



AMERICAN INDIAN AND ALASKA NATIVE

HEALTH RESEARCH ADVISORY COUNCIL (HRAC)

CHARTER

I. PURPOSE

The HHS Office of Minority Health (OMH), has established an American Indian and Alaska Native Health Research Advisory Council (HRAC or the Council) to serve as an advisory body to HHS, helping to ensure that tribes and American Indian and Alaska Native (AI/AN) people have meaningful and timely input in the development of relevant HHS policies, programs, and priorities specific to AI/AN research. The HRAC will support, but not supplant, other government-to-government consultation activities that the HHS undertakes.

The HRAC will provide a forum through which tribes can advise the Department on their health research priorities and needs as well as how best to carry out health research involving AI/AN. Through the HRAC, representatives of HHS can better communicate and coordinate the work of their respective organizations in AI/AN health research, and the Department can better disseminate information to tribes about research findings from HHS-sponsored studies focusing on the health of AI/AN populations. HRAC delegates will also have a responsibility to communicate critical information, research findings, and any other policy related activity back to their respective tribes, communities, and Indian Health Service (IHS) Area.

II. AUTHORITY

Pursuant to Presidential Executive Order No. 13175, 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 Tribal Nations. HHS has adopted a Tribal Consultation Policy that applies to all HHS Operating and Staff Divisions, including OMH. 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.

III. FUNCTION

The HRAC provides a forum for meetings between HHS officials and elected tribal leaders (or their designated employees with authority to act on their behalf), in compliance with the exemption to the Federal Advisory Committee Act (FACA) at 2 U.S.C. § 1534(b)¹. Based on the availability of funds, HRAC will meet four times per year (once in a face-to-face session and three times by teleconference) for the purposes of exchanging views, information, and/or advice relating to the management or implementation of HHS programs relating to research and American Indians/Alaska Natives.

The Council will work with federal representatives from those OPDIVs/STAFFDIVs of the Department which have joined in this effort. Each federal representative will have experience in AI/AN-related health research. The participating HHS components are: Office of the Assistant Secretary for Planning and Evaluation (ASPE); Office of Intergovernmental and External Affairs (IEA); Office of Minority Health (OMH); Administration for Children and Families (ACF); Agency for Healthcare Research and Quality (AHRQ); Centers for Disease Control and Prevention (CDC); Health Resources and Services Administration (HRSA); Indian Health Service (IHS); National Institutes of Health (NIH); and Substance Abuse and Mental Health Services Administration (SAMHSA).

¹ 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 official 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.

IV. FEDERAL ADVISORY COMMITTEE ACT (FACA)

The HRAC will operate under an exemption from the FACA identified in the Unfunded Mandates Reform Act of 1995. The exemption states that FACA does not apply "to actions in support of intergovernmental communications where 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 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."

V. COMMITTEE ACTIVITIES

It is important for the HRAC to build relationships with AI/AN people 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 tribal leaders and HHS to discuss proposals for changes to HHS policies, regulations, and procedures;
- Explore opportunities for participation in other HHS committees and/or working groups;
- Respond to HHS on cultural, linguistic, and technical issues regarding research and its impact on tribes; and
- Ensure that pertinent issues are brought to the attention of tribal leaders, and that timely feedback from tribal leaders to HHS is obtained.

VI. STRUCTURE

The structure of the HRAC and its subcommittees, if any, is to be consistent with the FACA exemption guidelines outlined above. OMH will serve as the Executive Secretariat for the Council. As such, OMH will facilitate the solicitation and selection of tribal delegates to the Council.

The HRAC will be composed of 16 delegates (and corresponding designated alternates). In particular, HRAC seeks delegates who have expertise relevant to research in general and/or HHS activities.

HRAC membership will include representation from each of the 12 geographic Areas served by the IHS. These Areas currently include the following: Alaska, Albuquerque, Bemidji, Billings, California, Great Plains, Nashville, Navajo, Oklahoma, Phoenix, Portland, and Tucson. In addition, the HRAC will include one representative (and designated alternates) for each of four National At-Large Member (NALM) positions.

