**IHS Self-Governance Advisory Committee (TSGAC) Meeting Summary**

**Tuesday, July 13, 2021**

**1:00 – 5:00 PM Easter Time**

**Virtual Meeting**

**Attendance:**

A quorum was established for the TSGAC meeting.

**Committee Business:**

* February 2021 minutes were approved.

**HHS/IHS Updates**

***Elizabeth Fowler, Acting Director, IHS***

Director Fowler participated in a visit that the HHS Secretary Xavier Beccera made to Cherokee Nation. It was the Secretary’s first official visit to a Native Nation. The primary reason the Secretary traveled to Oklahoma to speak regarding the Medicaid expansion that went into effect on July 1. However, he also met with leadership from the Cherokee Nation.

Director Fowler expressed concern regarding the Delta Variant and support for continuing vaccination efforts to provide protection against the highly transmissible variant. The risks associated with receiving the vaccine are slight, and the benefits outweigh the risks.

The Director provided an update on the Contract Support Advisory Group. They issued a new IHS Contract Support Cost Advisory Group Charter. This advisory group essentially takes the place of the previous CSC Workgroup. The charter serves to establish the group as a more permanent advisory body.

A formal letter notifying tribal leaders of the charter and seeking tribal members to serve on the advisory group is forthcoming. The first meeting is planned for September.

The IHS will be convening the first Director’s Advisory Workgroup on improving tribal consultation on July 21. Representatives for the Albuquerque, Billings, Great Plains, Navajo, and Pheonix areas are still needed. If you are interested in serving on the workgroup or know of someone, please let the Area Director know. There are vacancies for the CHAP TAG for the Albuquerque, Bemidji, Pheonix, Billings, Portland, and Tucson areas.

***Benjamin Smith, Deputy Director for Intergovernmental Affairs, IHS***

Deputy Director Smith provided an IHS leadership update. He provided the updated IHS organizational charts. There are still several critical positions that need to be filled, including the IHS Director position.

The Indian Health Care Improvement Act (IHCIA) reauthorization clarifies that the Director shall be administered by an incumbent appointed by the President by and with the advice and consent of the Senate.

**Office of Tribal Self-Governance (OTSG) Update**

***Jennifer Cooper, Director, OTSG***

Today there are 105 self-governance compact and 131 funding agreements. Around two-thirds are on a fiscal year cycle, and the rest are on a calendar year cycle. About $2.6 billion in recurring base funds are transferred to Tribes and tribal organizations. 375 throughout the U.S. received funding through compacts and funding agreements.

The following funds have been transferred thus far to Title V Tribes:

* Supplemental 3: CARES Telehealth - $33.9 million
* Supplemental 4: PPPHCEA - $321.3 million (transferred bilaterally)
* Supplemental 5: CRRSAA Vaccine related - $89.6 million
* Test related - $197.5 million(transferred bilaterally)
* Supplemental 6: ARPA 1 - $1.9 billion

The OTSG is working on the second distribution of the ARPA funds, and they are starting to receive requests. The agency is still working on an online system for collecting information from tribal health care programs for the reporting requirement under those funds transferred bilaterally.

The OTSG continues its work to establish the IHS Tribal Consultation Policy as a permanent policy in the Indian Health Manual. Consultation Workgroup meetings will be held July – September. A 60-day consultation regarding the recommendations will be held in October – December. The Workgroup will finalize and publish updated IHS Tribal Consultation Policy and issue a final consultation report from January – March. If anyone needs additional information regarding the workgroup or consultations, they can contact Anna.Johnson2@ihs.gov .

Ongoing OTSG priorities include:

* Title V Negotiations
* Providing Training and Technical Assistance
	+ Tribal Self-Governance Negotiation Handbook
	+ Self-Governance Planning and Negotiation Cooperative Agreements FY2021-2022 Notice of Funding Opportunity
* Updating Headquarters Program, Services, Functions, and Activities (PSFA) Manual
* Supporting Consultation on IHS Consultation Policy
* Submitting Reports to Congress on the Administration of the Tribal Self-Governance Program
* Recruiting for 2 OTSG vacancies

**Discussion on Covid-19 Relief Funds impact on future Indirect Cost Rates**

***Liz Malerba, Director of Policy and Legislative Affairs for United South and Eastern Tribes Sovereignty Protection Fund***

On May 26, 2021, the United South and Eastern Tribes Sovereignty Protection Fund (USET SPF) issued a letter to the Office of Management and Budget (OMB) concerning the influx of critical COVID-19 relief funds and the potential impact the one-time funds may have on the future Indirect Cost (IDC) rates of Tribal Nations.

