# INDIAN HEALTH SERVICE

# CALIFORNIA AREA OFFICE

# TRIBAL ADVISORY COMMITTEE MEETING

March 10, 2014

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# EXECUTIVE SUMMARY

| CATAC Members: | | Region Represented: |
|---|---|---|
| Mr. John Green | Present | Northern |
| Mr. Peter Masten Jr. | Present | Northern |
| Mr. Stacy Dixon | Present (late) | Northern |
| Mr. Michael Thom (a) | Present | Northern |
| Mr. George Gholsen | Present | East Central |
| Ms. Bonnie Hale | Present (late) | East Central |
| Mr. Robert Marquez | Present | East Central |
| Mr. Silver Galleto | Present | West Central |
| Ms. Elizabeth Hansen | Present | West Central |
| Ms. Crista Ray | Present | West Central |
| Ms. Teresa Sanchez | Present | Southern |
| Mr. Chris Devers | Present | Southern |
| Ms. Diana Chihuahua | Absent | Southern |

All are primary representatives unless noted; alternates denoted with an (a).

## IHS Staff in Attendance:

| | |
|---|---|
| Ms. Margo Kerrigan | Director, IHS California Area Office |
| Ms. Beverly Miller | Deputy Director, IHS California Area Office |
| Dr. Charles Magruder | Chief Medical Officer |
| Mr. Ed Fluette | Associate Director, Office of Environmental Health and Engineering |
| Ms. Jeanne Smith | Acting Associate Director, Office of Management Support |
| Mr. Travis Coleman | Acting Indian Self-Determination Program Manager |

The California Area Tribal Advisory Committee (CATAC) meeting began at 1:00PM on March 10 in the Donner Room at John Ascuaga's Nugget Casino Resort, 1100 Nugget Avenue, Sparks, Nevada 89431. In addition to the tribal officials listed above, the meeting was attended by additional Indian Health Service (IHS) staff.

Ms. Kerrigan welcomed all members of the CATAC. Out of respect for the Nevada tribes, she extended a welcome to the Nevada Tribal Governments to attend the Annual Tribal Consultation this week. Ms. Dorothy Dupree, Director, IHS/Phoenix Area Office, will speak to the Phoenix Area Tribes briefly in the morning. This is a good time for the Nevada tribes to see how the California Area does business. They have more resources than California does. California tribes are interested in knowing what percentage of the Phoenix tribes belong to the Phoenix Area Office for Programs, Functions, Services and Activities (PFSA). Ms. Kerrigan briefly reviewed the agenda for the meeting. She added

that it has been difficult to find representatives that are willing to make the commitment, know the issues at hand, and attend meetings.

Mr. Devers provided the opening prayer.

## Review Executive Summary of December 4, 2013

ACTION ITEM:

Mr. Coleman will send the meeting minutes from today's meeting along with the meeting minutes from December 4, 2013. All are to review them before the next CATAC meeting.

## Review California Representatives to National IHS and HHS Workgroup Listing

Mr. Coleman reviewed the current list of national IHS and HHS workgroups and the representatives and contact person for each. He requested that each representative provide updated information, including correct name, representatives, contact person, and mission statement. Representatives can e-mail or call Mr. Coleman to update this.

## California Representatives to National IHS and HHS Workgroup List and Reports

All California representatives to national IHS and HHS workgroups will present for 5-7 minutes tomorrow at the Annual Tribal Consultation.

### *CMS TTAG:*

Representatives: Mr. Mark LeBeau (not present) and Mr. Inder Wadhwa (not present)

### *Contract Support Cost (CSC) Workgroup:*

Representatives: Mr. Silver Galleto and Ms. Michelle Hayward

The CSC Workgroup has met twice since the last CATAC Meeting, including a meeting in December and one in January. Since the group had not met in over a year and there is much controversy, the group wanted to strategize before meeting with IHS. The tribes

agreed they needed 100% full cost reimbursement for CSC. Ramah elders spoke with the group and provided a brief history of their case. The National Congress of American Indians (NCAI) and the National Indian Health Board (NIHB) are exempt from FACA so they had representatives for technical support, but there was much discussion about who could speak at the table. The group met 30 minutes prior to meeting with IHS the following day. Tribes agreed that the workgroup should not be considered consultation and that all decisions must go back to the tribes. Also, whatever is decided on this day forward will not affect the past. The group also agreed to caucus.

