

**HEALTH RESOURCES AND SERVICES ADMINISTRATION  
TRIBAL ADVISORY COUNCIL  
CHARTER**

**BACKGROUND**

The United States has a unique legal and political relationship with Indian tribal governments, established through and confirmed by the Constitution of the United States, treaties, statutes, executive orders, and judicial decisions. In recognition of that special relationship, and pursuant to Executive Order 13175 of November 6, 2000, executive departments and agencies are charged with engaging in regular and meaningful consultation and collaboration with tribal officials in the development of federal policies that have tribal implications and are responsible for strengthening the government-to-government relationship between the United States and Indian tribal nations.

**PURPOSE**

The purpose of the Health Resources and Services Administration (HRSA) Tribal Advisory Council (TAC) is to provide a forum wherein elected tribal officials acting in their official capacity (or their designated employees with authority to act on their behalf) and HRSA staff exchange views, information, or advice about emerging public health issues in Indian Country, the identification of urgent public health resources and service needs, and collaborative approaches to address the issues and needs of American Indian/Alaska Native (AI/AN) populations.

The content of the meetings consists of exchanges of views, information, or advices on HRSA programs, policies, and priorities that affect AI/AN populations, as well as the implementation of intergovernmental responsibilities or administration, including those that arise from statute, regulation, or executive order. The HRSA TAC will support, and not supplant, any other government-to-government consultation activities that HRSA undertakes. In addition to assisting HRSA in the planning and coordination of tribal consultation sessions, the TAC will advise HRSA regarding the tribal consultation process and will help ensure that HRSA activities or policies that impact Indian Country are brought to the attention of all tribal leaders.

**AUTHORITY**

Pursuant to Presidential Executive Order No. 13175, November 6, 2000, and the Presidential memoranda of September 23, 2004, November 5, 2009, and January 26, 2021, the United States Department of Health and Human Services (HHS) adopted a Tribal Consultation Policy that applies to all HHS operating and staff divisions, including HRSA. The HHS Tribal Consultation Policy directs operating divisions to establish a process to ensure accountable, meaningful, and timely input by tribal officials in the development of policies that have tribal implications.

Consistent with the HHS Tribal Consultation Policy, HRSA established the HRSA TAC as one method of enhancing communications with tribal nations. The HRSA TAC Charter complies

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with an exemption within the Unfunded Mandates Reform Act (UMRA) (P.L. 104-4)<sup>1</sup> to the Federal Advisory Committee Act that promotes free communication between the federal government and tribal governments. In accordance with this exemption, the HRSA TAC facilitates the exchange of views, information, or advice between federal officials and elected officers of tribal governments (or their designated employees with authority to act on their behalf) acting in their official capacities.

**FUNCTION**

In recognition of tribal sovereignty and the government-to-government relationship between federally recognized tribal nations and the federal government, the purpose of the HRSA TAC is to identify priorities and exchange views, information, or advice relating to the implementation of HRSA programs and initiatives that affect AI/AN communities, including those arising from a federal statute, regulation, or Executive Order. The HRSA TAC operates under the Intergovernmental Exemption to the Federal Advisory Committee Act.

The purview of the TAC covers, but is not limited to, the following core functions:

- Identify evolving issues and barriers to access, coverage, and delivery of services to AI/AN related to HRSA programs;
- Propose clarifications, recommendations, and solutions to address issues raised at the tribal, regional, and national levels;
- Serve as a forum for tribes and HRSA to discuss these issues and proposals for changes to HRSA regulations, policies, and procedures;
- Identify priorities and provide advice on appropriate strategies for tribal consultation on issues at the tribal, regional, and/or national levels; and
- Communicate with Indian tribes in their respective areas and gather feedback on pertinent issues.

**COUNCIL COMPOSITION**

The HRSA TAC will include only elected officers of tribal governments (or their designated employees with authority to act on their behalf) acting in their official capacities from each of the twelve Indian Health Service geographic areas. These areas are Alaska, Albuquerque, Bemidji, Billings, California, Great Plains, Nashville, Navajo, Oklahoma, Phoenix, Portland, and Tucson.

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<sup>1</sup> 2 U.S.C. § 1534 (b) provides:

The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to actions in support of intergovernmental communications where-

- (1) meetings are held exclusively between federal officials and elected officers of state, local and tribal governments (or their designated employees with authority to act on their behalf) acting in their official capacities; and
- (2) such meetings are solely for the purposes of exchanging views, information, or advice relating to the management or implementation of federal programs established pursuant to public law that explicitly or inherently share intergovernmental responsibilities or administration.

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TAC delegates will provide a specific representation of the regional and national concerns of tribal governments. The TAC will consist of 12 delegates and will be structured to include the following representatives: one delegate and one alternate delegate from each of the 12 Indian Health Service geographic areas. In addition, a designated alternate may participate in TAC meetings on behalf of the delegate when that delegate cannot attend.

