



MAR 4 2020

Dear Tribal Leader and Urban Indian Organization Leader:

I am writing to update you on the Indian Health Service (IHS) Special Diabetes Program for Indians (SDPI) for the current 2020 fiscal year (FY) and inform you of my decisions regarding the next SDPI grant cycle, which starts with FY 2021.

To date, Congress has provided the SDPI with three partial-year authorizations for FY 2020: on September 30, 2019; November 21, 2019; and December 20, 2019. In total, Congress authorized approximately \$96.6 million, with the current authorization set to expire on May 22, 2020. It is not known whether or when Congress may authorize additional funds for FY 2020, nor whether such funds would bring the total up to \$150 million, the amount Congress has typically authorized.

In the meantime, the IHS Division of Grants Management is optimally using existing funds, as well as offsets, to fully authorize most grants and to fund the rest at approximately 75 percent of their annual grant amounts. As the SDPI grants are on a calendar-year budget cycle, those funded at 75 percent have operating funds through August 2020. Additionally, most SDPI grantees have the authority to utilize their unobligated funds for costs related to their approved grant scope of work. I realize that partial-year authorizations create challenges for grantees, and hope that Congress will authorize additional SDPI funds so that the remaining grants can receive the final infusion of their FY 2020 annual grant amounts.

It is in the context of these funding uncertainties that I am conveying my decisions for the next SDPI grant cycle which starts with FY 2021. As you will recall, by letter dated October 2, 2019, I initiated a Tribal Consultation and Urban Confer on the SDPI FY 2021 funding distribution with the request that comments be submitted by December 2, 2019. I want to thank all of the Tribal Leaders and Urban Indian Organization Leaders who submitted input through IHS Area Consultation and Confer meetings, letters, and e-mails. The Tribal Leaders Diabetes Committee (TLDC) met on December 3-4, 2019, to review the Tribal Consultation and Urban Confer responses, and subsequently on January 10, 2020, to finalize their recommendations to me.

Consistent with the TLDC's recommendations, for FY 2021, I have decided to maintain the same SDPI funding distribution and formula that have been in use since FY 2016. In addition, in light of the ongoing funding uncertainties described above, as well as the level funding for the SDPI at \$150 million since FY 2004, I have decided that the SDPI FY 2021 grant application process will be a competing continuation. This will give the current 301 Tribes, Tribal Organizations, Urban Indian Organizations, and IHS grant programs the opportunity to apply for continuity of funding for existing staff and services.

While only current SDPI grantees will be able to apply for FY 2021 funding, there may be an opportunity in the next 1 to 2 years for other Tribes and Urban Indian Organizations to apply for SDPI funds. Once the grant closeout process occurs for the current SDPI FY 2016-FY 2020 cycle, grant funds that have not been expended will be returned to the IHS. The IHS will then

initiate Tribal Consultation and Urban Confer on the use of those funds, plus the offset funds from FY 2020. The input received at that time will inform the Agency's decision regarding the best use of those funds.

If you have any SDPI-related questions, please contact Ann Bullock, M.D., Director, IHS Division of Diabetes Treatment and Prevention, by telephone at (844) 447-3387. For questions pertaining to SDPI grant issues, please contact Mr. Robert Tarwater, Director, Division of Grants Management, IHS, by telephone at (301) 443-5204.

Thank you for your support of the SDPI and your partnership with the IHS in the important work of diabetes treatment and prevention in the American Indian and Alaska Native communities that we serve.

Sincerely,

/Michael D. Weahkee/

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