The following day Acting IHS Director, Dr. Yvette Roubideaux spoke to the group and noted that the work they do is critical, especially since CSC has been controversial. Dr. Roubideaux placed federal officials at table instead of in the audience so that the workgroup could be more productive. Nothing discussed at the meeting can be quoted as everything discussed is considered confidential. Mr. Galleto is only speaking on what they said he could. During the workgroup meeting, those that wanted to speak from the audience were to break from the group. Dr. Roubideaux told the group that IHS is not using FACA as an excuse to not hold meetings. Tribes stated that the shortfall report should be used from the previous year. IHS does not trust the tribes' numbers and thinks they are duplicating costs. Tribes are willing to negotiate on national totals and were able to explain what was included in their numbers. All agreed to use the last three years of data. If there were any changes, tribes would consult with the IHS. There needs to be consistency and they need to create a manual.

The workgroup met again on February 24-25, 2014. Dr. Roubideaux noted that the decisions of the workgroup in January were important for Congress. The workgroup must submit a workgroup plan by May 17, 2014. They do not want FACA to interfere with discussion so although they listened to technical members, all decisions were made by the workgroup. Tribes said they need an Indian working in the Office of Management & Budget (OMB) to speak on their behalf, especially while President Barack Obama is in office. The workgroup established a sub-committee/technical workgroup to work between meetings. The sub-committee is charged with 12 tasks and is chaired by an individual from Oklahoma. The subcommittee will:

- Review policies, 2014 payout recommendations, inflation, indirect cost on unpaid
- Red-line version of CSC policy
- Develop data for next meeting
- Identify areas of agreement and disagreement
- Make recommendations on exclusions
- Analyze CSC projection history
- Develop pros and cons of new and expanded (Even though they awarded 100% of CSC they have to find that cut on the other side. They think they will cut from new expanded so the existing programs are not cut. This hasn't come into the actual numbers yet)
- Obtain data from the federal team
- Amend language in standard shortfall and get to tribes by March 31
- Make recommendations on budget forms

- Develop language for CSC workgroup work plan

There will be a CSC consultation tomorrow with IHS/HQ at 6:00 AM to 9:00 AM. Mr. Galleto noted that the Oklahoma Area is sending two members and two directors to the consultation and they are pushing for funding to go directly to them and not outside of the agency. There will also be discussion about the formula. California Rural Indian Health Board (CRIHB) has successfully explained the needs in California.

Ms. Kerrigan said this is a difficult workgroup because everyone has a different idea about how CSC should be delivered to them.

Ms. Kerrigan also told Mr. Galleto not to become discouraged because it takes time to become accustomed to participating on these workgroups. Ms. Nelson agreed that it was challenging at first.

Chairperson Hansen asked if there is enough money in the 2016 budget for this and Ms. Kerrigan said there was an increase across the board. Mr. Galleto said that cuts are necessary. Some funding has been allocated to new and expanded programs, but that might not occur for some time.

Ms. Kerrigan said the good news is the funding for the southern youth regional treatment center (YRTC) for design and construction might be here already. Mr. Devers asked if there is enough funding to fully construct the southern YRTC and Ms. Kerrigan said yes. She said there is just enough funding for it. The architects worked hard to bring it in under budget.

Mr. Jess Montoya asked for clarification as to whether the overall funding would increase or stay the same. He asked if funding will return to FY 2012 levels before the sequestration. Mr. Galleto said that although funding will not be where it should be, it should go back to FY 2012 levels. There will be about a $10 million shortfall.

