

# National Indian Health Board



October 31, 2024

Bertha Alisia Guerrero  
Director, Office of Intergovernmental and External Affairs  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, D.C., 20201

## **RE: HHS Tribal Epidemiology Center Data Access Policy**

Dear Director Guerrero,

On behalf of the [National Indian Health Board](https://www.nihb.org) (NIHB), I would like to extend my gratitude to the Department of Health and Human Services (HHS) for their efforts to implement the Tribal Epidemiology Center Data Access (TECDA) Policy. This policy is foundational for recognizing the authority of Tribal Epidemiology Centers (TEC) to act as public health authorities provided through the Indian Health Care Improvement Act (25 U.S.C § 1601 *et seq.*). I request HHS revise the current draft to uphold TECs' access to HHS's data, data sets, monitoring systems, delivery systems, and other protected health information (PHI) in the possession of the Secretary.

A critical component missing from the TECDA is the turnaround time for HHS Divisions to share data with TECs. HHS must use the proposed 90-day deadline, which is currently used to confirm or deny a data request, for returning data to a requesting TEC. This must be included in 'Section 4.1 Division Protocols and Guidance' to address one of the largest barriers for TECs receiving data. Without this explicitly stated, HHS Divisions will continue to delay timely information to TECs or risk HHS Divisions contesting an appropriate timeline for sharing back data. HHS must also consider lessons learned during COVID-19, to create a stipulation for expediting data requests when urgent public health response is required. It is necessary for TECs to have access to data, data sets monitoring systems, delivery systems, and PHI and other PII for providing the most up to date information to support on the ground prevention, preparedness, and response efforts.

To ensure TECs receive data in compliance with 25 U.S.C § 1621m, HHS must remove ambiguous and restrictive language on data and data access. The proposed definition of data could be easily limited by the restrictive language, such as 'information needed for public health purposes' and stating in the purpose of scope that TECs should have access to 'appropriate data'. Ambiguous language may restrict future data requests if an HHS Division or employee misinterprets this language. Language should be inclusive of all the activities and functions of TECs as listed in section 1621m and should include all data, data sets, monitoring systems, delivery systems, and other protected health information in the possession of the Secretary per the statute. Any limitations to this less than what the statutory authority allows will continue the environment which has resulted in the loss of AI/AN persons to preventable deaths.



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As TECs currently experience barriers to accessing data without reason, HHS must make it explicitly clear that any ‘Division specific policies’ and ‘general data security’ requirements do not supersede federal law. This requirement should be narrowed; HHS must state and share with TECs how any privacy and security concerns are rooted in federal law, so that ‘general data security’ is not inappropriately used as an excuse to impede Tribal data access. HHS must also determine appropriate steps and a point of contact for TECs to appeal a rejection, as this is missing from the TECDA policy. While there is a point of contact for data requests, these individuals may have limited knowledge on the legal rights of TECs to access specific data sets. Without an appropriate point of contact or consequences for not complying with this policy, HHS Divisions and employees can ignore the intent of the TECDA policy.

I would like to reiterate my gratitude to the Administration and HHS staff for working on this monumental policy. As our TECs and people are relying on the swift implementation of this policy, I request that it is implemented by the end of the year. By allowing TECs to exercise their legal rights to accessing data held by HHS, we can strengthen our collective efforts for improving the health status of Indian Country.

Sincerely,

A handwritten signature in black ink, appearing to read 'William Smith', is written in a cursive style.

Chief William Smith, Valdez Native Tribe  
Chairman, National Indian Health Board



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