



Dr. Lynn Malerba  
Chairwoman  
IHS Tribal Self-Governance Advisory Committee  
c/o Self-Governance Communication and Education  
314 W. 14<sup>th</sup> Place  
Tulsa, OK 74119

Dear Chairwoman Malerba:

I am responding to your January 12, 2022, letter, which summarizes five key issues discussed during the virtual Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC) meeting, held on November 9, 2021. The recent emergence of the Omicron variant has underscored the value and importance of our partnership as we collaborate to protect the people we serve by increasing opportunities and expanding equitable access to COVID-19 vaccination, booster, and prevention efforts. I look forward to our continued cooperation to mitigate the COVID-19 pandemic and to address other Self-Governance areas of concerns.

Included below are responses to the key issues highlighted in your letter:

- 1. TSGAC's input on the Mandatory Proposal.** In the November 9, 2021, TSGAC meeting, and in your January 12, 2022, letter, TSGAC recommended: 1. inclusion of automatic inflators in the proposed legislation, and 2. hiring a health economist who can work with the IHS National Tribal Budget Formulation Workgroup to collaborate on what funding levels should look like for the IHS.

*IHS response:* I appreciate the TSGAC's input regarding approaches to mandatory funding for the IHS. Your recommendations will help the IHS consider all facets of this complex and important issue. Additionally, I look forward to continuing to work with the IHS National Tribal Budget Formulation Workgroup and commit to considering additional advisory support, such as the services of a health economist.

- 2. Self-Governance Expansion into US Department of Health and Human Services (HHS).** The TSGAC requested the IHS to educate "sister" agencies on the topics of Self-Governance and the expansion of Self-Governance within HHS and to address any concerns expressed during internal communications with HHS and/or "sister" agency leadership.

*IHS response:* The IHS is committed to educating sister agencies (e.g., the Administration of Children and Families and the Substance Abuse and Mental Health Services Administration) on Self-Governance and Self-Governance expansion, as opportunities arise and per request.

- 3. The IHS Tribal Consultation Policy.** During the November 9, 2021, TSGAC meeting, and in your January 12, 2022-dated letter, the TSGAC requested more time for the IHS Director's Tribal Consultation Policy Workgroup to conduct a comprehensive review of the IHS Tribal Consultation Policy (hereafter referred to as "Policy"). TSGAC's request would also permit the three sub-workgroups sufficient time to review and fully understand the proposed recommendations for their assigned Policy sections; and ensure that their respective recommendations do not conflict with other sections of the Policy or with the HHS Tribal Consultation Policy.

*IHS response:* I would like to express my appreciation to the Tribal Leaders who are participating in the IHS Director's Advisory Workgroup on Tribal Consultation and to the Tribal Leaders who provided comments and recommendations for updating the IHS Tribal Consultation Policy. In 2021, the IHS coordinated three virtual Workgroup meetings, on August 24, September 28, and November 2. A comprehensive review of the Policy was conducted during a virtual Workgroup meeting on January 12, 2022, and another comprehensive review will be conducted during the next Workgroup meeting, scheduled for February 15-16, 2022. Additionally, the three sub-workgroups are continuing to meet monthly and IHS staff is working to develop and provide materials to participants to cross walk and enhance understanding of Policy recommendations.

- 4. Behavioral Health Funding.** The TSGAC reiterated their position, and rationale, that the decision to distribute nearly \$50 million in behavioral health funds through grant mechanisms should be reconsidered, and that behavioral health funds should be disbursed through Self-Governance and Self-Determination Agreements. Also, the TSGAC requested more discussion around this topic and looks forward to working with the IHS to address these concerns before future funding decisions are made.

*IHS response:* I strongly support Tribal Self-Governance and Self-Determination and am committed to further discussion with the TSGAC on behavioral health funding. I look forward to discussing how to attain shared goals and solutions for mitigating the health and behavioral health disparities experienced by American Indians and Alaska Natives. While continuing these discussions that may impact future funding allocations, it is important to minimize disruptions to current grant programs and proceed with upcoming awards. On November 4, 2021, the IHS Division of Behavioral Health released six notice of funding opportunities, for grants and cooperative agreements, under the Behavioral Health Integration Initiative, with an application deadline of February 2, 2022.

- 5. IHS Electronic Health Record (EHR) Modernization Project.** The TSGAC requested an update on the status of Tribal input in response to the Tribal Leader Letter, issued on August 9, 2021. Additionally, TSGAC requests Tribal representation on the IHS Committees implementing these updates of the IHS EHR Modernization Project.

***IHS response:*** The August 9, 2021-dated letter provided an update to Tribal Leaders and Urban Indian Organization Leaders on the ongoing Tribal Consultation and Urban Confer concerning modernization of the Health Information Technology (HIT) infrastructure supported by the IHS. The letter also requested Tribal Leaders and Urban Indian Organization Leaders to provide input on draft acquisition documents and the Statement of Objectives. I am pleased to report that we received several responses and used the information to develop the federal acquisition documents.

We plan to issue another Tribal Leader and Urban Indian Organization Leader letter to invite Tribal and urban Indian representatives to participate in various focus groups such as data management and analytics, implementation, and interoperability. Participants of the focus groups will provide individual input on the best approaches for ensuring the most effective implementation, interoperability, and data management in support of improved healthcare services and outcomes. In addition to any future topics, these groups will ensure Tribal and urban Indian involvement in discussions regarding the IHS EHR Modernization Project that impact everyone.

I trust this information is helpful. If you have any questions, please contact Ms. Jennifer Cooper, Director, Office of Tribal Self-Governance, IHS, by telephone at (301) 443-7821, or by e-mail at [jennifer.cooper@ihs.gov](mailto:jennifer.cooper@ihs.gov). Thank you for your ongoing support and partnership as we work towards a shared vision for healthy communities and quality health care systems.

Sincerely,

Elizabeth A. Fowler -S  
Digitally signed by Elizabeth A. Fowler -S  
Date: 2022.02.06 15:22:47 -05'00'

Elizabeth A. Fowler  
Acting Deputy Director