Mr. Frederick Rundlet said that Consolidated Tribal Health Project works closely with senators. If IHS does not allocate enough funding in 2014, senators are willing to advocate for this. The senators are asking Mr. Rundlet and Mr. Preston Pete to calculate the shortfall amount. Mr. Rundlet said he is willing to go to Congress to fulfill the tribes' needs. If the amount is known, the next question is what the President's budget includes. Mr. Galleto said they do not know exactly how to calculate this. The $10 million estimated amount might actually be $8 million.

Mr. Montoya said the FY 2015 budget requested an increase of approximately $199.7 million over FY 2014. The budget fully funds CSC at the estimated need totaling $617 million. The shortfall amount should be $30 million.

## *IHS Budget Formulation Workgroup (BFWG):*

Representatives: Chairman Stacy Dixon and Mr. Mark Romero (not present)

Chairman Dixon will present on the BFWG on Wednesday, March 12, 2014.

## *IHS National Behavioral Health Workgroup (BHWG):*

Representatives: Chairman Robert Marquez and Mr. Michael Thom

The last face-to-face meeting of the BHWG was in August in Nashville. Chairman Marquez was unable to attend the conference call that occurred last week. The minutes for that meeting have not yet been distributed. Most of the discussion has regarded funding for the Methamphetamine/Suicide Prevention Initiative (MSPI) and the Domestic Violence Prevention Initiative (DVPI). Ultimately, urban programs were cut from both initiatives, and nothing else has been affected. The budget for each initiative is under $10 million and is not much money. There has been significant discussion about the limited funding provided for these initiatives. It is possible that the BHWG will eventually become a review panel for programs. At least two programs were initially considered pilot programs and the workgroup is unaware how they are operating at this point. Last year, there was a strong recommendation by the workgroup to Dr. Roubideaux that only the programs who have had funding continue to receive it. New programs have not been able to submit proposals. Chairman Marquez is not sure if that was discussed on the conference call last week. Some programs are operating full boards and some still need assistance from IHS. It is difficult to decide who should receive funding at this point. The pilot programs are setting the standard for everyone else. The workgroup should highlight those programs that are performing well so that more funding is offered for these initiatives and other tribes may start to participate. Currently, $9.6 million is distributed for DVPI and $9.2 is distributed for SDPI. Since these initiatives do not offer much money, the funding should not be competitive. Alaska is up-to-speed and is requesting their funding as soon as possible. Dr. Roubideaux is recommending that the programs are funded as soon as possible, but the tribes want to develop new programs, including some in California. If we make the same recommendation as we have done in the past, these programs will not be able to submit proposals. There are valid arguments on both sides. There has also been many changes with tribal officials. It is frustrating, but Ms. Teresa Galvin from Navajo and Dr. Susan Karol have been discussing ways to help with the issue of staff turnover and have started hosting meetings via webinar. Last year, the sub-committee drafted a resolution for additional funding. The resolution is being used as a template now. The workgroup is now discussing how much more funding to request. Chairman Marquez is unsure of the number of resolutions that have been submitted for additional funding.

Mr. Thom spoke about the conference call held last week. The workgroup submitted their five year plan and discussed how to adjust funding levels provided to programs. Most of the funding is going to direct service tribes, which hurts California and Alaska.

## *IHS Contract Health Services (CHS) Workgroup:*

Representatives: Chairman Mark Romero (not present) and Mr. Chris Devers

Mr. Devers has not attended any CHS workgroup meetings.

Ms. Kerrigan said the workgroup has not met for some time, but Dr. Roubideaux has said that she wants to keep workgroups intact.

Ms. Kerrigan asked the CATAC members what they want IHS to do regarding CHS. Mr. Devers said they need funding and mentioned that IHS had encouraged the tribal healthcare programs to track and submit deferral and denial data. Ms. Kerrigan said gathering that data has always been a problem for California, and California does not project full use of CHS funds. There is always an argument for more funding. Mr. Thom noted that the tribal healthcare programs have had to regulate care. Ms. Kerrigan said tribes must decide if they want to increase the number of people eligible for purchased/referred care (PRC). In her calculations, California could potentially increase LNF to 93% with two ambulatory surgical centers. This is data California did not have before.

