USET
SOVEREIGNTY PROTECTION FUND

Washington, DC Office
1730 Rhode Island Ave., NW, Suite 909
Washington, DC 20036

Nashville, TN Office
711 Stewarts Ferry Pike
Nashville, TN 37214
P: 615-872-7900 | F: 615-872-7417

Transmitted electronically to:
Consultation@hhs.gov

April 24, 2026

The Honorable Robert F. Kennedy Jr.
Secretary
Department of Health and Human Services
200 Independence Ave. SW
Washington, DC 20201

Dear Secretary Kennedy,

On behalf of the United South and Eastern Tribes Sovereignty Protection Fund (USET SPF), we submit these comments to the Department of Health and Human Services (HHS) as part of the HHS Annual Tribal Budget Consultation for Fiscal Year (FY) 2028. The following comments are not an exhaustive list of priorities for our member Tribal Nations, but address many of our priority budget items and proposals at this moment in time. Our comments focus on the urgent need for HHS to protect the Indian Health System's budget and resources across the Department and honor the federal government's trust and treaty obligations to Tribal Nations, including the obligation to consult.

USET SPF is a non-profit, inter-tribal organization advocating on behalf of thirty-three (33) federally recognized Tribal Nations from the Northeastern Woodlands to the Everglades and across the Gulf of Mexico.[1] USET SPF is dedicated to promoting, protecting, and advancing the inherent sovereign rights and authorities of Tribal Nations and in assisting its membership in dealing effectively with public policy issues.

HHS Must Honor Federal Trust and Treaty Obligations to Tribal Nations
USET SPF reminds HHS and the Administration that the delivery of Tribal programs and services and provision of federal funding to Tribal Nations, organizations, and communities is done so in fulfillment of federal trust and treaty obligations. These obligations are the result of the cession of vast land and natural resources by Tribal Nations to the United States – oftentimes by force – in exchange for which the U.S. is legally obligated to provide benefits and services in perpetuity.

[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), Monacan Indian Nation (VA), Nansemond Indian Nation (VA), 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), Upper Mattaponi Indian Tribe (VA) and the Wampanoag Tribe of Gay Head (Aquinnah) (MA).

Specifically, the Indian Health Care Improvement Act (IHCIA) states that the federal government should "provide the quantity and quality of health services that will permit the health status of Indians to be raised to the highest possible level." However, the United States has yet to fully deliver upon these promises, and the chronic underfunding of federal Indian programs continues to have disastrous impacts on Tribal Nations and communities, with American Indians and Alaskan Natives (AI/AN) experiencing some of the greatest health disparities among all populations in this country.

Funding and services provided to Indian Country are not discretionary – they are legal obligations rooted in trust and treaty obligations, the U.S. Constitution, and long-standing federal statutes. In the long term, USET SPF is calling for a comprehensive reexamination of federal funding delivered to Indian Country across the federal government. Because of our history and unique relationship with the United States, the trust obligation of the federal government to AI/AN peoples, as reflected in the federal budget, is fundamentally different from ordinary discretionary spending and should be considered mandatory in nature.

Mandatory funding – for the entire Indian Health System, but particularly the entirety of the Indian Health Service (IHS) – would provide critical budgetary certainty for a chronically underfunded system and more fully honor the federal government's obligations to provide for Tribal healthcare. Payments on debt to Indian Country should not be vulnerable to year to year "discretionary" decisions by appropriators. Advance appropriations for the IHS have provided a measure of budgetary security against funding lapses and government shutdowns that has been greatly appreciated, but IHS advance appropriations do not cover all programs and funding streams that support Indian Country.

Government shutdowns continue to impact programs and services Tribal Nations rely on across HHS. Mandatory funding for IHS in particular would prevent funding lapses and ensure Tribal Nations can continue serving our communities and providing healthcare without interruption. As a key Department tasked with delivering on the trust obligation through programs and services to Indian Country, HHS must work with Tribal Nations and communities to address chronic shortfalls and federal failures to live up to its promises. The importance of respecting the nation-to-nation relationship and the need to better fulfill the federal trust and treaty obligations applies to all HHS policies and actions, and should be kept in mind while considering our following comments.

