



MAR 12 2019

Dear Tribal Leader and Urban Indian Organization Leader:

I am writing to initiate Tribal Consultation and Urban Confer on short- and long-term options for meeting requirements of the Indian Self-Determination and Education Assistance Act (ISDEAA), specifically at 25 U.S.C. § 5324(*l*), also referred to as “105(*l*).”

This request for input is in follow-up to the Tribal Consultation and Urban Confer initiated by letter to Tribal Leaders and Urban Indian Organization Leaders on July 10, 2018, and the subsequent Agency decision letter dated September 14, 2018. Building on comments received during the fiscal year (FY) 2018 Tribal Consultation and Urban Confer, this is an opportunity to provide additional input on how to meet requirements of 105(*l*).

Last year, in order to meet FY 2018 105(*l*) lease funding requirements, the Indian Health Service (IHS) reprogrammed \$25 million from the \$70.4 million increase identified for inflation (*see Figure 1*). As described in the FY 2018 lump sum “Indian Health Services” (Services) letters to Tribal Leaders and Urban Indian Organization Leaders, other resources, such as supplemental appropriations, were not feasible, and the IHS was required to use existing appropriations within the FY 2018 account. Reprogramming a portion of the FY 2018 inflation increase represented the best option within the Agency’s control to protect base funding and minimize a disproportionate impact to parts of our IHS, Tribal, and Urban Indian health system.

For FY 2019, as of February 2019, the IHS has received 100 105(*l*) lease proposals from Tribes and Tribal Organizations, totaling approximately \$39 million. In addition to an initial \$5 million that the Agency has identified in the base Services appropriation, Congress provided a Services increase of \$25 million for Tribal clinic operational costs in FY 2019. This funding greatly increases our capacity to address the anticipated FY 2019 funding need; however, the full FY 2019 need remains unknown. The IHS is required to make additional funds available for this growing need.

As previously acknowledged, there are no perfect solutions within the Agency’s control for a sustainable funding source for 105(*l*) leases. We believe our best short-term option continues to be reprogramming a portion of the inflation increases first received in FY 2018. The FY 2018 reprogramming was done on a one-time basis in the hopes that other options might become available in FY 2019. Due to the continued need for resources beyond those identified for Tribal clinic operational costs in FY 2019, the IHS is legally required to use a portion of the funds included in the Services appropriation.

I am requesting your input on the Agency’s impending short- and long-term decisions for funding 105(*l*) lease cost agreements. The IHS must provide formal notification to Congress of any planned reprogramming of funds to meet short-term needs, but we want your input first.

In your responses, please consider what funds you recommend for reprogramming from the Services appropriation in the short-term (*see Figure 2*). Please also share your thoughts on an equitable and pragmatic approach to projecting these costs for FY 2019 (short-term) and future years (long-term). Costs are difficult to predict, beyond steep upward projections using current experience (*see Figure 3*), since a centralized list of all eligible tribally owned and/or leased space is not readily available and negotiated costs may change from year to year. The timing of proposals is also generally unknown in advance, since proposals are submitted at the discretion of Tribes and Tribal Organizations. Finally, along with any other comments you may have, please provide input on possible long-term solutions.

Please submit your comments by e-mail or by postal mail to the address below by **Friday, April 26, 2019**. If you wish to have your comments shared as submitted and posted on the IHS Web site, please indicate your request and consent by including the statement, “*Please share my/our comments.*” Comments submitted without this statement will be included in a final summary of comments received and shared without direct attribution to a specific entity.

Thank you for your support.

Sincerely,

/Michael D. Weahkee/

RADM Michael D. Weahkee, MBA, MHSA
Assistant Surgeon General, U.S. Public Health Service
Principal Deputy Director

Enclosure: Services Appropriation & ISDEAA § 105(l) Lease Costs

Send input by e-mail to:	consultation@ihs.gov Subject line: FY 2019 Funding for ISDEAA 105(l) Leases
Send input by postal mail to:	RADM Michael D. Weahkee, MBA, MHSA Assistant Surgeon General, U.S. Public Health Service Principal Deputy Director Indian Health Service 5600 Fishers Lane Mail Stop: 08E86 Rockville, MD 20857 ATTN: FY 2019 Funding for ISDEAA 105(l) Leases