USET
SOVEREIGNTY PROTECTION FUND

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The Honorable Mark Cruz
Director
Indian Health Service
5600 Fishers Lane
Rockville, MD 20857

Dear Director Cruz,

On behalf of the United South and Eastern Tribes Sovereignty Protection Fund (USET SPF), we write to provide the Indian Health Service (IHS) with feedback and recommendations in response to the request for Tribal consultation on the use of available funding in the Special Diabetes Program for Indians (SDPI). The SDPI is one of the most successful public health programs both in Indian Country and the broader United States health system, and it is essential that the use of this funding is guided by Tribal priorities and expertise. USET SPF's recommendations align with those provided by the IHS Tribal Leaders' Diabetes Committee (TLDC) and focus on ways the agency can strengthen and expand the SDPI within its current structure and scope of work.

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.

Recommendations on Use of Funding from Increased Congressional Appropriations
As IHS considers the best uses for the additional funds, we urge the agency to focus on improving current efforts in treatment, prevention, and care coordination within existing SDPI scopes of work by providing

[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).

additional supplemental payments for the current grant cycle and amend the grant formula in the next cycle to increase all grantees' awards proportionally. USET SPF recommends that IHS request approval to provide the current grantees with supplemental payments greater than 25% of their award amount in FY 2026 and 2027. IHS could then restructure the 2028 grant cycle in a way to provide additional funding to each awardee. We agree with the TLDC that IHS should avoid focusing efforts on creating any new or separate programs within the SDPI and instead recommit to using these funds to enhance and improve the SDPI within its current structure.

Encouraging Full Spend Down of SDPI Funds During the Grant Period

IHS has suggested that one of the biggest issues within the SDPI is carryover and delayed spend down of funds. As a reminder, USET SPF long advocated for resources from the Special Diabetes Program for Indians (SDPI) to be eligible for self-governance contracting and compacting. Not only would this better honor Tribal sovereignty and self-determination, from a practical standpoint it would allow for vastly improved integration of SDPI activities and funding into existing health programs. This would undoubtedly result in a swifter utilization of SDPI resources and better responsiveness to community circumstances. We continue to urge IHS to ensure that SDPI funding be eligible for inclusion in self-governance contracts and compacts under ISDEAA, rather than grants.

In addition, the agency has rightly identified that additional educational and technical assistance resources may be helpful in this regard. As the Nashville Area Diabetes Coordinator (ADC), USET agrees that both grantees and ADCs could benefit from additional guidance on allowable uses of funds and the authority grantees have over their programs' direction. More explicit guidance from IHS regarding allowable uses of funds and the process for getting expenditure approval from all required parties could be helpful for grantees. This could include training opportunities that bring together SDPI coordinators, health directors, Tribal governments and finance departments to create clear approval processes. This effort could be complimented by providing additional funding for the ADCs, as this would enhance their ability to provide trainings, guidance, and collect and share best practices among grantees in their Areas.

Open Future Funding Cycles and Initiatives to New Grantees

USET SPF urges IHS to ensure that any future funding cycles must be open to new grantees. The SDPI has been successful in decreasing diabetes prevalence and mortality in Indian Country, and all Tribal Nations and eligible organizations should have the opportunity to access these funds. With each year, more and more Tribal Nations and organizations are expanding their health programs and seeking resources to provide programming and services to their communities. The SDPI should not be limited to those Tribal Nations and organizations with the ability to write for and secure SDPI grants in prior cycles. As the IHS is well aware, the capacity and expertise necessary to pursue and administer competitive grants varies widely among Tribal Nations. Some smaller, under-resourced Tribal Nations, including Tribal Nations who have only gained federal recognition in the last several years, were not ready to apply for the last SDPI grant cycle, but this should not preclude them from applying for future funding opportunities. More broadly, IHS should move away from competitive grant models both because of these differences in capacity and resources that disadvantage certain Tribal Nations, and because the federal trust and treaty obligations owed to Tribal Nations apply equally. Therefore, no Tribal Nation should be forced to compete against another for resources we are owed.

The SDPI reaches over 300 grantees in Indian Country and has the potential to reach even more with the increased funding. IHS has an opportunity to use these enhanced resources to simultaneously strengthen the program for current grantees and extend the SDPI's reach by opening the grant to new awardees.