Duty to Engage in Tribal Consultation

Despite legal mandates for the provision of Tribal programs and funding, as well as Tribal consultation requirements, the Administration continues to implement policy priorities without first consulting upon and insulating Indian Country from impacts. These ongoing actions have generated real consequences throughout Indian Country. We have also been wrongly caught up in Administration efforts related to diversity, equity, and inclusion programs, as well as those allegedly seeking to weed out fraud, waste, and abuse.

From our perspective, these actions represent a misunderstanding of our unique political status under the law and the United States' legal requirement to deliver on its trust and treaty obligations. Programs and services to Tribal Nations, citizens, and communities are legally required by trust and treaty obligations and associated implementing statutes. If the Administration were to engage in more thorough and meaningful government-to-government Tribal consultation with us prior to executing on its priorities, we could help the Administration avoid harm to Indian Country, saving time and energy for all. We also remind the Department that HHS's own Tribal Consultation Policy (TCP) requires each Operating Division to engage in

meaningful Tribal consultation before taking any action that might have Tribal implications, substantial impact on Tribal Nations or our communities, or would affect the Nation-to-Nation relationship in any way. The HHS TCP further specifies that the Department shall not promulgate any regulations or policies without consulting Tribal Nations "throughout all stages of the process of developing the proposed regulation."

Tribal Nations and the Trump Administration have important overlapping goals, and we must focus our energies on pursing those goals together. We share a foundational understanding that local communities, such as Tribal Nations, are best suited to address their people's needs and keep them safe. We are aligned in the desire for the federal government to remove barriers that prevent Tribal Nations from effectively caring for our people—a fuller recognition of Tribal sovereignty—while remaining committed to delivering the federal resources that Tribal Nations are due. At present, however, our focus continues to be drawn to protecting Indian Country from collateral harm caused by imprecise implementation of Trump Administration priorities.

USET SPF strongly urges the Administration to recommit to its duty to conduct robust and meaningful Tribal consultation on any and every action that may affect Tribal Nations and our communities, so we may avoid unintended consequences for Tribal programs and services and focus more on our shared goals. This applies to all the priorities discussed in these comments, even if not explicitly mentioned each time, as well as any future HHS policies and activities.

HHS Budget and the President's FY 2027 Budget Request

USET SPF appreciates HHS and the Administration's reversal on proposals in last year's President's Budget Request to end IHS advance appropriations and reduce or eliminate other Tribal programs and services across the Department. This year, the President's Budget Request proposed a $1 billion increase for the IHS and requested an increased advance appropriation for IHS in FY 2028. Additionally, the Administration requested a significant increase for the IHS Electronic Health Record modernization project and increased estimates for both Contract Support Costs (CSC) and Section 105 (l) lease payments. These decisions are indicative of the Department's commitment to Tribal Nations, and we will join the Administration in advocating for these priorities with Congress.

The President's Budget Request also proposes to create a new $19 million Rural Tribal Prevention Innovation Program and a $14 million Tribal Health Quality Initiative focused on enhanced data collection and targeted research. These programs sound promising, but we respectfully request the Administration share more specific details regarding these programs' goals and scope and commit to conducting Tribal consultation at every stage of program development and implementation. Improving both rural healthcare delivery and Tribal data access are important priorities for Indian Country, but to ensure the programs' efficacy and success and avoid unintended consequences for Tribal entities, these programs must be created in close consultation with Tribal Nations and organizations.

Despite improvement in some areas of the President's Budget Request as it relates to the Indian Health System, other aspects of the Budget Request continue to be concerning. The Administration is proposing to eliminate some Tribal programs and reduce others and has also failed to provide proposals for certain existing Tribal programs. The Congressional Justification (CJ) for the Administration for a Healthy America (AHA) proposes to eliminate all existing Tribal Behavioral Health grants, and it is unclear whether these will be replaced by another program. For the Strengthening Public Health Systems and Services in Indian Country Cooperative Agreement line item at the Centers for Disease Control and Prevention (CDC), the Administration has not provided a FY 2027 funding level and instead listed the proposed funding amount as "TBD." As this program's funding had been reduced from $12 million in FY 2025 to only $5.4 million in FY

2026, USET SPF fears that the Administration's silence on a FY 2027 proposed funding level is indicative of a desire to eliminate the program.

