



USET

SOVEREIGNTY PROTECTION FUND

Nashville TN Office
711 Stewarts Ferry Pike, Ste. 100
Nashville TN 37214
P: (615) 872-7900
F: (615) 872-7417

Washington DC Office
400 North Capitol St., Ste. 585
Washington DC 20001
P: (202) 624-3550
F: (202) 393-5218

Transmitted via consultation@ihs.gov

December 2, 2019

Rear Admiral Michael Weahkee
Acting Director
Indian Health Service
5600 Fishers Lane, Mail Stop 08E86
Rockville, MD 20857

Dear Acting Director Weahkee,

On behalf of the United South and Eastern Tribes Sovereignty Protection Fund (USET SPF) we write to provide comment to the Indian Health Service (IHS) on the distribution of funding for the Special Diabetes Program for Indians (SDPI) in fiscal year (FY) 2021. SDPI has been a vital program in improving the overall health of American Indians and Alaska Natives (AI/ANs). Since its inception in 1997, SDPI has been a critical source of funding to address diabetes issues in Tribal communities by providing grants for diabetes prevention and treatment services. Today, the program provides funding to more than 300 IHS, Tribal, and Urban Indian health programs in 35 states. As IHS gathers input across the Indian Country, USET SPF underscores the importance of distributing funding in a manner that ensures all Tribal Nations (regardless of size, date of federal recognition, etc.) can access life-saving treatment and prevention programs, and that funding is directed toward Tribal Nations to the greatest extent possible.

USET SPF is a non-profit, inter-tribal organization representing 30 federally recognized Tribal Nations from the Canadian Border to the Everglades and across the Gulf of Mexico¹. Both individually, as well as collectively through USET SPF, our member Tribal Nations work to improve health care services for American Indians. Our member Tribal Nations operate in the Nashville Area of the Indian Health Service, which contains 36 IHS and Tribal health care service delivery facilities. Our patients receive health care services both directly at IHS facilities, as well as in Tribally-operated facilities under contracts with IHS pursuant to the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638.

In response to the specific questions within IHS' October 2019 Dear Tribal Leader Letter (DTLL) initiating consultation, USET SPF provides our recommendations below. These recommendations were developed

¹ USET SPF member Tribal Nations include: Alabama-Coushatta Tribe of Texas (TX), Aroostook Band of Micmac Indians (ME), Catawba Indian Nation (SC), Cayuga Nation (NY), Chickahominy Indian Tribe (VA), Chickahominy Indian Tribe—Eastern Division (VA), Chitimacha Tribe of Louisiana (LA), Coushatta Tribe of Louisiana (LA), Eastern Band of Cherokee Indians (NC), Houlton Band of Maliseet Indians (ME), Jena Band of Choctaw Indians (LA), Mashantucket Pequot Indian Tribe (CT), Mashpee Wampanoag Tribe (MA), Miccosukee Tribe of Indians of Florida (FL), Mississippi Band of Choctaw Indians (MS), Mohegan Tribe of Indians of Connecticut (CT), Narragansett Indian Tribe (RI), Oneida Indian Nation (NY), Pamunkey Indian Tribe (VA), Passamaquoddy Tribe at Indian Township (ME), Passamaquoddy Tribe at Pleasant Point (ME), Penobscot Indian Nation (ME), Poarch Band of Creek Indians (AL), Rappahannock Tribe (VA), Saint Regis Mohawk Tribe (NY), Seminole Tribe of Florida (FL), Seneca Nation of Indians (NY), Shinnecock Indian Nation (NY), Tunica-Biloxi Tribe of Louisiana (LA), and the Wampanoag Tribe of Gay Head (Aquinnah) (MA).

Because there is strength in Unity

following discussions between USET SPF member Tribal Nations and Nashville Area Office staff on November 22nd and 26th.

1. If SDPI is funded at \$150M, should there be changes in the funding distribution? If so, what changes should be made?

Not all federally recognized Tribal Nations currently are able to access SDPI. In fact, in the USET SPF region, eight of our member Tribal Nations, don't have access to the grant program. IHS must find a way to ensure that all Tribal Nations, regardless of circumstance, have the opportunity to benefit from this life-saving funding. At the same time, USET SPF underscores the critical need to ensure that existing SDPI grantees are held harmless, as IHS seeks to accommodate incoming grantees.

