

November 13, 2020

RADM Michael D. Weahkee  
Director, Indian Health Service  
U.S. Department of Health and Human Services  
Mail Stop: 08E37A  
5600 Fishers Lane  
Rockville, MD 20857

**RE: Expanding Tribal Self-Determination and Self-Governance Authority for Special Diabetes Program for Indians**

Dear RADM Weahkee:

On behalf of the undersigned national and regional Tribal-serving organizations, we write to make clear the policy positions and objectives of Tribal Nations towards the future of the Special Diabetes Program for Indians (SDPI), and our collective advocacy to amend SDPI's governing statute to permit Tribal Nations and Tribal organizations to receive SDPI awards through Title I self-determination contracts or Title V self-governance compacts authorized under the Indian Self-Determination and Education Assistance Act (ISDEAA). **We urge IHS to view this letter as the final and official position of Tribal Nations on a legislative amendment to treat SDPI program funds in the same manner as other program funds eligible for inclusion in ISDEAA agreements, and to commit to working with Congress to achieve this change.**

The Tribes have drafted legislative language to achieve the goal of permitting Tribes and Tribal organizations to receive SDPI awards through ISDEAA agreements. This language has been shared extensively with congressional authorizers in official letters and testimonies including to the Senate Indian Affairs Committee; Senate Health, Education, Labor and Pensions Committee; and the House Energy and Commerce Committee. This language is also strongly supported by the sponsors of S.3937 - SDPI Reauthorization Act of 2020. The language is as follows:

***“(2) DELIVERY OF FUNDS.— On request from an Indian tribe or tribal organization, the Secretary shall award diabetes program funds made available to the requesting tribe or tribal organization under this section as amounts provided under Subsections 106(a)(1) and Subsection 508(c) of the Indian Self-Determination Act, 25 U.S.C. § 5325(a)(1) and § 5388(c), as appropriate.”***

Tribes and Tribal organizations are advocating for this new legislative authority for SDPI in order to achieve the following goals:

- Provide greater local Tribal control over SDPI program operations to help maximize SDPI's effectiveness;
- Better integrate SDPI within Tribes' larger diabetes prevention efforts;
- Streamline and simplify SDPI reporting and grant compliance requirements; and,
- Ensure Tribal access to Contract Support Costs (CSC) to support SDPI operations<sup>1\*\*</sup>

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<sup>1\*\*</sup> It is the position of the Tribes that CSC support for SDPI should be derived from IHS's annual discretionary CSC appropriations. CSC support for SDPI should **not** come in the form of a new line item within the SDPI budget. Instead, IHS – in

Tribes and Tribal organizations have been fighting tirelessly for long-term reauthorization and increased funding for SDPI. Integral to these efforts have been strides to achieve structural reform to SDPI in ways that further honor Tribal sovereignty, self-determination, and self-governance. This is precisely what the language outlined on page 1 is intended to accomplish.

Importantly, this legislative language does not abolish the grant structure of SDPI overall, and this was intentional. The language clearly states that the ability to include SDPI program funds in an ISDEAA agreement rests “*on request from...*” a Tribe or Tribal organization. The Tribes deliberately did not make it a requirement for SDPI funds to travel through Title I contract or Title V compact in order to ensure that both Tribal Nations that have elected to remain Direct Service and the roughly two dozen urban Indian organizations that are funded by SDPI can continue accessing the program as they have in the past.

In short, the language seeks to finally honor SDPI for the powerhouse that it is by increasing Tribal choice in the delivery of program funds, while retaining the flexibility for all SDPI awardees to continue to benefit from this life-saving program. This is a position supported by the overwhelming majority of Tribal Nations and the regional and national Tribal organizations that advocate on their behalf. To demonstrate this, we have listed a few Tribal Resolutions supporting an amendment that increases Tribal choice in the delivery of funds to SDPI’s structure.

- National Indian Health Board (June 2012)
- National Congress of American Indians (November 2019)
- Northwest Portland Area Indian Health Board (July 2019)
- California Rural Indian Health Board (July 2019)
- Alaska Native Health Board (August 2019)

### **Background**

The Tribes have repeatedly proven SDPI’s effectiveness, because the program stands on the shoulders of Tribal sovereignty. As you know, just a few weeks ago IHS submitted its 2020 report to Congress on SDPI. That report only reaffirmed what the Tribes have known for years – no public health program compares to the achievements of SDPI. We have highlighted a few of the report’s findings below:

- For the first time ever, diabetes prevalence has decreased among Native adults. Between 2013 and 2017, prevalence of type II diabetes dropped from 15.4% to 14.6% among Native adults. According to the report, neither the general U.S. population *nor any other* U.S. ethnic group has shown a decrease in type II diabetes prevalence. That is a major feat for Indian Country, and it’s all at the hands of SDPI.
- Between 1999 and 2017, rates of diabetes-related mortality decreased by 37% among Native people. Similarly, rates of End Stage Renal Disease (or ESRD) decreased by 54%, and rates of diabetic eye disease decreased by 50%.
- Also, between 2000 and 2015, rates of hospitalization for uncontrolled diabetes decreased by 87%.

