

U.S. Department of Health and Human Services
Indian Health Service
Stakeholder Engagement Plan
Regulatory Reform

Version: 1.2

Revised: June 20, 2018

Table of Contents

1.0 Introduction	3
1.1 Purpose and Scope	3
2.0 Communications and Stakeholder Engagement	4
2.1 Types of Stakeholder groups and formats for engagement.	4
2.2 Tribes, Tribal Organizations, and Urban Indian Organizations	4
2.3 Internal Collaboration with IHS and Federal Agencies	5
2.4 External Collaboration with Congress and External Partners	6
3.0 Engagement Framework – Communications and Measurement	6
3.1 Communications Methods Matrix	6
3.2 Measurement and Evaluation – Stakeholder Engagement	8
3.2.1. Stakeholder Type	8
3.2.2. Stakeholder Name	9
3.2.3. Stakeholder Engagement Format	9
3.2.4. Number of Stakeholder Participants	9
3.2.5. Date of Stakeholder Meeting	9
3.2.6. Topic of Stakeholder Engagement	9
3.3 Evaluation of Stakeholder Engagement	9
4.0 Revisions and Amendments	10

1.0 Introduction

President Donald Trump announced a series of Executive Orders that require action from Federal agencies, including the U.S. Department of Health and Human Services (HHS) and the Indian Health Service (IHS). Executive Orders include:

- Executive Order 13771 - *Reducing Regulation and Controlling Regulatory Costs* (January 30, 2017)
- Executive Order 13777 - *Enforcing the Regulatory Reform Agenda* (February 24, 2017)

The IHS was established to carry out the responsibilities, authorities, and functions of the United States to provide health care services to American Indians and Alaska Natives. The mission of the IHS, in partnership with American Indian and Alaska Native (AI/AN) people, is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. The IHS provides comprehensive health care delivery to approximately 2.2 million American Indians and Alaska Natives through 26 hospitals, 59 health centers, 32 health stations, and 9 school health centers. Tribes also provide health care access through an additional 19 hospitals, 284 health centers, 163 Alaska Village Clinics, and 8 school health centers.

Executive Order (EO) 13777 Section 3(e) requires that the Task Force seek input and other assistance, as permitted by law, from entities significantly affected by Federal regulations, including State, local, and Tribal Governments, small businesses, consumers, non-governmental organizations, and trade associations.

The IHS works in partnership with AI/AN Tribal Governments on a Government-to-Government basis in accordance with statutes,¹ Executive Orders,² and HHS and IHS policies on Tribal Consultation and Conferring with Urban Indian Organizations (UIOs). The IHS is committed to regular and meaningful Consultation with Tribes and Tribal Organizations and Conferring with UIOs. Therefore, implementing actions for EO 13771 and EO 13777 must include Tribal Consultation with AI/AN Tribes and Tribal Organizations and Conferring with AI/AN UIOs.

1.1 Purpose and Scope

The purpose of this stakeholder engagement plan is to provide a framework that addresses the information needs of internal and external stakeholders regarding the EO 13777 for deregulation mandates. The plan outlines the requirements of the communications efforts to reach and inform stakeholders. The plan is a key tool for

¹ Indian Self-Determination and Education Assistance Act (ISDEAA); Indian Health Care Improvement Act (IHCA).

² Executive Order 13084, Consultation and Coordination with Indian Tribal Governments, May 14, 1998; Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, November 6, 2000.

promoting support, cooperation, participation, coordination, and transparency among stakeholders, as appropriate.

The implementation and maintenance of this plan will be the responsibility of the IHS.

2.0 Communications and Stakeholder Engagement

The IHS has internal and external stakeholders for engagement. The following sections detail types of stakeholder groups and methods in which stakeholders may be engaged.

2.1 Types of Stakeholder groups and formats for engagement

There are three types of stakeholder groups for the IHS that would be engaged during any potential deregulatory actions: (1) Tribes, Tribal Organizations, and UIOs; (2) Internal Collaboration with IHS and Federal Agencies; and (3) External Collaboration with Congress and External Partners.

2.2 Tribes, Tribal Organizations, and Urban Indian Organizations

The IHS strives to build, strengthen, and sustain collaborative relationships that advance the IHS mission. Tribes, Tribal Organizations, and UIOs are an important part of the engagement process for the IHS and represent a portion of the Indian Health Care System.

