**STAC Meeting Summary**

The most meeting of the Secretary’s Tribal Advisory Committee took place in March 2022. During the meeting, the STAC met with Secretary Becerra as well as other HHS leadership.

Secretary Becerra:

* Secretary Becerra reaffirmed his commitment to getting IHS advance appropriations and CSC / 105(l) mandatory funding, even though it was unsuccessful in FY 2022
	+ In July, the Senate Appropriations committee released their draft appropriations bill which does include IHS advance appropriations and CSC/ 105(l) mandatory funding
* Tribal leaders raised issues with the secretary that included the chronic underfunding of IHS, and emphasized that funding should be received directly, not through states. Specifically, the STAC requested that HHS send a letter to the states tell them to collaborate with Tribal Nations if funding must first pass through states.
* Secretary Becerra spoke directly on his personal support for the Indian Child Welfare Act (ICWA), which he noted that he fought for as Attorney General in California. He stated that he will do all that he can to fight for ICWA as the case *Haaland v. Brackeen* comes before the United States Supreme Court.

COVID-19 Issues

* STAC also met with CDC Director Rochelle Walensky who provided an overview of COVID-19
* STAC raised how disparities in public health surveillance activities—which are conducted at a rate of 86% by States and 24% by Tribal Nations—limit data on Indian Country and hamper Tribal Epidemiology Centers. STAC stressed the need for these centers to have direct data access to the greatest extent possible.
* Dr. Larry Tabak from the National Institutes of Health shared that they are engaging in a new research initiative focused on patients who experience "long-haul" complications following their recovery from COVID-19. Mr. Tabak explained that the research is designed to identify risk factors associated with an increased likelihood of experiencing these symptoms and strategies to prevent and treat them.
* STAC stressed the need for culturally relevant materials to counter the spread of misinformation around the vaccines and pandemic. STAC noted that skewed information can also come from disparities in data collection that leave out AI/AN populations.

IHS updates

* IHS Acting Director, Liz Fowler, announced that IHS is in the process of amending its Tribal Consultation Policy to better align with that of the HHS.
* She provided an update on the Health IT modernization effort and said that IHS will have quarterly listening sessions on May 3, August 2 and November 1.
	+ STAC noted that many Tribal Nations have already invested in commercial electronic health record systems and requested IHS reimbursement of those costs. Ms. Fowler responded that IHS generally cannot provide funds for past costs and Congressional action would be needed.
* STAC urged the IHS to consider establishing its own Tribal Advisory Committee to increase engagement with tribal leaders on Indian healthcare policy and programs. STAC also asked that IHS create a website to provide transparency and promote accountability around pending projects, mostly notably the HIT Modernization effort.

CMS Updates:

* This update focused on eligibility issues at CMS. CMS Chief Operating Officer Dan Tsai said that Medicaid eligibility renewal processes will resume after the COVID-19 Public Health Emergency declaration is lifted.
	+ CMS will notify individuals of the resumption of the Medicaid eligibility renewal process
* He stated that CMS is encouraging States to spread out eligibility determinations across a 12-month period. A grace period will be provided to respond to any State concerns related to eligibility determinations.
* CMS is also encouraging States to maintain telehealth and telephonic modalities on an ongoing basis regardless of the eventual lifting of the Public Health Emergency.
* STAC also requested an update on its long-standing policy request that Tribal Nations be authorized to directly sponsor Medicare Part B premiums and Part C Medicare Advantage Plans. CMS did not have an answer.

Title VI Elder Services:

* The Administration for Community Living provided $22.6 million from the American Rescue Plan Act to Title VI grantees and were distributed through formula grants.
	+ They can be used for salaries, wages, benefits, training and equipment for public health professionals
* STAC recommend that ACL establish a Tribal Advisory Committee for regular input on its programs and policies from tribal leaders. STAC also requested that ACL dedicate more funding to Tribes, noting that only 0.5 percent of recently available funds had gone to Tribal governments.