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close consultation with Tribal Nations and organizations – should work with Congress to proportionally increase IHS’s annual CSC funding via separate, indefinite appropriation to accommodate the CSC needs for SDPI.

- Finally, last year the Office of the Assistant Secretary for Planning and Evaluation reported that the reduced rates of diabetes-related kidney failure have resulted in an estimated savings to Medicare of up to \$520 million over 10 years. These savings alone are equivalent to over three years of funding for SDPI.

Despite these unmatched successes, never in SDPI's twenty-two year history has it endured the degree of uncertainty and strife that it has over the past thirteen months. Since September 30, 2019, SDPI has endured five short-term extensions ranging from several weeks to several months. Its most recent extension under H.R. 8337 – Continuing Appropriations Act, 2021 and Other Extensions Act – is for a mere eleven days.

This disruption has been occurring under the backdrop of an international pandemic that has disproportionately impacted Native People – with infection rates 3.5 times higher than non-Hispanic Whites, and hospitalization rates 4.3 times higher. The greater irony is, according to the Centers for Disease Control and Prevention (CDC), diabetes is a pre-existing condition that increases risk for a more serious COVID-19 illness – another illness that continues to impact Native people at higher rates than any other population. SDPI is literally the program that can do something about the dual endemics of diabetes and COVID-19. But instead of having long-term assurances of funding for SDPI to continue reducing diabetes and respond to COVID-19, SDPI programs are breaking at the seams under these short-term extensions.

NIHB led a national survey of SDPI grantees to gain more insight into how the COVID-19 pandemic combined with these short-term reauthorizations have impacted program operations. The findings are stark and alarming. Of the over 300 grantees:

- 43 percent are experiencing cuts to program services
- 1 in 4 programs have delayed purchasing medical equipment to treat and monitor diabetes
- 1 in 5 programs have furloughed healthcare providers

To be clear, we recognize it the duty of Congress to reauthorize SDPI; but we cannot overlook the impact of IHS's technical assistance (TA) to Congress on SDPI from July 24, 2020 on Tribal efforts to achieve reauthorization. On September 10, NIHB submitted a letter to you outlining the Tribes' grave concerns with that TA from IHS and the fact that it ran afoul of Tribal recommendations, guidance, and positions towards SDPI. On September 23, you testified before the Senate Indian Affairs on S. 3937, among other legislation. Therein, you made a commitment to work to clarify the IHS TA and also reaffirmed IHS's commitment to SDPI and to Tribal self-governance.

We hope, therefore, that you will act on the request outlined at the beginning of this letter, which is also in keeping with the commitment you made to Congress in September. We patiently remind you that IHS has a legal obligation to support Tribal self-determination and self-governance, and to advance the treaty and trust obligations of the United States for healthcare for all Tribal Nations and AI/AN people.

### **Conclusion**

In summary, the Agency is well aware that the overwhelming majority of Tribes are working to gain the authority to receive SDPI funding through existing Title I or Title V contract and compact agreements. The Tribal legislative language inserted at the top of this letter makes crystal clear the position of the Tribes on what an amendment to SDPI's structure should look like. We also

reiterate that CSC support for SDPI should be derived from IHS's annual CSC appropriations, and not from SDPI's funding. We urge IHS to work Congress to proportionally increase annual CSC appropriations to accommodate CSC needs for SDPI.

Thank you for your attention to this letter. We look forward to working with you to act on this urgent priority.

Sincerely,

National Indian Health Board  
Wichita and Affiliated Tribes  
Alaska Native Health Board  
California Rural Indian Health Board  
Great Lakes Area Tribal Health Board  
Inter-Tribal Association of Arizona  
Northwest Portland Area Indian Health Board  
Rocky Mountain Tribal Leaders Council  
Self-Governance Communication and Education Tribal Consortium  
Southern Plains Tribal Health Board  
United South and Eastern Tribes Sovereignty Protection Fund