

December 2017

## **Talking Points: Special Diabetes Program for Indians**

- **Issue:** The Special Diabetes Program for Indians (SDPI) will expire on December 31, 2017 unless the Congress takes action.
- Congressional leadership should include a long-term reauthorization of the Special Diabetes Program for Indians (SDPI) by the end of December in the continuing resolution or end-of-year funding deal.
  - Late renewals mean that SDPI programs lose staff that are very hard to replace in rural communities where Tribes are located.
- SDPI has not received an increase since 2004, meaning that dollars are stretched even further when considering increased population growth and medical inflation.

### Bipartisan Support

- In the fall of 2016, 75 Senators and 356 Members of the House signed a letter in support of SDPI.
- The House passed a 2-year renewal of SDPI as part of the “Champion Act” but the Senate never took up the legislation.

### Program Effectiveness:

- SDPI is Saving Lives and Dollars
  - In 1996-2013, the incidence rate of End-Stage Renal Disease (ESRD) in AI/AN people with diabetes declined by 54% – a greater decline than any other racial or ethnic group.
  - ESRD is the largest driver of Medicare costs. Medicare costs per year for one patient on hemodialysis exceeded \$87,000 in 2013. This reduction in new cases of ESRD translates into significant

cost savings for Medicare, the Indian Health Service, and other third party payers.

*SDPI Improves Economic Conditions*

- The SDPI's significant economic impact on Tribal communities throughout Indian Country has resulted in job creation opportunities that has brought skilled diabetes experts into Tribal communities and has helped to improve the economic infrastructure of Indian Country.
- In many areas, health jobs are limited, so SDPI is enabling these communities to increase employment and contributes to overall economic growth.