USET SPF continues to be frustrated by the persistent flat funding of the program, in spite of a wealth of reliable data showing both its efficacy and continued necessity, as well as rising medical inflation. We have joined others in Indian Country in consistently advocating for an increase in funding that will account for newly recognized Tribal Nations, IHS/Tribal/Urban Indian Health Programs (I/T/Us) that haven't had the opportunity to access SDPI, and increases in medical costs. However, in budget requests for FYs 2017-2020, IHS requested only flat funding for the program.

With medical costs only expected to rise, as well as other Tribal Nations seeking to participate in SDPI, it is incumbent upon IHS to determine long-term solutions that will ensure all Tribal Nations have access to SDPI funding. Importantly, IHS must join Tribal Nations in requesting and supporting crucial increases in SDPI funding from Congress. But regardless of whether there is an SDPI funding increase, Tribal Nations must have access to SDPI. IHS must, in consultation with Tribal Nations, ensure that to their fullest extent, these limited dollars are being directed to Tribal Nations (and our designees), as opposed to other, peripheral functions. This includes examining allocations for items such as data infrastructure support, as well as the necessity of headquarters and other funding not designated specifically for Tribal Nations or Tribal organizations supporting the work of Tribal Nations.

In addition, we strongly recommend that in the near-term, IHS work to build capacity among all Tribal Nations, including those that are newly federally-recognized. Initial funding allocations and technical assistance from IHS should include efforts to build the infrastructure necessary to successfully administer an SDPI grant program.

However, we ultimately urge IHS to ensure that critical SDPI funding be eligible for inclusion in self-governance contracts and compacts under ISDEAA, rather than grants. Since its inception, SDPI funding has been distributed via grants to IHS, Tribal, and Urban Indian health programs for diabetes treatment and prevention. USET SPF has consistently held that grant funding fails to recognize the sovereign status of Tribal Nations and is a violation of the federal trust obligation and Tribal sovereignty by treating Tribal Nations as non-profits rather than governments. All federal Indian funding should be contractable and compactable.

2. If the SDPI receives an increase in funding above the current \$150M, how should those funds be utilized?

Should there be an increase in funding from the current allocation of \$150 million, USET SPF contends that IHS must ensure newly recognized Tribal Nations and other ITUs are eligible to participate. Simultaneously, funding increases must also be directed to existing grantees, who have been forced to operate programs for years with declining purchasing power and increasing costs. These programs must benefit from any

increase in order to continue the fight against diabetes in Indian Country. Above all, it is vital that funding increases be directed toward Tribal Nations and the Tribal organizations supporting their efforts, as well as patient care, in fulfillment of the trust obligation. Other concerns, such as funding to IHS headquarters, are secondary.

3. Should there be changes to the national funding formula? Should more recent user population and diabetes prevalence data be used? If so, how would the resultant changes in the Area funding distribution be addressed?

While USET SPF does not have any recommended changes to the national funding formula, we strongly recommend preserving the adjustment for small Tribal Nations by retaining the existing formula to include Tribal Size Adjustment (TSA) at 12.5%. The adjustment for small Tribal Nations has provided a critical increase in level resources for many USET SPF member Tribal Nations. Elimination of the TSA would have a detrimental impact on these Tribal Nations.

Further, regarding the consideration of utilizing more recent user population and diabetes prevalence data within the funding formula, USET SPF supports utilizing updated user population and diabetes prevalence data. We again underscore that SDPI funding be distributed in a manner that reflects and prioritizes the disease burden and is integrative to all Tribal Nations seeking SDPI program funding, should the funding formula change.

Conclusion

While SDPI has been an enormous benefit to Indian Country, flat funding continues to impede both the provision of services and access to the program. In accordance with the trust obligation and in partnership with Tribal Nations, IHS must join Indian Country in supporting a much needed funding increase. We reiterate that medical costs, especially costs associated with diabetes treatment and prevention, will continue to rise in the coming years. The continued success of SDPI is dependent upon an IHS that is willing to fight for program resources and support Tribal sovereignty. Should you have any questions or require further information, please contact Ms. Liz Malerba, USET SPF Director of Policy and Legislative Affairs, at LMalerba@usetinc.org or 202-624-3550.

Sincerely,



Kirk Francis
President



Kitcki A. Carroll
Executive Director