Health Workforce Related Issues

* Health Resources and Services Administrator Johnson and the STAC discussed the heightened pressures on Indian health system personnel resulting from the ongoing pandemic.
	+ STAC requested HRSA's leadership in addressing these conditions, which they requested include a commitment from the agency to continue the prioritization of National Health Service Corps officer placements in the Indian health system.
* STAC raised long-standing concerns related to HPSA scoring used to identify areas that have a shortage of primary, dental or mental health providers. In particular, STAC discussed how current scoring methodology does not accurately reflect poverty data.
	+ They said that Tribal Nations are best equipped to understand their populations

Mental and Behavioral Health

* STAC discuss behavior health issues with Miriam Delphin-Rittmon, Assistant Secretary for the Substance Abuse and Mental Health Services Administration
* They are working on ways to update the tribal behavioral health agenda and are evaluating methods on current draft
* STAC encouraged HHS to preemptively prepare for the increased need for trauma-related care arising in connection with the ongoing boarding schools investigation being led by the Department of the Interior.
* Additional mental and behavioral health resources, as well as support for culturally-rooted healing practices was requested.
* STAC also asked for the incorporation of more culturally-relevant metrics for assessing and responding to mental and behavioral health needs, including in youth suicide prevention.

The next STAC meeting will take place in Albuquerque, NM from September 6-9.

**ACF TAC Meeting Summary**

On June 22-23, I participated in the ACF Tribal advisory committee in Washington DC. This was our first in person TAC meeting since the pandemic. The TAC is working on their strategic plan, which focuses on 6 main topic areas:

* ACF/Tribal Relationship
* Funding Opportunities
* Economic Development and Mobility
* Missing and Murdered Indigenous Peoples
* Tribal Flexibility
* Indian Child Welfare

The group intends to draft the plan this summer and finalize and release by November 2022. If you have any feedback or policy suggestions for these topic areas, please let me know.

We also discussed operational issues for ACF programs. That included expanding self-governance at HHS to programs outside of IHS. Many of the programs that ACF administers would be suitable for administering through self-governance agreements. Expanding self-governance would improve grant flexibility and allow more efficient use of resources by Tribes. It would allow Tribal health programs to more seamlessly offer services to patients by being able to redesign programs and pool resources. It would also mean less onerous reporting, as the current system requires too much reporting and detracts from program services. ACF staff acknowledged this challenge but did not explicitly commit to supporting self-governance at HHS.

ACF TAC members also mentioned that there is a need to make some of the COVID-19 supplemental funding – like the funding for Native Languages and child care grants– permanent. ACF staff acknowledged this challenge and suggested that TAC members continue to talk to Congress about increased funding.

Other priority topics included behavioral health, and including cultural practices in to programming from ACF. Youth, in particular, have been impacted by the COVID-19 pandemic. TAC members continued to express the need for integrated, wholistic care across all programs. They also mentioned the need to address historical trauma and integrate traditional healing practices. ACF staff agreed with these principles.

We also heard a presentation on the newly released federal boarding school report that detailed from of the ongoing negative impacts that the boarding school system had on Indian people and Tribal communities. The report looked at 408 boarding schools across 47 states, and identifies them by name and location. The report also identified 53 marked and unmarked burial sites but are not making them public for security reasons.

The report also found that the boarding schools prevented the speaking of indigenous languages, required manual labor for children including brickmaking, working on the railroad, making clothes and lumbering. Additional appropriations are needed to continue the work of the report. The next iteration of the report will include information on the total number of children; number of marked/unmarked burial sites, and approximating the total amount of federal support for the system.

The next in person TAC meeting will be at the Jamestown S’Klallam Tribe in Washington on October 12-14, 2022.

**HRSA TAC meeting Summary**

I also serve on the newly formed Health Resources and Services Administration TAC. The last TAC meeting was virtual and took place on April 26-27.

At the HRSA TAC, members also discussed the desire to reduce dependence on competitive grants for Tribal Nations and expand self-governance. Again, HRSA officials did not voice direct support for self-governance expansion, but did say that they want to work on reviewing the grant application process and streamline as much as they can. They also noted that without sufficient funding, it would be hard to fund all tribes in a meaningful way.

TAC Members also addressed the need to get providers to Tribal communities, especially in rural areas. Members also noted the need to provide support for Graduate Medical Education in Indian Country, and that HRSA should prioritize tribal sites.

Health Professional shortage areas (HPSA) scoring was another topic for the TAC delegates. They said that using user population data was not necessarily accurate, and that HRSA should instead rely on Tribal enrollment data, as tribes should have flexibility to provide the right information for their own community.

TAC members also stressed the importance of telehealth and the need for HRSA to be planning on how to continue telehealth investment after the pandemic.

The next meeting for HRSA TAC has not be set but it is anticipated in Fall 2022 in Tulsa.