

# National Indian Health Board



## Special Diabetes Program for Indians – Talking Points October 2017

- The Special Diabetes Program for Indians is the most successful federal program to treat and prevent Type 2 diabetes.
- The current authorization now expires on **December 31, 2017**.
  - Last week, Congress passed a three month extension for the program from September 30 to December 31, 2017.
  - Now, Congress must enact a longer term reauthorization for the program to continue into 2018 and beyond.
  - On October 4, the U.S. House of Representative Energy and Commerce Committee advanced a piece of legislation that contained a two year reauthorization for SDPI attached to a five year reauthorization of the Children's Health Insurance Program (CHIP). The bill will now need to be considered by the entire U.S. House of Representatives and the Senate in order to become law.
- Congress **MUST** act to renew the program or the health of American Indians and Alaska Natives will suffer.
- SDPI is a mandatory funding program funded at \$150 million/ year. It provides funding to 301 grantees throughout Indian Country.
- In September 2016, a bipartisan group of 75 Senators and 356 House Members wrote to Congressional leaders to encourage the swift renewal of the program.
  - Clearly, this program enjoys widespread support in Congress, so Congress should follow through and renew the program quickly.
- Since the start of the program, American Indians and Alaska Natives (AI/ANs) nationwide have experienced a reduction in A1C levels, reduced cholesterol levels, and weight loss. Recently, the CDC published data in its Morbidity and Mortality Weekly Report about the remarkable decline in End-Stage Renal Disease due to diabetes seen in American Indians and Alaska Natives in 1996-2013.

- During this time period, *AI/ANs have experienced a 54% decline in incidence rates of ESRD due to diabetes* – the steepest decline of any other ethnic group.
- If the program does not get reauthorized quickly, SDPI programs will lose staff, lose partnerships, lose their interaction with the communities, and lose services-- all cornerstones of having a program that meets the needs of the local community and brings results.
  - Many remote Tribal reservations will require patients to be transported an hour or more drive outside the community for care, self-management is critical and supplies to support patients would be unavailable.
- **REQUEST**: Please act immediately to ensure long-term reauthorization of the SDPI. The lives of our people depend on it.