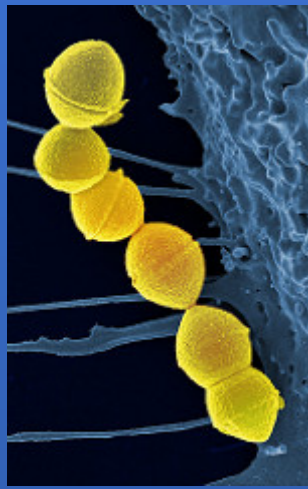




# Tribal Advisory Committee Proposed Charter Revisions

David Wilson, Ph.D.



## Authority

Pursuant to Presidential Executive Order No. 13175, November 6, 2000, and the Presidential memoranda of September 23, 2004, and November 5, 2009, 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 the NIH. The HHS Tribal Consultation Policy directs 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, the NIH established the NIH TAC as one method of enhancing communications with Tribes. The TAC Charter complies with an exemption within the "Unfunded Mandates Reform Act" (P.L. 104-4) to the Federal Advisory Committee Act (FACA) that promotes the free communication between the Federal Government and Tribal governments. Pursuant to this exemption, the NIH 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.

It is the NIH policy that before any action is taken that will significantly affect Indian Tribes that, to the extent practicable and permitted by law, consultation with Indian Tribes will occur. Such actions refer to policies that:

1. Have Tribal implications, and
2. Have substantial direct effects on one or more Indian Tribes, or
3. On the relationship between the Federal Government and Indian Tribes, or
4. On the distribution of power and responsibilities between the Federal Government and Indian Tribes.

## Committee Activities

It is important for the NIH TAC to build relationships with AI/AN populations by performing the following, with respect for each sovereign nation's cultural/traditional values:

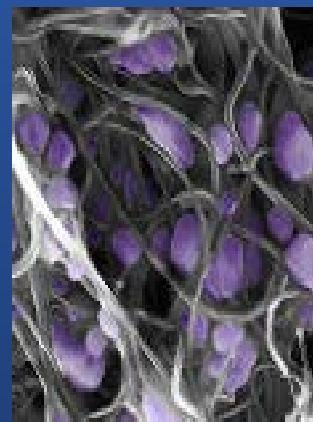
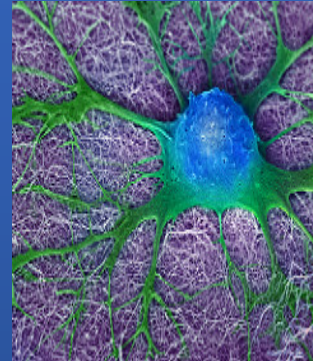
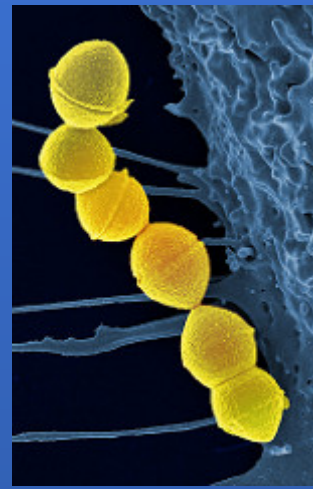
- Propose clarifications and other recommendations, and solutions to address issues raised at Tribal, regional, and national levels;
- Serve as a forum for Tribes and NIH to discuss proposals for changes to NIH policies, regulations, and procedures, and including NIH research priorities that affect impact Tribes.

Comment [A1]: The TAC serves the research interests of AI/AN populations and not build relationships?

Comment [A2]: The concept of research is missing and needs to be added to this overarching statement. The TAC was created to represent AI/AN populations and tribes.