In accordance with the FACA exemption of the Unfunded Mandates Reform Act (UMRA), HHS has incorporated the NALM positions as delegates of the HRAC. These appointed or elected tribal leaders, acting in their official tribal capacity, are charged with providing specific representation for the regional and national concerns of tribal governments. All NALM delegates must either be elected tribal officials, acting in their official capacity as elected officials of their tribe, or be designated representatives by an elected tribal official, in that official's elected capacity, with authority to act on behalf of the tribal official. A NALM delegate should be qualified to represent the views of tribes on a national, collective perspective.

A designated alternate may participate in HRAC meetings on behalf of the delegate when that member cannot attend. If the designated alternate is also not available, the delegate shall designate a second alternate in writing prior to the HRAC meeting.

Tribal Delegates: Elected or appointed tribal officials from federally-recognized tribes, acting in their official tribal capacity or their designated representative with authority to act on behalf of the tribal official(s), from each of the 12 Indian Health Service Areas of the country (12 persons) and four NALM positions, acting in their official tribal capacity or their designated employees with authority to act on behalf of the tribal official.

Alternates: Each delegate will have an alternate that has been selected by the same process in which HRAC delegates are selected. In the event that the delegate cannot attend a meeting, the alternate council member will be notified.

The OMH staff will work with the tribes and HHS to ensure that appointed delegates and alternates are appropriately designated to act on behalf of elected tribal officials, in their official capacity, as indicated in writing to the Deputy Assistant Secretary for Minority Health. OMH is responsible for ensuring that the delegates (and alternates) meet the FACA exemption's requirements.

VII. SELECTION PROCESS

A. Area Representatives

OMH will send a letter to tribal leaders requesting nominations for HRAC delegates from tribal leadership located in each of the 12 IHS Areas for Area positions as well as nominations for the

four NALM delegate positions. The names of each HRAC delegate are to be submitted to the OMH in an official letter from the tribal leader. OMH will be responsible for selecting and finalizing the body of delegates. Alternates will be nominated in the same fashion. In the event that the delegate cannot attend a meeting, the alternate council member will be notified.

Each Area representative shall be an elected or appointed tribal official from a federally-recognized tribe, or their designated representative with authority to act on behalf of the tribal official in the Area for which he/she is being nominated. Nominations will be considered for selection in the priority order listed below:

1. Tribal President/Chairperson/Governor;
2. Tribal Vice-President/Vice-Chairperson/Lt. Governor;
3. Elected or Appointed Tribal Official; and
4. Designated Tribal Official.

In the event that there is more than one nomination for a given Area, letters of support from regional tribal organizations will be taken into consideration when selecting the primary and alternate delegates.

B. National At-Large Members

To achieve the broadest coverage of HHS-related national perspectives and views, the HRAC will include four positions for NALMs. All NALM delegates must either be elected tribal officials, acting in their official capacity as elected officials of their tribe, or be designated representatives by an elected tribal official, in that official's elected capacity, with authority to act on behalf of the tribal official. A NALM should be qualified to represent the views of tribes from a national, collective perspective. Nominations will be considered for selection in the priority order listed above in VII.A.

VIII. PERIOD OF SERVICE

Terms for the HRAC will be two calendar years. Terms will be staggered, with a lottery method used to assign: initial one-year terms to half of the Area members and two of the NALMs (with their initial terms expiring on June 30, 2016); and initial two-year terms to the remaining half of the Area members and the remaining NALMs (with their initial terms expiring on June 30, 2017). A member may serve unlimited successive, consecutive terms if nominated again when his/her term expires.

A. Vacancy

Delegate seats to the HRAC are vacated through non-attendance at HRAC meetings, the end of elected or appointed office, or through resignation of the delegate. If a designated member or the alternate does not participate in a meeting or teleconference on three successive occasions, that seat to the HRAC shall be deemed vacated.

When a vacancy occurs, for any reason including expiration of term, non-attendance, end of elected or appointed office, or through resignation of the delegate, OMH, in its capacity of Executive Secretariat of the HRAC and in compliance with the HRAC Charter and FACA regulations, shall solicit nominations from all tribal leadership within the respective IHS Area for the selection of a new Area or At-Large Delegate.