Mr. Rundlet said he attended the last CHS workgroup meeting along with Mr. Molin Malicay. The workgroup offered at least a dozen recommendations and expressed to Congress the need for better documentation. Many doctors do not write orders because they know the orders will not be approved. Many Congressmen are willing to fight for more funding if they are given the data. Mr. Rundlet is disappointed that the CHS workgroup has not met to answer the questions of these congressmen. Mr. Devers asked what needs to be done in order for Congress to quickly act on this. Mr. Rundlet responded that Dr. Roubideaux assigned a group for this and collected the data, and the tribes need to follow-up on the status of the workgroup's recommendations.

Ms. Kerrigan noticed during Dr. Roubideaux's CHS consultation that tribes feel they have lost control of CHS funds and they want to ensure the funds are being spent according to spending plans. Ms. Kerrigan is delighted that so many tribes have taken the time to work with the IHS. The IHS is not perfect, but she believes change to the IHS requires pressure from the outside. IHS/CAO will work with anyone who needs more information.

## *Tribal Leaders Diabetes Committee (TLDC):*

Representatives: Ms. Rosemary Nelson and Ms. Dominica Valencia

Ms. Nelson said it is difficult not knowing whether or not the Special Diabetes Program for Indians (SDPI) will be authorized. Historically, it has not taken this long to authorize SDPI. Some diabetes programs will lose staff because of this. Ms. Nelson has been appealing for people to voice their concerns about this. Ms. Nelson also provides postcards for individuals to send to their congressmen in support of SDPI. With limited funding, tribal healthcare programs nationally have done great work. End stage renal disease has been impacted by 28%. For one patient, it costs $90,000 to receive dialysis. Ms. Nelson is upset by how Indians have been treated by the federal government. There

are 20 new tribes across the nation that do not have diabetes programs. There are Indians that do not have basic diabetes care.

Ms. Kerrigan said the feedback from the SDPI tribal consultation is that they need to allow all healthcare programs to have a portion of the funding. She received feedback that SDPI should not be competitive. Ms. Nelson said that it must be competitive, but there may be one year class deviation. It takes 4-6 months for new tribes to join. Class deviation is the only option and allows individuals to participate in the application process. She reiterated that she is unsure whether or not SDPI will be reauthorized.

Ms. Valencia met with multiple congressmen, including Congressman Joe Pitts, (PA), who supported additional funding for SDPI. Some congressmen support temporarily reauthorizing the SDPI for one year until it is authorized for multi-years because there is too much staff turnover. Staff must look for other jobs when the state of SDPI is in flux. On the other hand, a one year reauthorization would just act as a patch, but they might extend it for many years. Ms. Valencia believes her meetings with Congress were successful overall. They are recommending approval by March 31. She also spoke with Congressmen Diana DeGette, (CO), and Congressman Tom Cole, (OK). Mr. Cole had a positive attitude about reauthorization of SDPI. In fact, Congressman Pitts was the only one who expressed a somewhat negative attitude about it. It is on the bill right now with Medicare. Hopefully they will not dissect the bill because there are discrepancies in it. Hopefully, the bill will be passed by the end of the month. Ms. Valencia says she will be encouraged by any funding they can get at this time, and then they can encourage a multi-year bill at a later time. Ms. Valencia also noted that only 10% of all flights were allowed to land the week she visited with the congressmen, so only 5 of the 8 individuals who had planned to travel there were able to do so. Two of the individuals with Ms. Valencia spoke with the Senate. They reported that Senator Lisa Murkowski was rude to them and told them they would have to fight for this funding.

Ms. Nelson said tribes must be a part of the solution. IHS cannot lobby on behalf of the tribes. She said she even has difficulty doing so as a California tribal representative. She must be careful about what she says when she is participating in the workgroup and when she is lobbying.