**TAC Delegate**

The area delegate should be an elected officer of a tribal government (or their designated employees with authority to act on their behalf) acting in their official capacity. In addition, the area delegate must be qualified to represent the views of the Indian tribal nations in the respective area from which they were nominated.

If a delegate cannot attend a TAC meeting, the delegate will notify, by email, the HRSA Tribal Health Affairs (THA) Manager. THA will then notify the alternate prior to the meeting to participate on the TAC member's behalf.

**TAC Alternate**

The alternate should be an elected officer of a tribal government (or their designated employee with authority to act on their behalf), acting in their official capacity. An area alternate must be qualified to represent the views of the Indian tribal nations in the respective area from which they were nominated. In the event the alternate will be participating on behalf of the delegate, the alternate will be given full voting rights while acting as a representative of the delegate. The alternate may attend all TAC meetings and activities but cannot actively participate unless the seat is ceded by the delegate.

**SELECTION PROCESS**

The THA Manager will serve as the executive secretary for the HRSA TAC. The executive secretary will announce HRSA TAC vacancies and solicit nominations from federally recognized tribes. Only federally recognized tribes may nominate TAC delegates and their alternates. Submissions must include signed nomination letters on official tribal nation letterhead with the following information and be sent to the executive secretary by the requested deadline:

- Name of the nominee
- Nominee's official title
- Name of the tribal nation
- Date of the nominee's election to official tribal position and term length
- Nominee's contact information (mailing address, phone, fax, and email)
- Name of the elected officer submitting nomination
- Official title of the elected officer submitting nomination
- Contact information for the elected officer submitting the nomination and/or administrative office for the tribal government

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- Confirmation that the nominee:
  - has the authority to act on behalf of the tribal nation from which they are being nominated, and
  - is qualified to represent the views of the Indian tribal nations in the area from which they are being nominated

The executive secretary is also responsible for selecting the HRSA TAC delegates after a complete review of the submitted nomination letter(s). The seated TAC membership will be notified of the results of the recruitment process via email. Nominations are considered for selection in the priority order listed below:

- Tribal president/chairperson/governor
- Tribal vice president/vice chairperson/lieutenant governor
- Elected or appointed tribal official
- Designated tribal official

In the event there is more than one nomination for a delegate or alternate seat, letters of support from regional and national tribal organizations will be taken into consideration.

## **LEADERSHIP**

### **Chair**

A Chair is selected by, and from, the HRSA TAC delegates for one calendar-year term of service. The Chair will be an elected or appointed tribal officer. The Chair may serve additional terms provided they remain a TAC delegate.

### **Co-Chair**

The Co-Chair is selected by, and from, the HRSA TAC delegates for one calendar-year term of service. The Co-Chair will be an elected or appointed tribal officer. The Co-Chair may serve additional terms provided they remain a TAC delegate.

### **Designated Federal Official**

The Designated Federal Official (DFO) serves as the lead point of contact between HRSA and the TAC. The DFO will be selected by the HRSA Administrator from the HRSA leadership team. The DFO may delegate their responsibilities for the administration and operational functions of the HRSA TAC to the executive secretary. In addition, this individual:

- Provides programmatic guidance, technical assistance, and administrative support
- Selects key HRSA leaders and staff to serve as resources to the TAC by providing leadership, technical assistance, and subject matter expertise
- Monitors and tracks the total resources allocated annually to serve AI/AN populations through HRSA programs and initiatives

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- Actively engages the TAC in the creation of the agenda for all in-person and virtual TAC meetings and conference calls

**Re-election**

The HRSA TAC will hold Chair and Co-Chair elections annually, at which time the seated delegates of the TAC will call for nominations. TAC delegates may reconfirm the Chair and Co-Chair or vote on a new Chair and Co-Chair.

**PERIOD OF SERVICE**

HRSA TAC delegates serve 2-year terms.

**Vacancy**

When a vacancy occurs on the HRSA TAC, the executive secretary will notify the following of the vacant seat to solicit nominations: federally-recognized Indian tribes; tribal, regional, or national organizations; AI/AN-serving organizations; and HRSA's HHS partners (including HHS Secretary's Tribal Advisory Committee and relevant HHS Operating Divisions and Staff Divisions).

When a vacancy occurs, the executive secretary notifies the tribal nations in the respective area and asks them to nominate a replacement. Elected tribal officers must submit their written and signed nomination letter of a nominee by the deadline provided by the executive secretary. The designated alternate may attend meetings until the vacancy is officially filled.