Also at the CDC, we are concerned by proposals to majorly reduce funding for the Public Health Preparedness and Response, Public Health Emergency Preparedness, and Public Health Infrastructure and Capacity grants. Tribal Nations and Tribal Epidemiology Centers access and depend on these grant programs to support our public health systems and prepare for emergencies. These funds are used to purchase and distribute critical supplies and equipment, craft and disseminate awareness campaigns, and build out public health infrastructure. Significant funding reductions could threaten the public health system across Indian Country and leave Tribal Nations unprepared and vulnerable to public health emergencies, particularly when federal and state responses are slow or limited.

At the IHS, the Administration proposes reducing Sanitation Facility Construction funding by 87% (a $93.9 million reduction), despite persistent sanitation facility backlogs and the importance of sanitation systems to Tribal public health. These proposed funding cuts would violate the federal government's trust and treaty obligations to provide for Tribal healthcare and have the potential to severely disrupt existing programs and services in Indian Country.

Further, the President's Budget Request is silent on whether it supports the continuation of the Special Diabetes Program for Indians (SDPI). The IHS CJ lists only the amount of funding currently authorized by Congress through the end of calendar year 2026 and does not include a reauthorization request. Many in Indian Country have interpreted this as a proposed cut to the SDPI. While we acknowledge that the Administration clarified that this is not the case, we request HHS provide an update to Tribal Nations regarding its intentions for the SDPI in FY 2027. The SDPI is one of the most successful chronic disease reduction programs in the United States. In the decades since its creation, SDPI has greatly reduced diabetes prevalence, severity and mortality in Tribal communities. In turn, this has saved millions of dollars in health care costs for diabetes-related complications. If the Administration is truly proposing to cut SDPI funding, we request it provide justification for this position, as the SDPI enjoys broad support both in Congress and across Indian Country.

In general, we appreciate improvements in the FY 2027 President's Budget Request as compared to the FY 2026 request, but we are concerned that programs and services Tribal Nations access, particularly those outside the IHS, are still under threat. The Department's proposal indicates support for the delivery of federal trust and treaty obligations through the IHS, but we remind HHS that the entirety of the Department is beholden to these obligations, and that any reduction to any Tribal serving program is an abrogation of its responsibilities. HHS must protect and preserve all Tribal serving programs and services in all HHS Operating Divisions.

Better Nutrition Requires Better Access

Though we stress that our health disparities are due to myriad issues, including chronic underfunding, USET SPF agrees with and supports the Administration's position that healthy eating habits are a part of achieving better health outcomes in Indian Country. But fostering healthier habits requires access to quality, nutritious, affordable foods – something many Tribal communities lack. Tribal Nations are well aware of the need to bring more fresh produce and healthy proteins to our communities, but struggle to secure resources to do so. The rural and remote nature of many Tribal communities, along with our economic circumstances, often mean that access to affordable, fresh produce is often limited, forcing us to rely on processed goods. In pursuit of improving nutrition habits and outcomes among American Indian and Alaskan Native (AI/AN) people, we urge the Administration to focus not only on the types of foods we

should be consuming, but also on how to improve access to these foods in Tribal communities. We urge the Administration to investigate the supply chain issues and general lack of access to healthy foods that prevent our communities from developing more wholesome eating habits and pursue innovative policies and programs that could enhance our access to healthy foods.

As such, we support policies that will ensure Tribal self-governance over food distribution and nutrition programs, and the development of and investment in programs and policies that increase access to local, culturally appropriate food stuffs and nutrition education.

