



National Indian Health Board NATIONAL TRIBAL COVID-19 RESPONSE

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Special Diabetes Program for Indians - Impact of COVID-19

Background

Congress established the Special Diabetes Program for Indians (SDPI) in 1997 to address the disproportionate impact of type II diabetes in American Indian and Alaska Native (AI/AN) communities. This program has grown and become our nation's most strategic and effective federal initiative to combat diabetes in Indian Country.

- SDPI is the only program that has effectively reduced incidence and prevalence of diabetes among AI/ANs, and is responsible for a 54% reduction in rates of End Stage Renal Disease and a 50% reduction in diabetic eye disease among AI/AN adults.
- In a 2019 federal report, SDPI was found to be largely responsible for \$52 million in savings in Medicare expenditures per year.
- As a direct result of SDPI, a recent study found that the prevalence of diabetes in AI/AN adults decreased from 15.4% in 2013 to 14.6% in 2017.

Despite its incredible success, SDPI has experienced four short-term extensions since September 2019. SDPI is currently reauthorized through November 30, 2020. **According to the Centers for Disease Control and Prevention (CDC), diabetes is one of the strongest risk factors for a more serious COVID-19 illness.** Because AI/AN communities have the highest rates of type II diabetes nationwide, they are at much higher risk for a more serious COVID-19 infection.

SDPI is a proven model for both preventing diabetes and providing resources for diabetes management in Indian Country, both of which lead to a lower risk of COVID-19. While the CARES Act extended SDPI through November 30, 2020, SDPI programs cannot continue to sustain short-term extensions. Long-term reauthorization honors the success of SDPI and gives programs the necessary certainty to effectively continue improving diabetes outcomes in Indian Country and responding to the COVID pandemic.

Funding Uncertainty: COVID-19 and Beyond

Due to the trend of short-term extensions and lack of funding stability for SDPI, many Tribal diabetes programs are experiencing serious strain on their program operations. As part of NIHB's ongoing advocacy efforts on SDPI, a national survey was sent to SDPI awardees requesting information on how these short-term extensions and the COVID-19 pandemic have impacted program and personnel operations, delivery of services, and purchases of medical equipment. Some of the findings are listed below.

- **43% of programs reported already experiencing or anticipating cutbacks to individual programs as a result of funding "expiration dates."**

Included in these operational cutbacks, programs are having to make tough decisions about purchasing medical equipment.

- **1 in 4 programs have delayed making key purchases of medical equipment that treat and monitor the conditions of diabetes patients.**
 - 47% of the medical equipment purchase delays are spirometry for chronic pulmonary disease management.

Beyond the funding uncertainty that exists in a typical fiscal year, the COVID-19 pandemic has created greater stresses on these programs.

- Roughly 1 in 5 programs have reported employee furloughs, with **81% of those furloughs directly linked to economic impacts of the COVID-19 pandemic.**

SDPI simply cannot afford any further short-term extensions. Tribes and NIHB are urging that Congress ensure long-term reauthorization of SDPI in the upcoming COVID-19 pandemic relief package.

Moving Forward

Tribes and NIHB urge the passage of the bipartisan S.3937 – Special Diabetes Program for Indians Reauthorization Act of 2020 – with the addition of new “Delivery of Funds” language to ensure Tribes and Tribal organizations are able to receive awards through P.L. 93-638 self-determination and self-governance contracts and compacts.

- The bill would provide 5-years of guaranteed funding for SDPI at an increase to \$200 million per year overall.
 - This represents the first increase to SDPI in over sixteen years, and the longest reauthorization in over a decade.
- The bill also includes language authorizing Tribes and Tribal organizations to receive SDPI awards through P.L. 93-638 self-determination and self-governance contracting and compacting agreements, thus allowing for greater local Tribal control over the life-saving program.