Mr. Montoya noted that he met with Republican Congressman Albert and discussed the diabetes program and the importance of reallocation, as well as CSC, CHS funding, and the YRTCs. Mr. Montoya also reached out to Congressman Paul Ruiz, (CA) and discussed the same issues. His impression is that there is support for SDPI now. He asked Ms. Nelson and Ms. Valencia if they agreed. Ms. Valencia said she is optimistic, but Ms. Nelson said she is unsure and somewhat concerned because it is so late. SDPI is usually put on the Medicare extender bill and passes more quickly. Ms. Valencia said everything on "the hill" is on hold right now. Everyone is fighting for any funding they can get.

Ms. Nelson is concerned that tribal healthcare programs will lose professional staff that will look for new jobs. Remote sites are already concerned with this. Ms. Valencia

discussed this issue with the congressmen. It is difficult to compete for providers when IHS is funded this way.

Ms. Nelson is happy with how the IHS/California Area Office handled the SDPI consultation. Ms. Valencia thanked Ms. Helen Maldonado for sending her information and speaking with her when she needed information when in Washington D.C.

## *IHS Director's Advisory Workgroup on Tribal Consultation (DAWTC):*

Representatives: Chairman Charlie Wright (not present) and Mr. Michael Thom

Ms. Sanchez will be the new alternate representative for this workgroup.

## *Tribal Self-Governance Advisory Committee (TSGAC):*

Chairperson Danielle Vigil-Masten (not present) and Chairman Robert Smith (not present)

## *IHS Facilities Appropriation Advisory Board (FAAB):*

Representatives: Mr. Pete Masten and Mr. John Green

The FAAB was reconstituted and met last week in Washington D.C., but Mr. Masten was unable to attend due to the weather and flight cancellations. The few individuals that were able to fly into Washington D.C. met the following day. Prior to this, there had not been a meeting in over three years. He does not think that the board would have been reinstituted without the provisions in the Indian Health Care Improvement Act. Although Mr. Masten e-mailed Mr. Robert McSwain, he has not received a response regarding meeting minutes. According to the old meeting minutes, recommendations were provided to IHS to expand the partnership program and ambulance program. The board had also asked for funding to be distributed to areas to allow each area decide how to distribute the funding. Overall, the board requested that $100 million be set aside. With the current system, prior to Mr. Masten joining the committee, the board spent three years working on a new IHS facility priority system. During the first meeting Mr. Masten attended in Minnesota, the board voted on whether or not to submit the new priority system to the IHS. Although there were 2-3 opposing votes, the new priority system was submitted. Since there were no other meetings, Mr. Masten never received a copy of the new priority system. He wrote to Dr. Roubideaux about that process and what decisions have been made regarding the request. He knows the proposal needed to clear OMB before moving forward. He is going to try to pursue area distribution and the partnership and small ambulatory programs. Mr. Masten believes those will be the most effective programs for the California Area since the area will not receive any funding for facility construction. Any new system would favor programs already on the list, and the current list requires 20 years to satisfy based on what is currently allocated to IHS.

### *HHS Secretary's Tribal Advisory Committee (STAC):*

Representatives: Chairman Stacy Dixon and Chairperson Elaine Fink (not present)

Chairman Dixon will present on the STAC on Tuesday, March 11, 2014.

## Tribal Leaders' Consultation Conference Agenda & Moderator Instructions

Ms. Kerrigan reviewed the agenda for the Annual Tribal Consultation. She mentioned that the moderators should be at their location approximately five minutes early to ensure the microphones work. She instructed all moderators to speak into the microphones to test them rather than tap on them.

Ms. Kerrigan mentioned the discussion that will occur regarding ambulatory facilities. She is interested in hearing opposing viewpoints. She said IHS/CAO needs to strategize with tribes about timing and where these facilities would be on the deficiency list. Mr. Galleto said some tribes believe the facilities will be too far from their sites. Ms. Kerrigan explained the concept of having two facilities. Mr. Galleto asked if IHS/CAO will seek feedback from the tribes regarding the facilities and she said she expects much feedback this week. She said there has never been an initiative to double level of need funded (LNF) like this does. Mr. Devers asked about the status since they presented this last time. Ms. Kerrigan said this is another chance to discuss it because she heard that people did not like the idea last year. IHS/CAO has studied the state of California and the types of facilities that need to be built. California is overbuilt for acute care hospitals but not for one of these surgical centers. With one of these centers and increase in budget, the California Area will grow from 60% to 93% LNF. She believes these facilities are the only way California will receive additional funding. Mr. Devers said this process is similar to the YRTCs and mentioned the work to approach Congress for design and operation funding. Ms. Kerrigan said the California Area has received FY 2014 funds to construct the southern YRTC. Mr. Galleto asked if the process for the ambulatory facilities will be as difficult and the group said yes. Ms. Kerrigan thinks those individuals who are concerned that they will not be served by the facilities or that the facilities will be too far away do not know if they need to go to an urgent care center or hospital, some other facility. These ambulatory facilities will include services such as mammograms and colonoscopies.

