Dear Urban Indian Organization Leader:

I am writing to initiate Urban Confer on the distribution of funding for the Indian Health Service (IHS or Agency) Special Diabetes Program for Indians (SDPI) in fiscal year (FY) 2021.

The SDPI has been funding diabetes treatment and prevention activities in IHS, Tribal, and Urban Indian Organization (UIO) health programs since FY 1998. With the extension included in the Continuing Appropriations Act, 2020, and Health Extenders Act of 2019 (H.R. 4378), the current SDPI authorization will expire on November 21, 2019. At the time of publication, we do not know if, or when, Congress will address authorization for the remainder of the final year of the current SDPI grant cycle (FY 2016-FY 2020) or the next grant cycle (FY 2021-FY 2025), nor do we know the total funding amount that might be authorized.

Regardless, the IHS will proceed with Urban Confer to ensure that all UIO Leaders have the opportunity to provide comments. The Tribal Leaders Diabetes Committee (TLDC) met on December 12-13, 2018, and recommended that the Agency conduct an Urban Confer on the distribution of SDPI funding for FY 2021 in the fall of 2019. When the Confer is complete, the TLDC will convene to review the comments and provide recommendations to IHS to consider prior to making a decision.

I invite UIO Leaders to provide input on the following Confer questions, as well as on any other issue related to the SDPI. Due to grants regulations, if SDPI funding is authorized, a new funding opportunity announcement will have to be issued for FY 2021. As such, UIO input is particularly important, as FY 2021 provides an opportunity for changes to the SDPI funding distribution and formula. As it is unlikely there will be an increase in overall SDPI funding, please take into consideration that a recommended increase in one component of the funding distribution would have to be offset by a decrease in another component.

1. Currently, the SDPI funding distribution is as follows:

   - Tribal and IHS Community-Directed grant programs $130.2 million
   - UIO Community-Directed grant programs $8.5 million
   - SDPI Support $6.1 million
   - Data Infrastructure Improvement $5.2 million

   a. If SDPI is funded at $150M, should there be changes in the funding distribution? If so, what changes should be made?

   b. If the SDPI receives an increase in funding above the current $150M, how should those funds be utilized?

   (Possible considerations could include funding Tribes and UIOs not currently funded, providing an increase for existing programs, etc.)
I have enclosed a detailed SDPI FY 2019 budget for your review. Each of the IHS Area Directors will identify an upcoming Area meeting or schedule a conference call to Confer with UIO Leaders on the SDPI FY 2021 funding distribution. UIO Leaders are welcome to contribute to these Area discussions and/or to submit written comments to urbanconfer@ihs.gov within the Confer period. The comment submission deadline is Monday, December 2, 2019.

The TLDC will review Tribal Consultation and Urban Confer comments from all 12 IHS Areas as they develop and submit their final national recommendations to IHS. A subsequent UIO Leader letter with the final decisions on the FY 2021 SDPI funding distribution will follow.

Thank you for your partnership on the SDPI over the past 22 years. IHS, Tribal and UIO grantees have made SDPI’s remarkable success possible. Together, we have improved diabetes prevention and treatment outcomes in our communities. To learn more about these efforts and activities across the country, I encourage you to visit the IHS Division of Diabetes Treatment and Prevention (DDTP) Web site at www.ihs.gov/diabetes.

Thank you in advance for your input as part of this important Urban Confer. If you have any questions about the Confer process or the SDPI program in general, please contact the DDTP by e-mail at diabetesprogram@ihs.gov or contact your Area TLDC Representative.

Sincerely,

/Michael D. Weahkee/

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

Enclosure