One potential avenue for increasing access to healthy, quality foods in Indian Country is expansion of the IHS Produce Prescription Pilot Program (P4). The P4 was created in 2022 to address food insecurity and the high prevalence of diet-related illnesses among AI/AN people by increasing the access and consumption of fruits, vegetables, and traditional food. Grantees have used program funding to grow and source culturally appropriate foods and provide nutritional education. However, the current program is very small (only 5 grantees) and represents only 4 of the 12 IHS areas. This program has the potential to address the food insecurity and lack of choice in Tribal communities that force our citizens to maintain unhealthy diets, but the Administration did not propose increased funding for it in FY 2027. HHS should advocate for increased resources to expand the P4, or resources to create other similar programs to ensure that more Tribal communities have access to healthy, culturally appropriate foods.

Another potential opportunity for improving access to more nutritious foods in Indian Country, while technically outside the scope of HHS, is expansion of self-governance authorities to the Supplemental Nutrition Assistance Program (SNAP). Tribal control over SNAP administration would result in improved food assistance for Tribal citizens as Tribal self-determination has proven to be an efficient, effective approach that recognizes our inherent sovereignty, promotes local control, and produces results for our people. Tribal self-governance over SNAP will also support the Administration's goals of streamlining federal functions and ensuring that federal dollars are spent appropriately to address the priorities of our communities by empowering Tribal Nations to assume full management of our own nutrition programs under SNAP. USET SPF encourages HHS to advocate alongside the U.S. Department of Agriculture (USDA) to advocate for Tribal self-governance authorities over SNAP.

The SDPI also remains an essential resource for nutrition education in Indian Country that has been proven successful in reducing diabetes prevalence and severity in Tribal communities. But despite the SDPI's broad success, the program has not received funding increases commensurate with inflation and the increased number of grantees. The SDPI is also administered via grant mechanisms, which fail to honor the federal trust obligation by treating Tribal Nations as grantees rather than sovereign governments. The authority to receive SDPI funds directly through Indian Self-Determination and Education Assistance Act (ISDEAA) contracts and compacts would allow Tribal Nations to use SDPI dollars more efficiently. Increased resources, , permanent reauthorization, and self-governance authority over the SDPI would increase Tribal access to nutrition education programming and would support Tribal Nations' and the Administration's shared goal of reducing chronic disease prevalence in Indian Country.

To create real improvements in nutrition in Indian Country, the Department must focus more on ways to improve access to and affordability of healthy, culturally appropriate foods. Federal policies and practices that dispossessed Tribal Nations of our lands, resources, and cultural practices followed by generations of chronic underfunding of Tribal programs and services have resulted in deep disparities in Indian Country. This includes a persistent and disproportionate lack of access to healthy, affordable foods in Tribal communities. Tribal Nations want to foster better habits and outcomes in our communities, but we require

investment and support from the Administration to improve access. We strongly urge the Administration to commit to developing, in close consultation with Tribal Nations, proposals that will improve access to healthy, affordable, and culturally appropriate foods.

HHS Must Not Diminish Resources for Tribal Health Programs

A critical component of trust and treaty obligations is the requirement to provide "all resources necessary" to facilitate the "highest possible health status" for AI/AN people. The federal government is therefore obligated to ensure that its actions will not diminish the already limited resources in the Indian Health System. While Tribal Nations and the Administration are aligned on several priorities, we continue to be concerned that Tribal programs and services are being wrongfully implicated in efforts to reduce waste, fraud, and abuse in the federal government.

For example, the 340B Drug Pricing Program at HRSA has been an invaluable resource for Tribal Nations in our efforts to provide quality healthcare to our citizens and communities. However, this resource is being threatened by recent efforts to impose a rebate model on the program where covered entities would be required to purchase the drugs up front at the full retail price, rather than the heavily discounted price currently available up front to 340B entities. USET SPF believes HRSA has a responsibility to ensure Tribal entities maintain access to this resource in a way that works for the Indian Health System.