Mr. Masten asked about the factors that would allow LNF to increase. Ms. Nelson said these ambulatory facilities would be federal facilities and the government would provide funding for staffing. She said the reality of living in a remote area is having to drive long distances. Ms. Hayward suggested fighting for three ambulatory facilities, including one in the north, one in the south, and one in central California.

Chairperson Hansen asked if there would be time within the Annual Tribal Consultation that allows tribes to meet together. Ms. Kerrigan offered several breakout rooms, but Chairperson Hansen suggested the tribes meet together to support one another. Ms. Kerrigan offered a time on Tuesday, March 11, 4-5pm and noted that Nevada tribes will also be able to meet separately in a breakout room.

Mr. Galleto expressed concern that the ambulatory facilities would take away funding and support for other items.

Mr. Galleto asked if it would take over 20 years to establish these ambulatory facilities, and Ms. Kerrigan said she hopes not. The IHS/Portland Area Office completed a similar study, but did not continue to pursue it. Mr. McSwain mentioned that ambulatory facilities are the way of the future. Although it may take some time to establish the facilities, there will be important.

Ms. Hayward explained that although the YRTCs involved a 20 year process, little effort was put forward for the first 15 years. As long as IHS and the tribes prioritize this, it should not take 20 years. Mr. Galleto said the YRTCs were probably approved by Congress approximately 30 years ago, but Ms. Hayward said nobody fought for it after that. She thinks it might still take 7-10 years, and she does not know if the ambulatory facilities would save CHS. Ms. Kerrigan said funding for outpatient surgical procedures would go back into tribal healthcare programs. Mr. Thom said you would use CHS for travel, and little money would be saved. Mr. Galleto thinks the tribes should start fighting for these facilities now, and Ms. Kerrigan offered her support.

Chairman Gholsen said individuals at Toiyabe Indian Health Project are questioning how these facilities would help them. Patients of Toiyabe would still need to travel and the concern has been finding funding for travel and lodging. Ms. Kerrigan said travel and lodging would be paid for with CHS, if available.

Ms. Kerrigan said the IHS/CAO is proud to create state-of-the-art facilities for adolescents. She told all CATAC members to prepare for the ground breaking ceremonies, which will occur within the next 90 days.

Mr. Coleman reviewed the remainder of the agenda for the Annual Tribal Consultation and provided moderator instructions to all those identified as moderators.

## Review Federal Advisory Committee Act (FACA) for Regional CATAC Elections

Mr. Coleman provided FACA information to all CATAC members and then reviewed which members are required to participate in re-elections on Tuesday, March 11.

### *West Central Region*

Mr. Silver Galleto and Chairperson Elizabeth Hansen will lead the elections for the west central region. Ms. Crista Ray and Ms. Leora Treppa-Diego must pursue reelection.

### *East Central Region*

Chairman George Gholsen will lead the elections for the east central region. Ms. Bonnie Hale, Chairman Robert Marquez, Ms. Gayline Hunter, and Chairperson Glenda Nelson must pursue re-election. Mr. David Moose was not reelected to the Big Pine Tribal Council, so that position will also need to be filled.

### *South Region*

Ms. Teresa Sanchez and Ms. Diana Chihuahua will lead the elections for the southern region. Mr. Chris Devers and Chairman Robert Smith must pursue reelection.