USET SPF strongly encourages IHS to ensure all future funding opportunities are open to new grantees so the SDPI's success may reach more of Indian Country.

Honor TLDC Guidance During SDPI Consultation

The IHS Tribal Leaders' Diabetes Committee (TLDC) has provided guidance and recommendations regarding the use of the additional SDPI funding and the IHS should align the program's direction with the TLDC's guidance. According to the Committee's charter, the TLDC is charged specifically with providing recommendations to the IHS Director regarding the distribution of SDPI funds.

However, IHS has thus far ignored clear recommendations from the TLDC regarding the use of the new funding and prior carryover funds. At the TLDC meeting in March 2026, IHS first proposed to create a new, separate initiative to spend down the additional funding. The Committee largely rejected the idea and recommended that the majority of the carryover funding be distributed via supplemental payments to current grantees in Fiscal Years 2026 and 2027 and that funds from future appropriations be used to strengthen the next grant cycle in 2028. At the time, IHS agreed to issue supplemental payments to current grantees, and indicated to the TLDC that the supplemental award cap had been removed and grantees may, therefore, be eligible to receive more than 25% of their current award amount. The TLDC also requested IHS convene formal Tribal consultation on the use of the SDPI funding increase expeditiously, as the end of the fiscal year and the current grant cycle are both fast approaching and grantees need time to spend additional funds.

In May 2026, IHS issued a Dear Tribal Leader Letter (DTLL) announcing that current grantees would receive supplemental payments equal to 25% of their current grant award – a lower percentage than was indicated to the TLDC. The DTLL also stated IHS's intention to hold Tribal consultation on the increased funding shortly. However, by the June TLDC meeting, IHS had not yet initiated Tribal consultation and instead only drafted potential consultation questions for the TLDC to review. Following the June meeting, the Tribal representatives on the TLDC sent IHS an updated set of questions aligned with its position that the additional funding be used to strengthen and enhance the SDPI within its current structure.
When IHS finally announced Tribal consultation in July 2026, two issues were evident. First, IHS elected not to conduct live (in-person, virtual, or hybrid) Tribal consultation on this topic, choosing instead to limit consultation to a short written comment period. This decision does not align with the spirit of the TLDC's recommendation or repeated requests from Indian Country to conduct robust Tribal consultation on this issue. Nor does it provide Tribal Nations with an opportunity to engage in dialogue with the IHS about the thought process behind the DTLL's questions and potential agency plans for the SDPI increase beyond grantee increases.

Second, IHS disregarded many of the TLDC's recommendations regarding the consultation questions. The TLDC's redrafted questions contained numerous references to how the available funds might be used to strengthen programs within the existing SDPI structure and scope of work. The questions ultimately posed by IHS in the DTLL asked how current programs and scopes of work could be strengthened only through the 25% supplemental funding rather than the full available funding amount on which IHS is seeking consultation. The rest of the questions appear to center on the new prevention-focused initiative proposal the TLDC has rejected twice in the last 6 months.

The TLDC is not a replacement for formal Tribal consultation, but that does not mean the IHS should disregard recommendations of the committee they charge to provide guidance on these issues. Central to the TLDC's function and purpose is making recommendations regarding the distribution of SDPI funds and

the representatives on the Committee take their responsibility to bring forward Areas priorities for the program seriously. We would ask that IHS do more to include this guidance as a part of the consultation process. Our recommendations for the SDPI align with many of the TLDC's positions, and we strongly encourage IHS to listen to Indian Country by using the available funds to strengthen and enhance the SDPI through its current structures and scopes of work.

Conclusion

USET SPF appreciates the opportunity to provide IHS with recommendations regarding the use of available SDPI funding. The SDPI has a nearly 30-year record of success in exponentially reducing diabetes prevalence and mortality in Indian Country. Tribal Nations and organizations have been advocating for additional SDPI resources for years, and it is critical that these increased resources be used appropriately and in ways that align with Tribal priorities. USET SPF urges IHS to align the SDPI's direction with recommendations from the TLDC and focus its efforts on improving and expanding access to the existing SDPI program. 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 615-838-5906.

Sincerely,

Kirk Francis
President

Kitcki A. Carroll
Executive Director