Refusal to grant an exemption from the rebate model for Tribal entities will, at minimum, result in diminished patient access to essential medications and, at worst, will destabilize Tribal health programs and threaten their continued existence, all of which is a violation of federal trust and treaty obligations. Imposing a rebate model on 340B program covered entities will increase costs, sometimes exponentially, and an increase in cost this significant has the potential to create disastrous effects for Tribal health and pharmacy programs. Tribal Nations already constantly have to deny or defer care to our citizens due to a lack of available funding or resources. A rebate model that creates exponentially higher upfront costs would only exacerbate these resource and cash-flow issues, which in turn could force us to further limit or deny care to our citizens and communities. These medications treat life-threatening conditions that plague our communities thanks to centuries of federal under-investment in the Indian Health System. The federal trust obligation to provide all resources necessary to ensure the highest possible health status for AI/AN people is in direct conflict with the rebate model proposal. The current 340B model that allows Tribal Nations to purchase these medications at the discounted price up front is a critical, life-saving resource in Indian Country, and this resource must not be diminished.

In addition, USET SPF is concerned by recent actions and proposals at the Administration for Children and Families (ACF) that would affect programs Tribal Nations access. For example, the Administration for Native Americans (ANA) under ACF recently issued proposed amendments to the Social and Economic Development Strategies (SEDS) programs, which currently support community-driven social and economic self-sufficiency efforts in Tribal communities. HHS is proposing to discontinue this program and its companion program in Alaska and replace them with two narrower, more limited programs. ACF has also been working to limit programs eligible for inclusion in the 477 program, which is a critical tool Tribal Nations use in exercising our sovereignty over HHS programs. All of these actions represent an intent to diminish resources Tribal Nations rely on and have a right to access, and none of them were brought to Tribal Nations for consultation prior to being pursued by ACF. We urge ACF to reconsider these proposals and commit to engaging in Tribal consultation on any future efforts to amend these programs.

Consideration of Tribal Nations' unique status and our nation-to-nation relationship with the US government is also critical when it comes to issues like behavioral health resources. In January this year, the Substance

Abuse and Mental Health Services Administration (SAMHSA) and the Administration abruptly canceled and then quickly reinstated close to $2 billion in behavioral health and substance use disorder grants and programs. Many of these programs support Tribal Nations. While the interruption was brief, the original decision caused widespread uncertainty regarding the future of these programs. AI/AN people experience disproportionate rates of substance use disorders and behavioral health disorders, and the wellbeing of our communities will suffer if SAMHSA programs and services are eliminated at that magnitude. USET SPF urges SAMHSA to recognize its obligation to ensure these resources are not diminished, and provide assurance that Tribal Nations and Tribal organizations will not be impacted in any future efforts to majorly reduce SAMHSA programs and funding.

Improving Healthcare in Indian Country Will Require Investment and Coordination Across HHS
USET SPF reminds HHS that as arms of the federal government, each Operating Division and every staff member at the Department is responsible for upholding the federal trust and treaty obligations to provide for Tribal healthcare. Improving healthcare and health outcomes in Indian Country will require coordination and significant investment across all HHS Operating Divisions. Importantly, it will require consideration of the unique nature of the Indian Health Systems in policy and regulation.

Tribal Nations use programs and services across the Department to support public health activities and deliver critical resources like Head Start, substance use disorder treatment and prevention services, and elder nutrition programs to our citizens. However, the structure of most non-Tribal specific programs prevents many Tribal Nations from accessing these resources. At present, most Tribal Nations only access a fraction of the HHS resources for which we are technically eligible, as many HHS programs were not structured with Tribal Nations in mind. It is not enough for Tribal Nations and organizations to be eligible awardees within broader programs; we need dedicated Tribal set-asides within these programs.
The majority of programs at HHS are delivered via competitive grant mechanisms, which is problematic for Tribal Nations for a number of reasons. In non-Tribal specific programs, grant mechanisms force Tribal Nations to fight not only against state, local, and nonprofit entities, but also against each other for limited resources. For the many Tribal Nations who struggle with limited capacity or lack grant writing expertise, it can be impossible to secure funding. Tribal set-asides within HHS programs would help ensure that Tribal Nations can access more of the funding for which we are eligible.