**Removal**

HRSA TAC delegates must make a good faith effort to attend all official meetings either in person or via teleconference. If a delegate or alternate does not participate in a meeting or teleconference on three consecutive occasions, the DFO will send a letter to the Indian tribal nation(s) in the respective area, thanking them for their service. The executive secretary will then announce the vacant position and start the selection process for a new delegate. HRSA may also request removal if a delegate fails to meet the requirements for TAC delegates (e.g., loss of election or change in elected tribal position).

**Technical Advisor**

Each HRSA TAC delegate is allowed to bring at least one technical advisor to the meeting to assist in the performance of the delegate's duties and responsibilities as a TAC delegate. The advisor's role is limited to giving advice to the delegate and in a non-disruptive manner in the form of private counsel to the delegate, either communicated discreetly and directly to the delegate or away from the group meeting. Technical advisors are not delegates of the TAC and are not allowed to sit at the table or take part in the official dialogue during the meeting. Ideally, advisors have expertise in public health and/or experience and knowledge of HRSA to fulfill

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their responsibility of advising TAC delegates with respect to HRSA policies, programs, priorities, and other activities.

**MEETINGS**

HRSA seeks to convene no less than one TAC meeting each fiscal year, depending on the availability of funds. The preferred meeting platform is in-person; however, virtual meetings may also occur. In-person meeting locations may vary depending upon the host location. HRSA TAC meetings may be hosted by HRSA or a tribal nation and will be convened in accordance with HHS and HRSA meeting policies.

These meetings may be held in conjunction with formal HRSA tribal consultation sessions and may be funded in whole or in part by HRSA. Additionally, HRSA may convene TAC conference calls as needed. Additional meetings may be scheduled depending on the need and availability of funds.

To ensure that HRSA TAC delegates and alternates are afforded every opportunity to fulfill their roles as delegates, delegates and alternates must be consulted on the date, time, and location of the TAC meetings. Once a date, time, and location have been finalized, delegates and alternates must be provided timely notice no later than 30 days of the scheduled TAC meetings. Additionally, the purpose, preliminary charge, time frame, and other specific tasks of the meeting shall be clearly identified in the meeting announcement letter notice.

The HRSA Administrator and HRSA senior leadership will be invited and may participate in dialogue during TAC meetings, and they or their designees may participate in dialogue during TAC meetings.

**QUORUM**

A quorum, a simple majority of HRSA TAC delegates (7 of 12), who are present in person or by telephone, will be necessary for formal decisions and actions to be made by the TAC. If a delegate or their alternate cannot attend, the designated interim representative may represent the area and be counted toward a quorum. In the event the TAC is unable to establish a quorum for its meeting, then the TAC Chair or Co-Chair, at their discretion, can arrange for polling of delegates via conference call or any other manner. Informational sessions may occur in the absence of a quorum.

**EXPENSES**

Each HRSA TAC delegate (or the designated alternate, if the delegate is unable to attend) who is not a federal employee will have travel expenses paid/reimbursed by HRSA for no more than two face-to-face HRSA approved, in-person TAC meetings per year in accordance with standard government travel regulations and HRSA travel policy, and dependent upon availability of federal funds.

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**VOTING**

The HRSA TAC will operate by consensus. Where a consensus cannot be reached, the TAC will vote to resolve any differences. Each TAC delegate (delegate or alternate) will be allowed one vote. If both the delegate and their alternate participate in the same meeting or call, only the delegate will be counted for a quorum and voting purposes.

**REPORTS**

The DFO will ensure that all HRSA TAC meeting proceedings and recommendations are made available to HRSA leadership and provided to the TAC through written minutes within 90 days following the TAC meeting. Once approved, the minutes will be posted online on HRSA's tribal webpage within 90 days to ensure that the information is accessible to the public.

**SUBCOMMITTEES**

The HRSA TAC Chair and Vice-Chair, in consultation with the DFO, may form subcommittees composed of TAC delegates (or their alternates), as needed, to accomplish the functions of the TAC. To satisfy the UMRA exemption, the delegates of the subcommittee must be:

- Elected tribal leaders acting in their official capacities; or
- Designated employees of an elected tribal leader with authority to act on their behalf; or

Subcommittees must report directly to the full HRSA TAC and must not provide any advice or work products to a federal officer or HRSA. The TAC can adopt and present such advice or work to a federal officer or HRSA.

**TERMINATION DATE**

After initial establishment, the TAC will continue as long as there is a charter and the charter should be reviewed and updated at least every five years. The TAC Charter may be amended, as needed, upon approval by the TAC and final approval by the DFO.

**ACRONYMS**

AI/AN	American Indian/Alaska Native
DFO	Designated Federal Official
HHS	U.S. Department of Health and Human Services
HRSA	Health Resources and Services Administration
TAC	Tribal Advisory Council
THA	Tribal Health Affairs
UMRA	Unfunded Mandates Reform Act