

April 27, 2026

Clayton Fulton
Chief of Staff
Indian Health Service
5600 Fishers Lane
Rockville, MD 20857

Re: IHS TLDC Recommendations for SDPI Funding

Dear Mr. Fulton,

On behalf of the Indian Health Service (IHS) Tribal Leaders Diabetes Committee (TLDC), we write to provide recommendations regarding the administration and distribution of the Special Diabetes Program for Indians (SDPI) funding. As you are aware, SDPI remains a critical resource supporting prevention and treatment efforts across Indian Country, and its effective and equitable management is of paramount importance to Tribal communities.

After careful consideration, the TDLC respectfully submits the following recommendations:

1. Provide Calendar Years 2026 and 2027 Administrative Grant Supplements

The TDLC recommends that the IHS provide administrative grant supplements to all current SDPI grant recipients for Calendar Years 2026 and 2027. The TLDC recommends that the IHS utilize the maximum allowable percentage of unobligated SDPI funds to fully draw down current unobligated balances and distribute these funds expeditiously to current Tribal and Urban Indian program recipients. Given existing timelines and program needs, the TLDC requests additional clarity on any administrative caps or requirements associated with these funds and encourages the IHS to ensure distribution formulas remain equitable across all Areas. This approach will ensure continuity of program operations and support the necessary administrative capacity across all sites. The TLDC does not support new initiatives other than SDPI with SDPI funds; it is contrary to legislative intent, and the TLDC has previously recommended against new initiatives.

2. Initiate Tribal Consultation on Surplus Funding

The TLDC requests that the IHS initiate Tribal Consultation and Urban Confer regarding the allocation of surplus funding resulting from the increased Fiscal Year 2026 appropriations. Meaningful, robust Tribal Consultation and Urban Confer is essential to the successful administration of SDPI. This includes Consultation and Confer on recently allocated funding increases and future distribution methodologies. We respectfully note that Tribal leaders, Tribal Advisory Committees, and Tribal Organizations have consistently called for greater consultation and engagement regarding SDPI funding. The TDLC emphasizes that consultation can and should occur concurrently with the timely obligation of funds and in accordance with the IHS' Tribal Consultation policy, which

requires Tribal consultation with Tribes on the allocation of new funding.¹ Concerns regarding consultation timelines should not delay or impede this process.

3. Share Area-Specific Unobligated Funding Tools

The TLDC requests that IHS share all **12 IHS Area-specific unobligated funding totals** with the full TLDC. Transparency in these figures is essential to support informed decision-making and to ensure equitable distribution of resources across all Areas.

4. Provide an SDPI Data Impact Statement/Analysis

The TLDC further requests that IHS provide the Committee with a comprehensive **SDPI data impact statement and analysis**. This analysis must provide TLDC with a data impact statement and cost analysis outlining how diabetes audit reporting and data analysis would be affected if SDPI funding were provided through self-determination or self-governance contracts.

The TDLC remains committed to working in partnership with the IHS to strengthen SDPI and improve health outcomes for American Indian and Alaska Native people. We appreciate your attention to these recommendations and welcome the opportunity to continue our dialogue and consultation. Strengthening the partnership between the TDLC and the IHS is critical to ensuring the continued success of this important program.

Thank you for your leadership and consideration.

Respectfully,

Connie Barker,
Chickasaw Nation, Legislator
Tribal Leaders Diabetes Committee Co-Chair

CC: Carmen Licavoli Hardin, Director of Diabetes Treatment and Prevention, IHS
Mark Cruz, Senior Advisor to the Secretary

¹ Indian Health Service. (2024, November). *IHS Tribal Consultation Policy*. <https://www.ihs.gov/ihtm/pc/part-6/chapter-6-ihs-tribal-consultation-policy/#6-6.6A>