USET SPF also continues to urge the Department to pursue self-governance expansion across HHS programs, both as an avenue for pursuing improvements in Tribal health and wellness and as a fuller recognition of Tribal Nations' inherent sovereignty. We share the Administration's understanding that local communities, such as Tribal Nations, are best suited to address their people's needs and keep them safe. We are aligned in the desire for the federal government to remove barriers that prevent Tribal Nations from effectively caring for our people. Self-governance expansion in HHS programs would support these shared goals. Tribal Nations have proven over decades that we are capable of operating complex health systems and have used our existing self-governance authorities to make measurable improvements in our communities' health. We urge HHS to work alongside Tribal Nations to advocate for the statutory authorities to expand self-governance that may be necessary, and work internally to expand self-governance using its administrative authorities where possible.

Priorities for the Centers for Medicare and Medicaid Services (CMS)
One of the most critical priorities for protecting and advancing the health of AI/AN children and families is preservation of our access to Medicare and Medicaid. These programs are major avenues through which the federal government fulfills its trust and treaty obligation to provide for AI/AN healthcare. Medicaid in particular serves a third or more of the AIAN population in the United States, and reimbursements from the

Medicaid program constitute a significant portion of IHS and Tribal health care program budgets. The Indian Health System constitutes less than 1% of overall federal spending on Medicaid, but it is estimated that Medicaid billing constitutes from 30% to up to 60% of the operating budgets at most IHS and Tribal health facilities. These funds provide a critical bridge in funding between IHS and other health care systems; therefore, any limitations or reductions in Tribal access to Medicaid or Medicare could have dire consequences for the Indian Health System.

With the passage of the One Big Beautiful Bill Act, we extend our appreciation to the Administration and Congress for ensuring that AI/AN people will be exempt from the new community engagement, cost-sharing, and 6-month redetermination timeline requirements for certain Medicaid beneficiaries in recognition of the federal government's obligation to provide healthcare to our people. But in order to realize the full benefit of these exemptions for AI/AN people, states will need guidance on how to identify AI/AN people eligible for the exemptions and how to configure their systems to ensure exempted individuals are not wrongfully penalized for not complying with the new requirements. To achieve this, we support current efforts by the CMS Tribal Technical Advisory Group (TTAG) to develop guidance in coordination with CMS for states on how to implement and operationalize these exemptions. We urge CMS to work quickly on this matter, as states need this information as soon as possible. These requirements go into effect on January 1, 2027, but some states are already moving forward with implementing the community engagement requirements, and all impacted states will be working in the coming months to reconfigure their systems and processes ahead of implementation. CMS has a responsibility to issue timely guidance to states on these exemptions to ensure that Tribal access to the Medicaid program is preserved as Congress intended.

Another priority for Tribal Nations within CMS that will require coordination across units of government is traditional healing services. USET SPF urges CMS to provide robust technical assistance to states on the development of Section 1115 waivers to reimburse Tribal providers for traditional healing services. We appreciate the work done previously to develop and approve the initial 4 waivers, and we now request that CMS provide all support necessary to aid other states in developing and implementing traditional healing waivers. To more fully support traditional healing practices, HHS should explore avenues for increasing reimbursement or funding sources for these practices across the agency's operating divisions, not just CMS. This could include funding for Tribal Nations to research traditional healing practices, educate future traditional healing practitioners, or expand the types of services that can be offered.

Health Science and Research Must Honor Tribal Data Sovereignty

This Administration continues to focus on increasing innovation in the Indian Health System and enhancing data collection and research in Tribal communities. While we support these priorities in concept, the Department must pursue these priorities in close consultation with Tribal Nations and keep Tribal data sovereignty at the center of these proposals. USET SPF consistently advocates for better Tribal data access and resources to support Tribally driven health research and science, but we fear that certain proposals in the FY 2027 President's Budget Request may not properly consider Tribal Nations' priorities in this space, or our historical distrust of the health and science systems.

