



COALITION OF LARGE TRIBES

Blackfeet Nation • Cheyenne River Sioux Tribe • Confederated Tribes of the Colville Reservation • Confederated Tribes of the Warm Springs Indian Reservation of Oregon • Crow Creek Sioux Tribe • Crow Nation • Eastern Shoshone Tribe • Fort Belknap Indian Community • Mandan, Hidatsa & Arikara Nation • Muscogee (Creek) Nation • Navajo Nation • Northern Arapaho Tribe • Northern Cheyenne Tribe • Oglala Sioux Tribe • Rosebud Sioux Tribe • San Carlos Apache Tribe • Shoshone-Bannock Tribes • Shoshone-Paiute Tribes of the Duck Valley Indian Reservation • Sisseton Wahpeton Sioux Tribe • Spirit Lake Nation • Spokane Tribe • Standing Rock Sioux Tribe • Ute Indian Tribe • Ute Mountain Ute Tribe • Walker River Paiute Tribe

April 18, 2025

The Honorable Robert F. Kennedy, Jr. Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Kennedy,

Re: FY 2026 OMB Passback Impacting Indian Health

Your passionate remarks at this month's National Tribal Self-Governance Conference demonstrated your powerful and unwavering commitment to improving Indian health, echoing what I heard directly from you in our meeting on April 3. You recognized that the Federal government has sorely neglected its Treaty-based Trust responsibilities to Indian Tribes, with tragic consequences for the Indian people served through the Indian Health Service.

As you recognized, by every measure Indian people today are the most underserved population in America, suffering the lowest life expectancy and highest morbidity rates in the United States. Their care is strictly a *Federal* responsibility, and one that the National Indian Health Board estimates demands an annual investment of over \$67 billion to achieve parity with other Americans, not the paltry \$7 billion of the last two years.

Yet the FY 2026 OMB passback would make a tragic situation *worse*, not better, cutting the IHS appropriation by \$1 billion instead of increasing it, directly contrary to your personal commitment to Indian Country last week. We believe the OMB Director and his staff are uninformed about how these cuts would destabilize Indian health even further. We urge you to engage directly with OMB Director Vought to educate him and explain that the United States needs to *increase*, not decrease, the IHS appropriation. After all, this is a unique and exclusive *Federal* responsibility, just like national defense, and mandated by our Treaties, which compel you to appeal the passback. The cuts are directly contrary to your and President Trump's directive to Make America Healthy Again, and especially adverse to MAHA for Indian Country.

Now is not the time to cut back on the Nation's commitment to Indian Tribes, particularly given Chief Justice Roberts' instruction last June in *Becerra v. San Carlos Apache Tribe* rejecting IHS's past attempts to underfund Tribal health care operations. To the contrary, the IHS discretionary appropriation should be *increased* by at least \$1 billion; contract support cost and



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105(l) leasing costs should be reclassified as mandatory payments; advance funding should be maintained to protect hospital and clinic operations from potential shutdowns; prior unspent multi-year appropriations should be left in place to meet provider obligations; unobligated Sanitation Facilities Construction funding should be preserved to install functioning water and sewer systems (including basic flush toilets) in Tribal communities; grant, scholarship and loan repayment programs should be maintained; preventive services essential to reducing higher clinical services in the future should be maintained; behavioral health services should be maintained; and new facility projects should be funded to replace aging hospitals and clinics.

Vital HHS programs serving Indian country but funded outside of IHS must also be preserved. This includes Head Start, LIHEAP, Community Service Block Grants, HRSA programs and funding, and certain key behavioral health programs currently funded through SAMHSA (including Tribal Behavioral Health Grants, Infant and Early Childhood Mental Health grants, and Children and Family Program grants). To the extent any of these programs are eliminated, the Tribal set-aside funding within each should be preserved and delivered to Tribes and their Tribal organizations through existing Indian Self-Determination Act contracts and compacts.

Mr. Secretary, you have been a leader in championing the right of Tribal communities for better health care and increased funding as an essential part of the Federal government's Trust responsibility to rectify two centuries of oppression and neglect. Now, more than ever, Indian Country needs your leadership.

Very respectfully,

Signed by:

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J. Garret Renville, Chairman, Coalition of Large Tribes
Chairman, Sisseton Wahpeton Oyate of the Lake Traverse
Reservation, South Dakota

CC: COLT Congressional Delegations