### *North Region*

Mr. John Green will lead the elections for the northern region. Mr. Peter Masten Jr., Chairman Stacy Dixon, Mr. Larry Hendrix, and Mr. Michael Thom must pursue reelection.

All elections will occur in the Rose Ballroom, 4:00-5:00pm. Mr. Coleman will be available for questions, but will not mediate disputes.

Ms. Kerrigan reiterated that she is trying to think outside of the box. Requests for acute care hospitals will be denied. California's level of need funded (LNF) will double if California establishes these two facilities. She acknowledged that it has taken over 20 years to build the YRTCs, but those facilities will soon be completed and the designs are beautiful.

Ms. Rosemary Nelson asked if it is possible for the surgical centers to become acute care centers. Ms. Kerrigan thinks the centers will be able to provide emergent and acute care.

Mr. Devers said it will be important to have meetings in each area and discuss what this entails and the value it brings to the area, outside of what tribes are normally accustomed. Each area must agree.

Ms. Kerrigan said she knows of no other way to bring in funding to the California Area and Mr. Devers said he knows this. He believes this will be an educational process for the tribal leaders and asked if the California Area Office could provide this education. Ms. Kerrigan said there will be a series of meetings.

Ms. Debra Ramirez would like to see how the YRTCs do before committing to these new facilities. She said the facility in Ukiah needs surgical nurses and other staff. They have

been unable to find a doctor for some time. Finding doctors and nurses is a challenge for many California clinics. The regional ambulatory facilities are a wonderful concept and may be possible in 2015, but California has struggled with the YRTCs and have yet to staff them. Mr. Devers explained that these facilities would be somewhat IHS-operated and would not require a fight for funding. This is why the tribal leaders need education about this process. Ms. Ramirez thanked Mr. Devers for that clarification. Mr. Devers added that this is also the case for the YRTCs; federal funding should arrive for the YRTCs and should not take away from funding to clinics. Congress will need to appropriate funding for staffing.

Ms. Kerrigan offered to provide a list of services offered at the regional facilities. They would be outpatient surgical centers and offices for the providers that work with them.

Mr. Montoya thinks this is a good idea, but suggested an emphasis on obtaining Medicare-like-rates for all care. He has not heard of any discussion, but the analysis has been completed and we could save about $300 million. Medicare-like rates are not a possibility for specialty care. He hopes tribal officials will support this as a way to reduce costs in the future and maximize contract health service (CHS) funds. Redding Rancheria has also been advocating for this.

Mr. Rundlet explained that his program is paying $4,000 per ambulance trip, but the Medicare rate is $1,300. Providers can choose whether or not to accept the rate. The bill for this is being considered by both Republican and Democratic leadership. This bill will hopefully be introduced in the next 30 days. Mr. Devers asked who is tracking this work and Mr. Rundlet said his lawyers are tracking it. They have also discussed this with Portland, the Contract Support Costs (CSC) Workgroup, Dr. Roubideaux, the National Indian Health Board (NIHB), and the Government Accountability Office (GAO) Workgroup. Everything is in place.

## *Discussion on the Budget*

Ms. Kerrigan has the agenda for the HHS Regional IX Conference on April 9-10 in Las Vegas. On April 9, the consultation will feature Mr. Herb Schultz, HHS Region IX Administrator and his staff. Mr. Coleman said this event is similar to the one held last year in Arizona. Chairman Dixon was invited by Mr. Schultz to moderate a session at the April event and he agreed.

Mr. Devers asked if representatives are attending other than Chairman Dixon. Mr. Coleman said all tribes were invited, so he will forward the invitation to everyone later today.

## *Emerging Issues*

Ms. Kerrigan reminded all moderators to say “test” into the microphone to ensure it works, rather than tapping a finger on the microphone. She also noted that all speakers should stay one inch away from the microphone.

Ms. Kerrigan said the CATAC is 100% FACA compliant. She appreciates all of the advice and input that the group gives to her.