Comment [A3]:  
for each of the 12 represented areas

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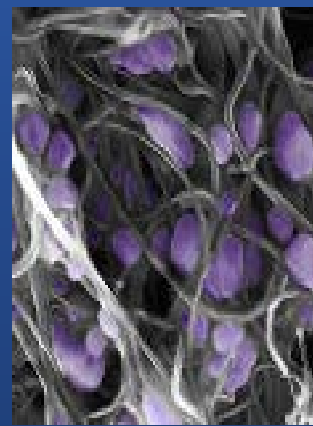
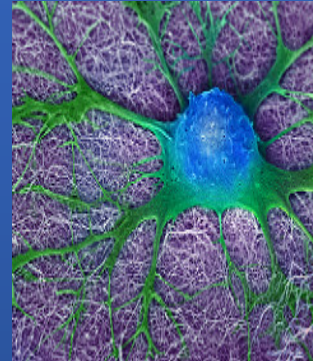
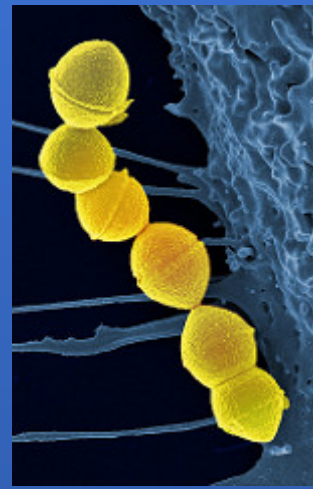


- Explore opportunities for participation in other NIH committees and/or working groups;
- Identify priorities for, and provide advice on, appropriate strategies for Tribal consultation on NIH research-related issues at the Tribal, regional and/or national levels;
- Respond Provide recommendations to the NIH on cultural and technical issues regarding grants and contract policies and their impact on Tribes; and
- Bring Raise pertinent issues to the attention of Tribal leaders. This information can be shared and disseminated in various national, regional/area tribal forums, to facilitate timely feedback, and to share information regarding listening sessions, town halls, and Tribal consultations.

#### Committee Composition

The NIH TAC is composed of 17 primary members (and alternates). Membership includes representation from each of the twelve geographic Areas served by the Indian Health Service (IHS). These Areas currently include the following: Alaska, Albuquerque, Bemidji, Billings, California, Great Plains, Nashville, Navajo, Oklahoma, Phoenix, Portland, and Tucson. In addition, to achieve the broadest coverage of NIH-related national perspectives and views, the TAC includes one representative (and designated alternate) for each of the five National At-Large Members (NALMs) positions. No more than one NALM representative from each region may serve on the committee at any time. A designated alternate may participate in NIH TAC meetings on behalf of the primary member when that member cannot attend. If the designated alternate is also not available, the primary member is permitted to designate a second alternate in writing prior to the NIH TAC meeting.

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## Re-election

The Chair and Co-Chair may be re-elected by the TAC for a one calendar-year term. Elections are held annually, at which time the seated membership of the TAC shall call for nominations for an election. TAC members may reconfirm the Chair/Co-Chair or vote on a new Chair/Co-Chair.

## Period of Service

Terms for the TAC are **two calendar years** and are staggered. The NIH initially used a lottery method to assign one-year terms to half of the Area representatives and two of the NALMs initially appointed to the TAC and two-year terms to the remaining half of the Area representatives and three of the NALMs. A member may serve successive, consecutive terms if nominated again when the member's term expires.

**Vacancy:** When a vacancy occurs, the **Executive Secretary of the TAC** notifies the Indian Tribes in the respective area and ask them to nominate a replacement. Tribal leaders provide to the NIH the name and contact information of the new nominee in writing and within forty-five (45) days after the NIH is notified of a vacancy. In the event the NIH receives no nominations, the NIH, **through the HHS Office of Intergovernmental and External Affairs**, shall seek a new appointee. The designated alternate may attend meetings until the vacancy is officially filled.

**Removal:** If a member or the member's designated alternate does not participate in a meeting or teleconference (when meant as an official meeting) on four successive occasions, the Executive Secretary of the TAC will notify Indian Tribes in the respective area and ask them to nominate a replacement. The NIH may also request removal if a designated member fails to meet the requirements for TAC membership (e.g., loss of election).

