TLDC members present (Area):  Beverly Coho (Albuquerque), Lynn Cliff Jr. (Billings), Rosemary Nelson (California), Dominica Valencia (California), Eddie Johnson (Great Plains), Edie Baker (Nashville), Jonathan Nez (Navajo), Connie Barker (Oklahoma City, Tribal Co-Chair), Sharon Stanphill (Portland), Lucinda Nahee (Phoenix), Jennie Mullins (Tucson); Ann Bullock (IHS, Federal Co-Chair)

TLDC members who attended by phone: Phyllis Davis (Bemidji), Cassandra Sellards-Reck (Portland),
Advisors: Ashley Tuomi (Advisor NCUIH), Stacy A. Bohlen (Advisor NIHB),
Advisors who attended by phone: Tammie Cannady (Advisor TSGAC)

Discussion with RADM Michael Weahkee, IHS Acting Director

- Per a TLDC request from the last meeting, RADM Weahkee let TLDC know that their concerns regarding the CMS Medicare Diabetes Prevention Program (MDPP) have been discussed with CMS Administrator Seema Verma.
- HHS and IHS are asking Tribal leaders if it is time to look at their tribal consultation policies, which are now 12 years old. RADM Weahkee noted that there seems to be a gap in the feedback loop to Tribes at times as to why IHS makes the decisions it does.
- TLDC expressed a concern that the messages from Tribes and IHS to Congress may not be the same regarding the duration/amount of future SDPI funding. RADM Weahkee noted that IHS does not advocate to Congress and, as part of the Executive Branch, follows the Administration’s lead on funding proposals. He added that there is some support for permanent SDPI reauthorization at HHS.
- TLDC expressed concern that the President’s FY 2019 budget proposes to move SDPI from the mandatory to the discretionary side of the budget. RADM Weahkee noted that it is up to Congress to decide whether such a change will occur and that Tribal leaders may want to communicate with their congressional representatives on this issue.
- RADM Weahkee discussed how the Administration is focusing on being ‘efficient, effective, and accountable’, so programs need to demonstrate the value of processes and outcomes. Advocates can look for the term “low impact programs” to see where funding may be cut.
  - TLDC expressed concern about the deletion of the CHR and Health Education programs in the President’s FY 2019 budget. RADM Weahkee stated that there is no specific evaluation on CHR, but a report to OMB showed that workload encounters dropped by 1 million, which is likely due to incomplete data. He has received approval to do a comprehensive evaluation on the CHR and Health Education programs. Congress can elect to reinsert either/both programs.
- RADM Weahkee discussed the HHS “Optimize Regional Performance” initiative which will evaluate whether efficiencies could be increased by consolidating some regional administration. Concern was expressed that this might affect some IHS Area Offices. RADM Weahkee noted that this issue would be looked at thoroughly before any decisions would be made.
- As the Administration is interested in infrastructure projects, RADM Weahkee advised Tribal leaders to get their priority projects “shovel ready”, in case funding becomes available.
- A TLDC member suggested that IHS assess the effects of pharmaceuticals being used to treat diabetes and requested that traditional Native approaches be considered. RADM Weahkee noted this this would be a good collaboration with the FDA.
- A TLDC member noted considerable inconsistency across federal agencies as to the difficulty of their grant application processes and requested that RADM Weahkee share with SAMHSA that their process is particularly onerous, which he agreed to do.

SDPI Status (Dr. Ann Bullock and TLDC Discussion)

- SDPI has been funded for all of FY 2018 and FY 2019.
- The President’s FY 2019 Budget proposes to move SDPI from mandatory to discretionary funding.
- Consultation/Confer Recommendations to the IHS Director:
  - FY 2018 funding: TLDC voted not to recommend so funds would not be delayed to grantees.
  - FY 2019 funding: TLDC voted to recommend. Before making specific recommendations regarding the consultation/confer process and questions, TLDC requested details on the SDPI support funds...
components of the funding distribution. A virtual TLDC meeting will be held March 26 at 3pm EDT for this purpose.

**Medicaid and Medicare Diabetes Prevention Programs (Dr. Dierdra Stockman & Dr. Susan Karol, CMS):**
- The presenters discussed states where Medicaid covers diabetes prevention services and also provided an update on the Medicare Diabetes Prevention Program.
- Tribes are encouraged to engage with their states on Medicaid reimbursement for diabetes prevention services (e.g., screening, diet/nutritional counseling, physical activity counseling, medication).

**NIHB Legislative Update (Vinton Hawley, Chairman, NIHB; Stacy A. Bohlen, CEO, NIHB):**
- Vinton Hawley discussed NIHB’s activities regarding SDPI, including advocating for permanent authorization. Stacy Bohlen thanked Tribal Leaders for advocating for SDPI.
- Tribes have concerns regarding the proposal to change SDPI from mandatory to discretionary funding. Ms. Bohlen noted that the President's budget is a suggestion, however it is Congress that makes appropriations decisions.
- NIHB is closely following CMS work requirements for Medicaid.
- Important programs related to AI/AN health have been funded: Community Health Centers; Maternal, Infant, and Early Childhood Home Visiting programs (with a 3% Tribal set aside); opioid prevention; National Health Service Corps; and Teaching Health Center Graduate Medicare Education Program.
- NIHB is advocating for provisions in the Farm Bill to help Native farmers. Ms. Bohlen acknowledged Vice President Nez’s recent speech on the importance of healthy Native foods as diabetes prevention.

**TLDC Charter, Strategic Plan**
- Dr. Bullock will look into the process of changing the TLDC Charter, including the addition of additional advisor organizations, and report back at the next meeting.
- Per consulting with IHS Office of General Counsel, Ann Slacter, Dr. Bullock stated that it is not within the scope of a federal advisory committee, including TLDC, to send a letter to an administrator of another federal agency (such as CMS).
- A new TLDC vice-chair will be discussed at the next meeting
- TLDC will continue discussion as to whether members who attend an in-person TLDC meeting only by phone are able to vote. Support for requiring in-person attendance was voiced by several members.

**DDTP Update (Dr. Ann Bullock):**
- New educational materials are available on the DDTP website.
- The next Diabetes in Indian Country conference will be held in Spring or Summer of 2019. The IHS conference request form has been submitted.

**SDPI Grantee Showcase:**
- Reno-Sparks Indian Community and the Pyramid Lake Paiute Tribe presented on their SDPI programs.

**Area Reports**
- Navajo, Tucson, Albuquerque, Portland, shared their area reports.
- TLDC voted that four area reports will be presented at each meeting, so that all areas will present once each year. NIHB will create and provide a template. Next meeting: Nashville, Oklahoma, Great Plains, and California will provide area reports.

**Next virtual TLDC meeting:** March 26, 3pm EDT. Call in number will be sent via email.
**Next in-person TLDC meeting:** May 21-22, Prior Lake, MN (proposed) in conjunction with the NIHB Tribal Public Health Summit