The Indian Health Care System is comprised of IHS direct health care services, tribally operated health care services, and UIO health care services and resource centers.

- **IHS direct health care services** - As of January 2018, the IHS had approximately 15,300 Federal employees who provide health care for more than 2.2 million American Indians and Alaska Natives in 573 federally recognized Tribes. IHS staff are located across the country in 12 administrative Areas (Regional) offices, hospitals, health centers, and health stations in Tribal and urban communities across the country.
- **Tribally operated health care services** - Titles I and V of the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended) (ISDEAA), provide Tribes and Tribal Organizations with the option of exercising their right to Self-Determination by assuming control and management of programs previously administered by the Federal Government. Since 1992, the IHS has entered into Title I and Title V ISDEAA agreements with Tribes and Tribal Organizations to assume responsibility for delivery of health care programs and services formerly provided by the Federal Government.

Today, more than 60 percent of the IHS appropriation is administered by Tribes and Tribal Organizations, primarily through Self-Determination contracts or Self-Governance compacts.

- **Urban Indian Organization health care services and resource centers -** There are 36 UIOs that provide services ranging from community health to comprehensive primary health care, authorized by Title V of the IHCA. Two of the 36 UIOs were demonstration projects that are now IHS direct care programs funded as IHS Service Units.

The IHS is committed to enhancing collaboration and partnership with AI/AN Tribes, Tribal Organizations, and UIOs to ensure that the requirements for Tribal Consultation and Conferring with UIOs permeate throughout the entire IHS.

Stakeholder: AI/AN Tribes and Tribal Organizations.

Format for Engaging Group: Tribal Consultation, including listening sessions, *Federal Register* Notice, etc., to solicit information.

Timeline: Now through the end of Calendar Year 2018.

Stakeholder: AI/AN UIOs.

Format for Engaging Group: Conferring with UIOs, including listening sessions, meeting, national call, *Federal Register* Notice, etc., to solicit information.

Timeline: Now through the end of Calendar Year 2018.

2.3 Internal Collaboration with IHS and Federal Agencies

To the extent that deregulation may occur, the IHS seeks to collaborate with relevant Federal agencies that have regulations that impact and/or are related to the IHS (e.g., Environmental Protection Agency (EPA), etc.) The IHS is further committed to assisting AI/AN Tribes, Tribal Organizations, and UIOs in advocating for their priorities with all HHS Operating and Staff divisions, including Regional Offices and State governments and/or agencies.

Stakeholder: Federal IHS employees.

Format for Engaging Group: Informational meetings, Agency-sponsored blogs, general staff meetings, e-mails, *Federal Register* Notice to solicit information.

Timeline: Now through the end of Calendar Year 2018.

Stakeholder: Federal stakeholders – e.g., EPA, Centers for Medicare & Medicaid Services (CMS), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Department of the Interior (DOI), Department of Veterans Affairs (VA), Department of Defense (DoD), etc.

Format for Engaging Group: Stakeholder engagement meetings to solicit information, Memorandums of Understanding.

Timeline: Now through the end of Calendar Year 2018.

2.4 External Collaboration with Congress and External Partners

Additionally, the IHS will seek to collaborate with relevant external partners, which are an important group for collaborations and communications. Examples of external partners may include private sector organizations, non-governmental organizations, non-profit organizations, academic institutions, faith-based organizations, private health care providers, etc.

Stakeholder: Private Health Care Providers.

Format for Engaging Group: *Federal Register* Notice to solicit information.

Timeline: Now through the end of Calendar Year 2018.

3.0 Engagement Framework – Communications and Measurement

This section outlines the overall engagement framework being used by the IHS. It is expected that the methods utilized will evolve over time as feedback from AI/AN Tribes Tribal Organizations, UIOs, and stakeholders is assessed.

3.1 Communications Methods Matrix

As part of its implementation of EO 13777, the IHS will publish a *Federal Register* Notice to request public comments on existing regulations.

In parallel, and in accordance with IHS policies on Tribal Consultation and Conferencing with UIOs, the IHS will initiate Tribal Consultation and UIO Confer sessions to solicit additional input from AI/AN Tribes, Tribal Organizations, and UIOs. The IHS will accept written comments for at least 30 days, or as otherwise indicated in the *Federal Register* Notice.