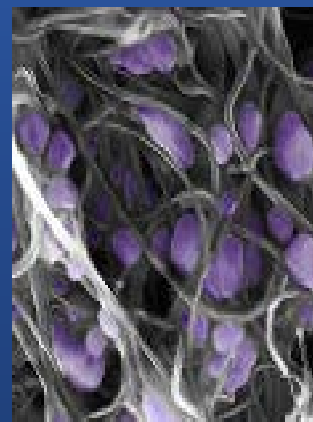
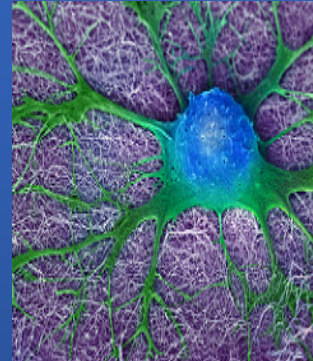
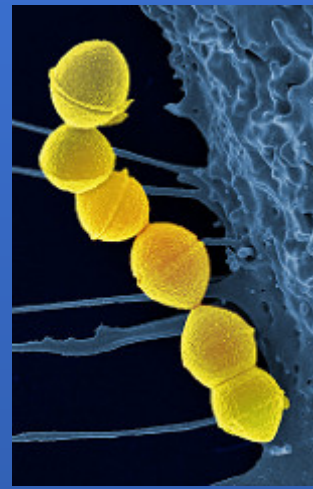
**Interim Representative:** When there is a vacancy in a member's position (due to removal or for other reasons) for which a designated alternate is currently serving, the Executive Secretary will notify the designated alternate and request that the alternate perform the duties of the TAC member to the extent the designated alternate would be eligible to serve as a member on the TAC. The criteria and process for selecting a replacement following a vacancy or removal will follow the Selection Process described above. The designated alternate will serve the remainder of the unexpired term of the original member and if nominated again may serve successive, consecutive terms.


**Comment [A4]:** and expire at the end of the month of September

**Comment [A5]:** The NIH Director has done this through a Dear Tribal Leader Letter

**Comment [A6]:** This should be deleted. IEA manages HHS STAC not NIH TAC

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### Meetings

The NIH seeks to convene two face-to-face TAC meetings on a fiscal year basis, depending on the availability of funds. An NIH official serves as Designated Federal Officer; this person develops a Rules of Order document with the TAC, sets meeting agendas, and attends all TAC meetings. The NIH convenes TAC conference calls as needed and additional meetings may be scheduled depending on need and availability of funds. Pursuant to Section 204 (b) of the Unfunded Mandates Reform Act (2 U.S.C. §1534 (b)), members of the public may be present at committee meetings, i.e., in the audience as observers, but since members of the public are not allowed on the committee, they may not participate in any committee discussions or any other committee business during meetings.

Comment [A7]: The Director of the Tribal Health

### Voting

The NIH TAC operates by consensus and when a consensus cannot be reached, the NIH TAC votes to resolve any differences. Each NIH TAC member (or designated alternate) is allowed one vote.

### Quorum

A quorum is established with 50 percent plus one of the filled TAC seats. In the event the NIH TAC is not able to establish a quorum for a meeting, then the Chairperson and Co-Chair in their discretion can arrange to poll members via conference call or another manner. Informational sessions may occur in the absence of a quorum.

### Expenses

Each primary TAC member (or the designated alternate, if the primary member is unable to attend) who is not a Federal employee will have travel expenses paid by the NIH for the two face-to-face TAC meetings in accordance with Standard Government Travel Regulations (e.g., two week minimum advance airline reservations, unless prior approval otherwise). The NIH will also pay the travel expenses of the TAC member's technical advisor (who is not a Federal employee) to attend the two face-to-face TAC meetings.