Tribal leader concern continues to grow across the nation as Tribal Nations await guidance from the OMB permitting the exclusion of COVID-19 relief funding from IDC rates will provide clarity for upcoming IDC negotiations.

**Budget Update**

***Jillian Curtis, Director, Office of Finance and Accounting, IHS***

Director Curtis provided an overview of the FY 2022 House Mark. On July 1, the House Appropriations Committee approved the FY 2022 Interior Appropriations bill.

The bill provides $8.1 billion in discretionary funding for the IHS ($1.9 billion above FY 2021 and $376 million below the FY 2022 President’s Budget).

The bill provides the following funding levels for the IHS:

* Services: $5.8 billion ($1.5 billion above FY 2021 and $121 million above the FY 2022 President’s Budget
* Facilities: $1.3 billion ($367 million above FY 2021 and $216 million below the FY 2022 President’s Budget)
* Contract Support Costs: $880 million ( $36 million below FY 2021 and $261 million below the FY 2022 President’s Budget)
* Tribal Lease Payments: $150 million ($49 million above FY 2021)

The bill supports the President’s Budget proposal to reclassify Contract Support Costs and Tribal Lease Payments as mandatory; it does not include the advance appropriations proposal.

The IHS announced the final allocation decisions for the remaining $1.8 billion in American Rescue Plan Act funds on June 22 (all but $600 million for COVID-19 facilities-related activities is now allotted – remaining funds will be allocated this week).

**IHS Health Information Technology (HIT) Modernization Update**

***Mitch Thornbrugh, Chief Information Officer and Director, Office of Information Technology, IHS***

Director Thornbrugh provided an update on funding levels for the HIT modernization project:

* FY2020 appropriations provided $8M (recurring) to begin the project management office in FY2020.
* The CARES Act of 2020 provided $65M (one-time) to accelerate the project based on the FY 2021 request.
* FY 2021 appropriations increased from $8M to $34.5M (recurring) for the Health IT Modernization project.
* FY 2021 American Rescue Plan Act provided $70M (one-time) for the IHS Electronic Health Record.

The following is an overview/timeline of the efforts to modernize the IHS’s health information technology systems:

* 2018 – HHS/IHS Initiated studies to determine options for modernizing IHS HIT
* November 2019 – Final report published, representing extensive research and tribal consultations, providing four options to modernize RPMS
* December 2020/January 2021 – Listening Sessions on Modernization Options
* April 1 – Decision Memo (Option 4: Full Replacement of RPMS)
* April 19 – Closing date of Request for Information (RFI) to Industry for input on IHS HIT Modernization (68 responses)
* May 14 – Congressional Data Call concerning Tribal adoption of COTS EHRs
* May 21 – Industry Day for IHS research (over 300 attendees, ~200 companies)
* June 15 and 17 – Additional Listening Sessions

Director Thornbrugh highlighted the IHS’s partnership with VA and DOD through the Federal Electronic Health Record Modernization (FERHM) Program office. IHS staff participate in monthly updates to learn from their challenges and best practices.

Thornbrugh also discussed how the IHS must be interoperable and design national data solutions with Tribal and Urban partners’ existing commercial EHR instances in mind. He explained how the Four Directions Hub (4DH) pilot is addresses interoperability by:

* + Consolidating a subset of patient health data from all contributing I/T/U facilities into a single database
	+ Connecting to the eHealth Exchange
	+ Testing with the VA/DoD and private sector sites
	+ Continuing to be a central pillar for interoperability between legacy and transitioned sites, as well as with Tribal, Urban and external partners

**Update from the Department of Veterans Affairs (VA)**

***Stephanie Birdwell, Director, Office of Tribal Government Relations, VA***

***Benjamin Smith, Deputy Director for Intergovernmental Affairs, IHS***

Director Birdwell began her presentation by providing an update on tribal consultation and legislation.