B. Interim Representative

When there is a vacancy in a delegate position (due to removal or for other reasons, but not due to the expiration of a delegate's term) for which an alternate is currently serving, OMH will notify the alternate and request that the alternate perform the duties of the delegate so long as the alternate is either an elected tribal official acting in their official tribal capacity or a designee with authority to act on behalf of the tribal official. A replacement delegate or alternate will serve the remainder of the unexpired term of the original member and if nominated again may serve successive, consecutive terms.

A copy of this notification and any response from the alternate to this request will be forwarded to the respective Area tribes and a notice will be given to all tribes for a NALM for nominations of a replacement.

IX. LEADERSHIP

A. Chair

A Chair will be elected or appointed by and from among the HRAC delegates for a one calendar-year term of service. The Chair will be an elected or appointed tribal leader. The number of terms is not limited.

B. Co-Chair

The Co-Chair will be elected or appointed by and from among the HRAC delegates for a one calendar-year term of service. The Co-Chair will be an elected or appointed tribal leader. The number of terms is not limited.

C. Executive Secretary

The Executive Secretary, will provide administrative support and will be a representative of the HHS OMH, and will not be a voting member of the Council.

X. TECHNICAL SUPPORT

Each HRAC member, at his/her own expense, will be allowed to bring one technical advisor to the annual face-to-face meeting to assist him/her with his/her duties and responsibilities as a member of the HRAC or its workgroups. The advisor's role is limited to assisting the member, and the advisor cannot participate in the meetings of the HRAC or its workgroups unless the advisor has been designated by the primary member to act on behalf of the member at the meeting.

XI. MEETINGS

Depending on availability of funds, OMH will seek to convene one face-to-face HRAC meeting² each federal government fiscal year. An OMH official, acting as the Executive Secretary, will set meeting agendas and will attend all HRAC meetings. OMH will convene HRAC conference calls three times per year, and additional meetings may be scheduled depending on need and availability of funds.

A. Voting

The HRAC will operate by consensus and when a consensus cannot be reached, the HRAC will vote to resolve any differences. Each HRAC member (delegate or designated alternate) will be allowed one vote.

B. Quorum

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

C. Meeting Logistics

OMH will provide meeting coordination for all HRAC meetings.

D. Compensation

For each HRAC meeting, each HRAC delegate (or the designated alternate, if the delegate is unable to attend) who is not a federal employee shall have travel expenses paid by OMH in accordance with Standard Government Travel Regulations (e.g., two week minimum advance

²Consistent with 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.

airline reservations, unless prior approval otherwise). There will be no compensation by the federal government for serving on the HRAC.

XII. REPORTS

OMH will ensure that reports of all HRAC meetings and recommended actions are made available to HHS leadership and will post minutes and reports to OMH's website (www.minorityhealth.hhs.gov). OMH will be responsible for archiving all HRAC documentation.

XIII. EFFECTIVE DATE

This HRAC Charter supersedes any and all prior HRAC Charters. This HRAC Charter is effective on the date indicated below.

XIV. TERMINATION DATE

This HRAC Charter shall be effective as long as the HHS Tribal Consultation Policy is in effect and the charter may be amended as needed.

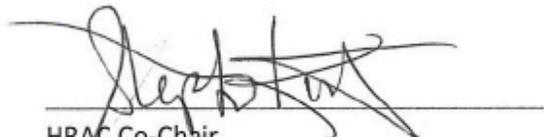
Approved on:

11/30/2015
Date

Signed by:



Executive Secretariat
J. Nadine Gracia, MD, MSCE
Deputy Assistant Secretary
for Minority Health



HRAC Co-Chair
Stephen Kutz, RN, BSN, MPH
Tribal Council Member
Cowlitz Indian Tribe



HRAC Co-Chair
Aaron A. Payment, MPA
Tribal Chairperson
Sault Ste. Marie Tribe of Chippewa Indians