

**Key Points:**

- The United States has treaty and trust obligations to provide quality healthcare for American Indians and Alaska Natives (AI/ANs).
- Congress must enact **further** emergency COVID-19 relief legislation to address the current health crisis within Indian Country.
- The Special Diabetes Program for Indians (SDPI) must be permanently reauthorized and permit tribal nations and organizations to receive SDPI awards through P.L. 93-638 contracts and compacts.
- Congress must enact legislation that ensures Tribal Grant School employees have access to Federal Employee Health Benefits (FEHB).

**BACKGROUND**

The United States has treaty and trust obligations to provide healthcare to AI/ANs in perpetuity. Despite these obligations, AI/ANs have long experienced significant health disparities when compared to other Americans. Additionally, tribal nations are currently on the frontlines of the COVID-19 pandemic and struggling to protect the health, safety, and welfare of their communities as the number of COVID-19 cases continue to rise in Indian Country. The United States must uphold its obligation to provide healthcare, as it is a sacred promise provided to tribal nations in exchange for peace and millions of acres of tribal lands.

**TRIBAL PRIORITIES**

***Enact emergency COVID-19 relief legislation to address the current crisis within Indian Country.*** As the COVID-19 infection rate and death toll intensifies in Indian Country, the Indian Health Service, tribal health programs, and Urban Indian Organizations (collectively known as the I/T/U system) need significantly more resources to protect human life. To address these needs, we request: (1) emergency funding in the amount of at least \$2 billion for the I/T/U system; (2) at least \$1 billion for water and sanitation systems across Indian Country; (3) at least \$1 billion to replenish lost third-party reimbursements across the I/T/U system; (4) equitable distribution of a COVID-19 vaccine across Indian Country, including a minimum five percent set-aside in vaccine funds for the I/T/U system; (5) at least \$500 million to address critical infrastructure and facilities needs at Tribal Colleges and Universities; (6) at least \$1 billion in emergency funding to address the backlog of unfunded repairs and renovations at Bureau of Indian Education (BIE) schools; and (7) at least \$1.5 billion in direct funding to BIE schools, to meet the health, safety, and educational needs of students due to the impacts of COVID-19.

***Reauthorize SDPI before the current authorization expires.*** The SDPI, enacted in 1997, provides assistance for developing local initiatives to treat and prevent diabetes and has served as a comprehensive source of funding to address diabetes issues in tribal communities. SDPI has led to remarkable outcomes, including reduction in average blood sugar levels, reduction in the incidence of heart disease, a significant increase in the promotion of healthy lifestyle behaviors, and a 54 percent decline in the incidence rate of end-stage renal disease in AI/ANs. Legislation has been introduced in the Senate (S. 3937) to reauthorize SDPI permanently and permit tribal nations and tribal organizations to receive SDPI awards through P.L. 93-638 contracts and compacts. The reauthorization should be passed before the program expires to ensure continuity in services.

***Enact legislation allowing Tribal Grant Schools to participate in the FEHB.*** In 2010, Congress intended to improve healthcare access by authorizing tribal nations contracting or compacting for services under the Indian Self-Determination and Education Assistance Act (ISDEAA) to participate in the FEHB program. Unfortunately, after consideration by the Department of the Interior and Office Personnel Management, it was determined that Tribal Grant School employees (25 U.S.C. Ch. 27) are ineligible for FEHB, even though Tribal Grant Schools are operated pursuant to ISDEAA. Legislation has been introduced in the House (H.R. 895) and passed in the Senate (S.279) to allow Tribal Grant Schools to participate in the FEHB and Federal Employees Group Life Insurance (FEGLI) programs. NCAI strongly supports passage of this legislation.

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