The VA’s tribal consultation was submitted to OMB by April 27. The VA proposes to make changes to the existing Tribal Consultation Policy, including the role of the soon-to-be-formed VA Advisory Committee.

The VA Advisory Committee on Tribal and Indian Affairs (VA TAC) will be a 15 member FACA committee. Twelve representatives will be from the IHS regional areas, one Native Hawaiian representative, one Urban Indian Organization representative, and one at large representative. At least half of the committee will be comprised of Veterans.

By January 5, 2022, Veterans who meet the definition of Indian provided by Section 1603 of the IHCIA will no longer be subject to copays from the VA.

The VHA may now purchase care from 41 Urban Indian Organizations that historically had little relationship with the VA.

The VHA Geriatrics and Extended Care are responsible for administering the grant funding and working on regulatory changes for VA State Veterans Homes.

Director Birdwell turned to Benjamin Smith to provide an update on the VHA-IHS MOU. Leadership from the VA and IHS revised the MOU after listening sessions. The VA and IHS are reviewing and considering tribal leaders’ comments. A signed document is expected by September 2021.

***Intra-Departmental Council for Native American Affairs (ICNAA)/ Administration for Native Americans (ANA) Updates***

***Michelle Sauve, Acting Commissioner, ANA and Executive Director, ICNAA***

ICNAA continues its work on the HHS response to COVID-19, missing and murdered indigenous persons, and the Executive Order on Advancing Racial Equity.

Commissioner Sauve provided an update regarding ARP funding for Tribes offered by the Administration for Children and Families. The following information was provided:

• Administration for Native Americans $20 million for Emergency Grants for Native

American Language Preservation and Maintenance. Deadline June 25.

• Office of Family Assistance $1 billion for a new formula grant program to provide short-term non-recurrent benefits to individuals under the TANF program. Deadline June 9.

• Family and Youth Services Bureau $49.5 million for new grants to provide culturally

specific activities for survivors of sexual assault and domestic violence.

• Office of Community Services $500 million to support the Low-Income Drinking Water and

Wastewater Emergency Assistance Program.

• Office of Child Care $24 billion in Child Care Stabilization Grants and $15 billion in

supplemental Child Care and Development Funds.

• Office of Head Start $1 billion for additional weeks of Head Start and Early Head Start

programming.

• Tribal Maternal, Infant, and Early Childhood Home Visiting $4.5 million for grantees.

**TSGAC/ACA Project Update**

***Sarah Sullivan, Health Policy Consultant/Fellow***

***Elliott Milhollin, Partner, HSDW***

Mr. Milhollin provided an update regarding recent project activities as follows:

**Recent TSGAC Webinars:**

* Tribal Best Practices in Vaccine Distribution – Held March 17, 2021 (105 Participants)
* Overview of the American Rescue Plan Act and Provider Relief Fund Reporting – Held June 23, 2021 (222 Participants)

**Recent TSGAC Briefing Papers:**

* American Indian and Alaska Native Marketplace Enrollment, Including Access to Cost-Sharing Protections (June 15, 2021)
* Medicare Telehealth Coverage Before, During, and After the COVID-19 Public Health Emergency (July 12, 2021)

**TSGAC Issue Tracking:**

* Develop and maintain an ongoing list of TSGAC Project Priority Items (recent list included in today’s TSGAC meeting materials and updated regularly)
* Coordination with TTAG on tracking of priority issues and development of recommendations

Ms. Sullivan provided an update on the brief titled American Indian and Alaska Native Marketplace Enrollment, Including Access to Cost-Sharing Protections and some of the key findings. Enrollment has exceeded 100,000 for individuals (2.7% increase over 2019). Enrollment in the federally facilitated marketplace increased by 4.2% from 2019 to 2020 for enrolled tribal members. The state of Oklahoma had the greatest increase in tribal member enrollment, with an increase of 14%.