023 appropriations process to support the decision of the agency?
* IHS must consult with Tribes on the divisibility and contractibility of any new funding committed to this project. A unilateral decision that this funding is not available for Tribes who currently operate systems or who intend to move from RPMS due to the lack of interoperability does not support the tenants and statutory requirements of Title V.
* Follow-up item: Finally, TSGAC requests that IHS host a separate webinar/meeting with the TSGAC and Technical Workgroup that specifically focuses on this project to allow for a more substantive and lengthy engagement on a vast and critical important subject.

**COVID-19 Update**

Native Americans are not being prioritized in the distribution of vaccines for COVID-19 and the experience in receiving information about vaccine distributions is not a sustainable process for a public health emergency such as this. Tribes are reporting that they are learning on a week-to-week basis when and how many vaccines they will receive. This makes it **very** difficult to properly plan and deploy vaccines. Additionally, the collaboration within IHS Ares varies significantly as well.

**Tribal asks:**

* IHS must stand up a better process to fully support an appropriate response to this Pandemic and vaccine distribution.
* IHS should encourage Area Offices to coordinate with Tribes to ensure distributions in communities target the appropriate population and reach those in most need.

**Request Legislative Relief to Meaningful Use Requirements**

RPMS has failed to meet the Meaningful Use standards established by the Centers for Medicare & Medicaid Services for five years, fully utilizing the legislative exception period. Without legislative action, IHS and tribally operated sites that utilize RPMS as their EHR may receive a lower interoperability score and, therefore experience a loss in revenue. A disruption in third party billing could create systemic funding problems for IHS and Tribally operated programs who regularly rely on reimbursements to expand services.

**Tribal ask:**

* The Agency should immediately request legislative relief from the Meaningful Use requirements to ensure that there is no disruption in third party billing and receipts.

**Behavioral Health Programs**

Given the change in the Administration and the extension for existing Behavioral Health Program grantees, this Administration should reconsider the Agency’s previous position on Behavioral Health Program (BHP) grants. Tribes provided comments which overwhelmingly supported transitioning existing BHP grants. Yet the Agency determined that it would not change the funding mechanism without explanation.

**Tribal ask:**

* The Biden Administration has clearly prioritized Tribal consultation in its first 100 days. This is an issue that received substantive Tribal consultation did not support the outcome or decision by the previous administration. Will IHS reconsider the previous decision that did not adhere to the importance President Biden has placed on meaningful Tribal consultation?

**Coordination between Tribes, IHS and Veterans Affairs (VA) on new VA authorities and responsibilities to Native Veterans.**

Three bills were passed during the last congressional session that require Tribal engagement and meaningful collaboration between Tribes, IHS and VA. Collectively, the bills eliminate co-pays for Native Veterans within the VA system, establish a VA Tribal Advisory Committee, and require the Veterans Health Administration (VHA) to reimburse IHS and Tribally-operated facilities for purchased and referred care used for Native American veterans. These new authorities are critical to ensuring access to health care for Native American veterans and Tribes must be at the table.

**Tribal asks:**

* IHS and VA must include Tribal leaders while changes to the Reimbursement Agreement are being developed. Tribal consultation without meaningful input on the initial changes to the reimbursement agreement is not acceptable. Tribes directly operate the majority of the IHS budget and must be at the table about any proposed agreement language while it is still in draft.
* IHS and Tribes must work together to assist the VA in implementing the other two bills. Tribes are best positioned to help VA identify Native veterans and have more familiarity with their experiences in the VHA system. To make sure Native veterans achieve true parity, we must work together. Finally, establishing a meaningful advisory committee, VA will undoubtedly turn to HHS and IHS for support – Tribes also have feedback on how best to stand up and leverage a committee of this nature.

**Telehealth Reimbursement Rates**

The Pandemic has proven that telehealth is both a viable and necessary option that I/T/U providers must utilize to meet patient health care needs. However, the current reimbursements rates do not and will not encourage further utilization of this health care delivery model. IHS should be interested in increasing the reimbursement rate, because, just like Tribes, the Agency has made significant strides and investments to support the telehealth delivery model.

**Tribal ask:**

* TSGAC requests that IHS work collaboratively with Tribes to increase reimbursement rates for telehealth services.

**340B Pricing Enforcement**

TSGAC appreciates that updated provided in the IHS response letter ahead of this meeting. However, the recent actions by OGC and HRSA have not corrected this problem and there seems to be little initiative to hold contracted pharmacies accountable. Tribally-operated programs must rely on these contract services and are utilizing their status to receive this benefit. The Agencies involved must do more to respond to this issue and enforce the statutory requirements.

**Tribal ask:**

* TSGAC requests that the IHS engage with HRSA and OGC directly to identify and utilize an enforcement mechanism that protect 340B entities.

**105(l) Lease Policy Workgroup Request**

TSGAC remains committed to improving the 105(l) lease negotiation process through agency adopted policy and procedure similar to the Contract Support Costs policy. It is critical important that Headquarters implement a uniform policy and process to ensure that Tribes are working from the same policy and procedure. While the Committee acknowledges that this issue has budgetary implications, the policy and procedure responsibilities lie within the Office of Tribal Self-Governance, Office of Direct Service and Contracting Tribes, and Office of Environmental Health and Engineering.

* **Tribal ask:** TSGAC requests that a Policy Workgroup that includes Tribal and Federal experts to develop a policy and, if necessary guidance, for Lease negotiations and calculations.