Within the Office of Strategy, HHS has proposed a new $14 million Tribal Health Quality Initiative to "develop and produce [T]ribally specific and culturally competent data and healthcare resources that will inform policies and improve the quality and safety of health services for American Indian and Alaskan Native populations." As part of this initiative, HHS has proposed to allocate $4 million to adapt the existing Comprehensive Unit-based Safety Program (CUSP) to Tribal systems and create a "Tribal Consumer Assessment of Healthcare Providers and Systems Database." While we support the goal of creating safer

environments for the patients we serve, we are hesitant to support proposals that could create additional databases about, rather than for, Tribal populations. Tribal Nations are sovereign governments who enjoy the same statutory Public Health Authority that state governments do, but our experiences with data collection and access are very different. Tribal Nations consistently report an inability to access health data that has been collected on our lands and about our people, despite a statutory right to access this information. Generations of unsavory research practices in Indian Country have also bred distrust of programs seeking to collect more information about us. We are also uncertain that the CUSP will be applicable or valuable to Tribal health programs, as the Indian Health System is unique and unlike other American health systems.

HHS has also proposed to allocate $5 million to use the Healthcare Cost and Utilization Project (HCUP) and "its partnership with states as a model for data collection and analysis for local [T]ribal communities." USET SPF cautions HHS against using state programs and systems as a model for working with Tribal health programs, particularly when it comes to cost, service utilization, and health outcomes. Nearly every aspect of the Indian Health System – from our cost and reimbursement structures to the drivers of care quality and access, to the ways healthcare is delivered in Tribal programs – is incomparable to other health systems. Additionally, USET SPF is concerned that this proposal suggests that vast amounts of Tribal data would be collected and fed to the large HCUP database system. These databases include a vast range of encounter-level data on healthcare costs, outcomes, quality, and utilization and are used to inform research and policymaking across the private and public sectors. Beyond being inapplicable to our system, incorporating Tribal data into this system of databases may violate Tribal data sovereignty and our right to control how and when our communities' data is used. Tribal Nations may wish to access this data in pursuit of improving our own health programs, but we must not be forced to share this data with the vast range of entities that have access to the HCUP databases.

Before pursuing these proposals, USET SPF urges HHS to consult with Tribal Nations on our goals and priorities in this space to avoid inadvertent harm to our communities and honor Tribal Nations' inherent right to control our data and how it is used.

Ongoing Concerns with IHS Realignment

USET SPF continues to be concerned with proposals in the IHS realignment plan. We acknowledge that the plan is still under consideration and subject to change, but the Indian Health System hinges on the IHS operating properly, and we want to take the opportunity to reiterate some of our concerns as the Department considers the next step for IHS realignment.

We are particularly concerned with proposals in the realignment plan to change the Area Office structure, including those that would centralize many functions currently performed by the Area Offices and strip them of decision-making authority. If IHS is concerned with consistency across Areas, instead of centralizing functions at Headquarters, the agency should invest in training and create policies that ensure consistency while maintaining local control at the Area level. We acknowledge that variations in Area performance can contribute to many issues, but the relationships and institutional knowledge held at the Area level must not be compromised. We are concerned that the information presented in the executive summary and supplemental documents regarding the self-governance negotiation process may not fully represent the changes that will happen as a result of realignment.

USET SPF reiterates the request made in our comments to IHS for the agency to provide a more detailed proposal for realignment that addresses these concerns and ambiguities and hold another round of Tribal consultation on this amended proposal. Realignment has the potential to shape operations and services at

IHS for decades to come, and HHS therefore has a responsibility to ensure that the plan has been properly consulted upon.

Conclusion

USET SPF appreciates this annual opportunity to provide input on the HHS budget and reminds the Department of its responsibility to protect the Indian Health System from funding and policy changes that could harm it. Our people prepaid for our healthcare through the cession of vast lands and resources to the United States, which created the federal government's trust and treaty obligations that exist in perpetuity. We urge HHS to consider our comments and work to secure increased, sustained resources for AI/AN healthcare. Beyond protecting and increasing budgetary resources, HHS must also support programs and authorities that expand Tribal sovereignty and our ability to administer programs and services in our communities in ways that are responsive to our communities' priorities. USET SPF stands ready to support HHS in these endeavors and urges the agency to honor its obligations to Tribal Nations. Should you have any questions or require further information, please contact Ms. Liz Malerba, USET SPF Director of Policy and Legislative Affairs, LMalerba@usetinc.org or 615-838-5906.

Sincerely,

Kirk Francis
President

Kitcki A. Carroll
Executive Director