**The meeting adjourned at 3:20PM.**

## Additional Tribal members, Indian Health Service staff, and guests in attendance during the CATAC meeting included:

| **Name** | |
|---|---|
| Michelle Hayward | Alternate, CSC Workgroup |
| Vickey Macias | Tribal Treasurer, Cloverdale Rancheria |
| Rosemary Nelson | Primary, Tribal Leaders Diabetes Committee Rep. |
| Delores Pady | Board Member, Consolidated Tribal Health Project |
| Debra Ramirez | Board Member, Consolidated Tribal Health Project |
| Jacy Romero | Health Board Secretary, Santa Ynez Tribal Health Clinic |
| Frederick Rundlet | Executive Director, Consolidated Tribal Health Project |
| Dominica Valencia | Alternate, Tribal Leaders Diabetes Committee Rep. |

| **IHS/CAO staff** | |
|---|---|
| Gary Ball | Staff Architect |
| Susan Ducore | Area Nurse Consultant |
| Helen Maldonado | Area Diabetes Consultant |
| Rachel Pulverman | Public Health Analyst |

**INDIAN HEALTH SERVICE**

# CALIFORNIA AREA TRIBAL ADVISORY COMMITTEE MEETING

**John Ascuaga's Nugget Casino Resort**
**1100 Nugget Avenue, Sparks, Nevada 89431**
**March 10, 2014**
**(Tab 1)**

**Location: Donner Meeting Room, 2nd floor**

| | | |
|---|---|---|
| **1:00 PM** | **Invocation** | **TBA** |
| | **Roll Call** | **Mr. T. Coleman** |
| | **Introductions—All Participants and Guests** | |
| | **Opening Remarks** | **Ms. M. Kerrigan** |
| **1:10 PM** | **Review Executive Summary of December 4, 2013 Draft for May meeting (Tab 2)** | **Mr. T. Coleman** |
| **1:15 PM** | **Review California Representatives to National IHS and HHS Workgroup listing (Tab 3)** | **Mr. T. Coleman** |
| **1:30 PM** | **Review California Representatives to National IHS and HHS Workgroup reports: (Tab 4)** | **Ms. M. Kerrigan** |

**CMS Tribal-Technical Advisory Group (TTAG)**
**Mark LeBeau (p) and Inder Wadhwa (a)**

**Contract Support Cost Workgroup (CSC)**
**Silver Galleto (p) and Michelle Hayward (a)**

**IHS National Behavioral Health Workgroup (BHWG)**
**Robert Marquez (p) and Michael Thom (a)**

**IHS Budget Formulation Workgroup (BFWG)****
**Stacy Dixon (p) and Mark Romero (a)**

**IHS Contract Health Services (CHS)**
**{Purchased/Referred Care (PRC)}**
**Mark Romero (p) and Chris Devers (a)**

**Tribal Leader's Diabetes Committee (TLDC)****
**Rosemary Nelson (p) and Dominica Valencia (a)**

**IHS Director's Workgroup on Tribal Consultation (DAWTC)**
**Charlie Wright (p) and Teresa Sanchez (a)**

**Tribal Self-Governance Advisory Committee (TSGAC)**
**Danielle Vigil-Masten (p) and Robert Smith (a)**

**IHS Facilities Appropriation Advisory Board (FAAB)**
**Pete Masten Jr. (p) and John Green (a)**

**HHS Secretary's Tribal Advisory Committee (STAC)**
**Elaine Fink (p) and Stacy Dixon (a)**

**(p) – Primary (a) – Alternate**

**Note: ** (separate TLCC session)**

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| **2:30 PM** | **Tribal Leaders' Consultation Conference Agenda Moderator Instructions (Tab 5)** | **Ms. M. Kerrigan** |
| **3:00 PM** | **Review Federal Advisory Committee Act (FACA) for Regional CATAC elections** | **Mr. T. Coleman** |
| | **Regional CATAC election process** | |
| | **(Documents in packet) (Tab 6)** | |
| **3:30 PM** | **Discussion on the Budget** | **Ms. M. Kerrigan** |
| **4:00 PM** | **Emerging Issues** | **Ms. M. Kerrigan** |
| **4:00 PM** | **Adjourn** | |