The following Communications Methods Matrix outlines and describes the communication method, stakeholder audience, overview, and feedback method.

Stakeholder Engagement Plan			
Communications Methods Matrix			
Method of Communication	Stakeholder Type	Overview	Feedback Method
<i>Federal Register Notices</i>			
Web site address: <u>FederalRegister.gov</u>	All	<i>Federal Register</i> Notices will provide 30-60 days to solicit public comments. Extensions may be granted.	All stakeholders provide written feedback to the <i>Federal Register</i> , via letter or via e-mail to the IHS.
Tribal Consultation and Confer Sessions			
In Person Tribal Consultation: correspondence; open calls; meetings; listening sessions; conferences	Tribe or Tribal Organization	Announcement via letter from the IHS to Tribes and Tribal Organizations to identify meetings to take place during the year in multiple venues.	Tribes and Tribal Organizations provide feedback in person, or in writing via letter, or via e-mail to the IHS.
In Person Confer with UIOs: correspondence; open calls; listening sessions; conferences	Urban Indian Organization	Announcement via letter from the IHS to UIOs to identify meetings to take place during the year in multiple venues.	UIOs provide feedback in person, or in writing via letter, or via e-mail to the IHS.

3.2 Measurement and Evaluation – Stakeholder Engagement

To measure stakeholder engagement, the IHS Office of Direct Service and Contracting Tribes (ODSCT), Office of Tribal Self-Governance (OTSG), and Office of Urban Indian Health Programs (OUIHP) will coordinate with specific IHS Headquarters offices, dependent on the stakeholder engagement topic to attend stakeholder engagement activity and collect information. The IHS ODSCT, OTSG, and OUIHP will be responsible for monitoring and reporting information under the categories that follow to the Deputy Director for Intergovernmental Affairs, IHS, and Director, Division of Regulatory Affairs, IHS.

Stakeholder Type	Stakeholder Name	Engagement Format	Number of Participants	Meeting Date	Topic of Engagement
Tribe, Tribal Organization, or Urban Indian Organization					
Internal Collaboration IHS and Federal Agencies					
External Collaboration with Congress and External Partners					

Descriptions of Stakeholder Types and Engagement Formats

3.2.1. Stakeholder Type

The IHS engages with a variety of stakeholders on multiple levels. The IHS will identify the type of stakeholder from the following list of possibilities:

1. Tribe, Tribal Organization, and UIO
2. Internal Collaboration with IHS and Federal Agencies
3. External Collaboration with Congress and External Partners
 - Private Sector Organizations
 - Non-Governmental Organizations
 - Non-Profit Organizations
 - Academic Institutions
 - Faith-Based Organizations
 - Private Health Care Providers

3.2.2. Stakeholder Name

At times, some comments may not be released due to confidentiality or anonymity.

3.2.3. Stakeholder Engagement Format

The IHS will identify the format from the following list of engagement possibilities:

- Public meeting
- Request for Information (RFI) *Federal Register* Notice
- Tribal advisory committee or workgroup³
- Listening session
- Open door forum
- Open call
- National Conference

3.2.4. Number of Stakeholder Participants

A count of stakeholder attendance in each format will be recorded. Annually, total stakeholder attendance in each format will be recorded.

3.2.5. Date of Stakeholder Meeting

Date and time of stakeholder engagement activity will be captured.

3.2.6. Topic of Stakeholder Engagement

Engagement topics will be published before the engagement activity takes place. An agenda will be provided before each engagement activity.

3.3 Evaluation of Stakeholder Engagement

Annually, the IHS will review the effectiveness of communication and monitor related activities. Following each engagement activity, the IHS will evaluate attendee comments to determine the effectiveness of the approach used in achieving its goals and to identify when revisions and modifications to the stakeholder engagement plan are needed.

³ Tribal advisory committees operate under the *Intergovernmental Exemption* to the Federal Advisory Committee Act, 2 U.S.C. § 1534(b). The Federal Advisory Committee Act is a Federal law that governs the establishment and operation of advisory committees.

4.0 Revisions and Amendments

Recommendations for amendments to the stakeholder engagement plan will be assessed by the IHS no less than annually or more frequently at the request of the HHS. The IHS will review the change request and determine any impact prior to initiating action. The stakeholder engagement plan will be reviewed quarterly by the IHS to ensure it remains accurate and reflects the communication needs of the stakeholders.