FY 2027 Outside Witness Testimony of United South and Eastern Tribes Sovereignty Protection Fund
Senate Appropriations Subcommittee on Labor, Health & Human Services, Education and Related Agencies

Chair Capito, Ranking Member Baldwin, and members of the Subcommittee, thank you for the opportunity to provide testimony regarding our funding priorities for Fiscal Year (FY) 2027. 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. USET SPF member Tribal Nations are within the Eastern Region and Southern Plains Region of the Bureau of Indian Affairs (BIA) and the Nashville Area of the Indian Health Service (IHS), covering a large expanse of land compared to other regions. Due, in part, to this large geographic area, USET SPF Tribal Nations have great diversity in cultural traditions, land holdings, and resources.

Foundations of Tribal Nations' Governmental Status and Federal Obligations. As the Subcommittee is likely aware, Tribal Nations are and always have been inherently sovereign governments that have strong political relationships with our Tribal citizens and community members. We govern and police our lands, and we provide services aimed at keeping our communities safe and healthy. Tribal Nations also have political, government-to-government relationships with the United States, and we prepaid with our lands and resources for trust and treaty obligations that the United States owes us. The U.S. Constitution singles out Tribal Nations and Native people as unique, and the U.S. Supreme Court has time and again affirmed the principle that United States actions that deliver on trust and treaty obligations to Tribal Nations, Tribal citizens, and Tribal communities do not run afoul of the U.S. Constitution's equal protection requirements.

The United States fulfills its trust and treaty obligations through the direct delivery of Tribal programs and services to Tribal communities and through provision of federal funding to Tribal Nations and Tribal organizations serving Tribal Nations so that we may provide services to our communities in a self-governing manner. Any Tribal program or funding delivered to Tribal Nations and Native people—including through Urban Indian Organizations and Tribal organizations serving Tribal Nations—is provided in furtherance of the United States' trust and treaty obligations. The federal employees necessary for the support of those Tribal programs and the disbursement of those Tribal funds are also part of the trust and treaty obligations. The United States further has a duty to consult government-to-government with Tribal Nations on federal actions that may have Tribal implications, including implications on delivery of trust and treaty obligations. These actions are not discretionary; they are legal obligations rooted in the U.S. Constitution, trust and treaty obligations, and long-standing federal statutes.

For example, 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.

As a key Department tasked with delivering on the trust obligation through programs and services to Indian Country, HHS and Congressional appropriators must work with Tribal Nations and communities to address chronic shortfalls and federal failures to live up to 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 testimony.

Administration Actions Affecting Delivery of Trust and Treaty Obligations. 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 with 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. Indian Country programs 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.

Tribal Nations, the 119th Congress, 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.

For example, the 340B Drug Pricing Program at the Health Resources and Services Administration (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.

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 sought 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.

Finally, in January of 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. Native 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. SAMHSA must 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.

We note and deeply appreciate that this Subcommittee, in exercising its oversight responsibilities, included important guardrails for the Administration with regard to agency realignment and the reprogramming of

Congressionally appropriated funds in FY 2026 appropriations. We call upon this Subcommittee and all appropriators to continue to ensure that these directives and limitations are faithfully honored by the Administration. More broadly, we call upon you to do your part in upholding trust and treaty obligations, including by appropriating the funding for programs and federal employees that Indian Country is owed and by assisting the Administration in understanding and meeting its legal obligations to us.

Chronic Underfunding of Existing Obligations. The Administration's indiscriminate implementation of its priorities is exacerbating the chronic underfunding of federal trust and treaty obligations. Indian Country, including the federal employees delivering the services we are owed, is already forced to operate without appropriate resources. The impacts of this failure to deliver upon federal promises are visible throughout Tribal Nations and communities. By nearly every measure and indicator, Tribal Nations and our citizens face a lower quality of life than do others in the United States. Now, the Administration is proposing a vast increase in defense discretionary spending that, without an equal increase in non-defense discretionary spending, would likely result in across-the-board funding cuts to non-defense programs. The continued disruption of what little resources are flowing will only deepen the divide between Indian Country and the rest of America.

As the Subcommittee is well aware, Native people have endured many injustices as a result of federal law and policy, including federal actions that sought to terminate Tribal Nations, assimilate our people, and erode Tribal territories, learning, and cultures. The resources ceded by Tribal Nations, oftentimes by force, are the very foundation of this nation, allowing the U.S. to become the wealthiest and strongest world power in history. Federal funding and services to Tribal Nations and our citizens and communities are simply a repayment on this debt. As such, we must never be forced to shoulder the costs of deficit reduction or asked to accept

FY 2027 President's Budget Proposal for HHS. The FY 2027 budget proposes proposals would eliminate or significantly reduce funding for many programs supporting Native health within HHS. The FY 2027 President's Budget for CDC eliminates the entire Chronic Disease Prevention function, meaning programs including Good Health and Wellness in Indian Country, Tribal Practices for Wellness in Indian Country, Tribal Epidemiology Centers Public Health Infrastructure, and the National Diabetes Prevention Program would receive no funding in the request if Congress enacts these proposed levels. Within SAMHSA, the budget proposal would eliminate the State Opioid Response program and its Tribal Opioid Response set-aside, the Minority HIV/AIDS Fund and its Tribal set-aside, and Tribal Behavioral Health Grants. The Initiative for Improving Native American Cancer Outcomes faces elimination through the proposed termination of NIMHD at NIH. Congress funded these programs in FY 2026. We urge you to fund them again in FY 2027 and go further to protect programs supporting Native health outcomes through Tribal set-asides and report language where necessary.

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 is concerned that the Administration's silence on a FY 2027 proposed funding level is indicative of a desire to eliminate the program.

Also at 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.

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 the Administration has yet to share more specific details regarding these programs' goals and scope and commit to conducting Tribal consultation at every stage of program development and implementation.

Tribal Set-Asides Throughout HHS. We continue to remind HHS that 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. Specifically, we urge you to:

- Maintain all enacted Tribal set-asides at or above FY 2026 enacted levels;
- Adopt the Tribal set-asides and increases included in the FY 2026 House mark that were not included in the final enacted bill, and include Tribal set-asides in health programs where AI/AN populations face disproportionate burden;
- Preserve designated standalone Native health programs from elimination and increase funding where possible; and
- Establish or strengthen report language to ensure Tribes, Tribal organizations, and Urban Indian Organizations can access programs where dedicated funding is not explicitly protected in the bill.

Expansion of Self-Governance Authority. USET SPF also continues to urge the Department and Congress 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 Congress to work alongside Tribal Nations to enact any necessary statutory authorities to expand self-governance.