

## THE SECRETARY OF HEALTH AND HUMAN SERVICES WASHINGTON, D.C. 20201

July 26, 2013

Chairwoman Malerba Mohegan Tribe 5 Crow Hill Road Uncasville, Connecticut 06382

Dear Chairwoman Malerba:

Thank you for your recent letter dated June 4, 2013, concerning the expansion of the role of the Self-Governance Tribal Federal Workgroup (SGTFW). I appreciate and value your service on this workgroup and have taken into consideration the concerns and requests raised in this letter.

As you know, the workgroup was created to examine issues surrounding the potential expansion of self-governance given the tribes' stated interest in such an expansion. Valuable information was exchanged during the workgroup meetings, such as the four primary principles of self-governance of the tribes and information regarding the structure of the grant programs proposed for inclusion in a self-governance demonstration project. Federal workgroup members also did extensive education on self-governance within our Department. This was an important educational exercise for many who had not previously worked with tribes on a regular basis. Tribal workgroup members had the opportunity to have an open discussion about self-governance at the workgroup meetings with many program staff for the first time. In addition, federal workgroup members offered to explore possible flexibilities that might satisfy some of the primary principles of self-governance articulated by tribal workgroup members and address some of the identified barriers to self-governance expansion.

While I have been impressed by the significant efforts made by the workgroup, the Department does not have plans to create a workgroup for purposes of working on draft legislation with tribal representatives. The workgroup discussions have been helpful in that they revealed the complicated nature of the issues involved. These warrant further discussion with our program experts and further dialogue with tribes on this issue. HHS will maintain an open line of communication with the tribes to further discuss self-governance and the tribes' priorities and concerns.

One important conclusion of the workgroup discussion was that self-governance outside of the Indian Health Service (IHS) is likely to look very different than self-governance within IHS for a variety of reasons. Unlike IHS programs that tribes can currently operate under the Indian Self-Determination and Education Assistance Act model, funds for other HHS programs are delivered as grants. In addition, because grants are already carried out by tribes, it is highly unlikely that any expansion under another model will result in additional funding in the form of contract support costs. Also unlike IHS, the programs discussed by the workgroup are available to states

and non-profit organizations. These differences must be considered should any proposed demonstration project be authorized. The SGTFW discussions will prove useful when considering these matters, since one purpose of the workgroup was to have a better understanding of the tribal and program staff perspectives. The Department values self-governance and the relationship between the tribes and HHS. We want to continue to seek ways we can find mutually acceptable solutions to tribal concerns. A similar letter has also been sent to the co-signers of your letter.

Sincerely,

Kathleen Sebelius