

National Indian Health Board



Submitted via e-mail: consultation@ihs.gov

May 18, 2018

RADM Michael D. Weahkee, M.B.A., MHSA
Assistant Surgeon General, U.S. Public Health Service
Acting Director
Indian Health Service
5600 Fishers Lane
Rockville, MD 20857

RE: Tribal Consultation on SDPI Funding Distribution for FY 2019

Dear RADM Weahkee:

On behalf of the National Indian Health Board (NIHB)¹, I write to you regarding the April 13th Dear Tribal Leader Letter (DTLL) initiating Tribal Consultation on the distribution of funding for the Special Diabetes Program for Indians (SDPI) in fiscal year (FY) 2019. Thank you for the opportunity to provide comments and thank you for extending the comment deadline to May 17th as you indicated on the May 14th All-Tribes Call.

Few programs have proven to be as effective as the Special Diabetes Program for Indians (SDPI). Tribes are implementing evidence-based approaches that are attesting to the improvement of quality of life, lowering treatment costs, and yielding better health outcomes for Tribal members. However, the disparities still exist. The progress made as a result of the SDPI is at risk due to shorter authorization periods, flat funding and more Tribes needing access to SDPI funds, as reported in the Indian Health Service Special Diabetes Program for Indians 2011 Report to Congress.

¹ Established in 1972, the NIHB is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all American Indians and Alaska Natives (AI/ANs). The NIHB is governed by a Board of Directors consisting of a representative from each of the twelve Indian Health Service (IHS) Areas. Each Area Health Board elects a representative to sit on the NIHB Board of Directors. In areas where there is no Area Health Board, Tribal governments choose a representative who communicates policy information and concerns of the Tribes in that area with the NIHB. Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance Act (ISDEAA), or continue to also rely on IHS for delivery of some, or even most, of their health care, the NIHB is their advocate.

In addition, we were very disappointed to learn that the President's FY 2019 Budget Request to Congress proposed to move SDPI out of mandatory funding and into a discretionary funding. NIHB and Tribes have long-supported moving the entire IHS budget to mandatory funding, because the treaty agreements Tribal Nations made with the United States are not discretionary. A change from mandatory to discretionary could lessen SDPI as a priority compared to other IHS programs leading to decreased funding and program instability. As such, NIHB opposes the proposal to move SDPI from mandatory to discretionary spending (NIHB Resolution 18-07). We support continued mandatory funding for SDPI to uphold the trust responsibility and treaty obligations between the United States and Tribes. Mandatory funding provides for stability and allows participating programs more continuity and the ability to plan more long-term interventions and activities.

We also note that because the funding distribution for Tribes is of critical importance, meaningful consultation must take place in the future. While we appreciate your request in the DTLL for each Area Director to identify an upcoming Area meeting to discuss the consultation, IHS' own Tribal Consultation Policy says that specific consultation mechanisms include "sessions at roundtables, forums, and meetings [to] provide the opportunity for meaningful dialogue and effective participation by the Indian Tribe(s)."² We were disappointed that there was no national in-person consultation session nor was there an All-Tribes call. In the future, we request that IHS hold an in-person consultation session(s) to provide for effective participation and meaningful dialogue.

In terms of the funding distribution, NIHB recommends that no changes be made to the Community-Directed grant program or the Urban Indian Health Program for FY2019. NIHB does recommend that IHS increase transparency and accountability for Data Infrastructure Improvement Funds. While NIHB acknowledges that the infrastructure to support high-quality diabetes data must be met through a variety of agreements, licenses and contracts, NIHB recommends that IHS establish and require performance and accountability measures for entities supporting local, regional and national data related to SDPI programs. This includes regular Area level performance measures and reporting. This will ensure transparency, accountability, and assist Tribes in determining how to best use funds to support their Diabetes program.

NIHB further recommends that annual reports be provided to the Tribal Leaders Diabetes Committee (TLDC) to ensure Tribal Leaders are informed of the return on investment of important data infrastructure improvement dollars. In order to use data infrastructure funds efficiently and effectively, NIHB recommends that a portion of the FY19 data infrastructure improvement funds be allocated to conduct a program-level, Area level and national level data infrastructure needs assessment.

We look forward to continued engagement with you on this critically important and successful program and stand ready to provide any technical assistance or other information that you may need.

² Indian Health Service, Tribal Consultation Policy § 10 (Jan. 18, 2006)

Sincerely,

A handwritten signature in cursive script that reads "Vinton Hawley".

Vinton Hawley, Chair
National Indian Health Board

Attachment:

Opposition to the Proposal for Moving the Special Diabetes Program for Indians from Mandatory to Discretionary Funding as Outlined in the FY 2019 President's Budget Request (NIHB Resolution 18-07)

National Indian Health Board

National Indian Health Board Resolution 18-07

OPPOSITION TO THE PROPOSAL FOR MOVING THE SPECIAL DIABETES PROGRAM FOR INDIANS FROM MANDATORY TO DISCRETIONARY FUNDING AS OUTLINED IN THE FY2019 PRESIDENT'S BUDGET REQUEST

WHEREAS, the National Indian Health Board (NIHB), established in 1972, serves all federally recognized American Indian and Alaska Native (AI/AN) Tribal governments by advocating for the improvement of health care delivery and public health services to AI/ANs, as well as upholding the federal government's trust responsibility to AI/AN Tribal governments; and

WHEREAS, AI/AN adults are 2.4 times as likely as white adults to be diagnosed with diabetes; and were 2.7 times more likely to be diagnosed with end stage renal disease than non-Hispanic whites; and

WHEREAS, the Special Diabetes Program for Indians (SDPI), since 1997, has been enormously successful in reducing the rates of diabetes in Indian Country and reducing the complications due to diabetes with End Stage Renal Disease ending by 54% and dropping A1C levels by a whole percentage point among AI/ANs; and

WHEREAS, SDPI currently provides essential program funding to over 300 Tribal grantees in 35 states and;

WHEREAS, SDPI has always been authorized as mandatory appropriations which has created program stability and insulated it from funding cuts, sequestration or reallocations by the Indian Health Service; and

WHEREAS, the President's FY 2019 Budget Request to Congress proposed to move SDPI and other health programs out of mandatory funding and into discretionary funding without giving rationale or a path toward sustaining funding; and

WHEREAS, NIHB and the Tribes have long-supported moving the entire IHS budget to mandatory funding, because the treaty agreements Tribal Nations made with the United States are not discretionary; and

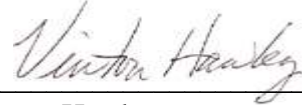
WHEREAS, it is unclear how moving SDPI to discretionary spending would impact the overall IHS funding, and the proposal does not identify any additional allocation to the Interior, Environment and Related Agencies Appropriations Subcommittee; and

NOW THEREFORE BE IT RESOLVED, the National Indian Health Board opposes the proposal to move SDPI from mandatory to discretionary spending and;

BE IT FINALLY RESOLVED, that the National Indian Health Board requests the Administration immediately withdraw this proposal to move SDPI to the discretionary budget.

CERTIFICATION

The foregoing resolution was adopted by the Board, with quorum present, on the 9th day of April, 2018 by affirmative vote of 11 FOR and 0 AGAINST with 1 ABSTENTION (Alaska Area).



Vinton Hawley
NIHB Chairperson

ATTEST:



Lisa Elgin
NIHB Secretary