

February 27, 2024

The Honorable Mike Johnson Speaker of the House H-232 Capitol Building Washington, DC 20515

The Honorable Charles Schumer Senate Majority Leader S-221 Capitol Building Washington, DC 20510 The Honorable Hakeem Jeffries House Minority Leader H-204 Capitol Building Washington, DC 20515

The Honorable Mitch McConnell Senate Minority Leader S-230 Capitol Building Washington, DC 20510

RE: Reauthorization of the Special Diabetes Program for Indians by March 8, 2024

Dear Speaker Johnson, Minority Leader Jeffries, Majority Leader Schumer, and Minority Leader McConnell:

On behalf of the 574+ sovereign federally recognized American Indian and Alaska Native (AI/AN) Tribal nations we serve, we write today to thank you for your longstanding support of the Special Diabetes Program for Indians (SDPI) and urge Congress to ensure the continued success of SDPI by reauthorizing this vital program before it expires on March 8, 2024.

The Special Diabetes Program for Indians serves 780,000 American Indians and Alaska Natives across 302 programs in 35 states. SDPI focuses on a culturally informed and community-directed approach to treat and prevent Type 2 diabetes in Tribal communities. American Indians and Alaska Natives disproportionately suffer from Type 2 diabetes, but thanks to SDPI's ongoing and outstanding contributions to improvements in diabetes care and health outcomes for AI/AN people, that statistic is improving.²

SPDI is bipartisan and widely supported in Congress,^{3,4} but has yet to be fully reauthorized. Legislation has fully passed the House (H.R. 5378) and passed out of the HELP Committee in the Senate (S. 1855) that would

⁴ Senate Diabetes Caucus Letter on SDPI Reauthorization: https://www.collins.senate.gov/imo/media/doc/special diabetes program letter.pdf



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¹ See: https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/factsheets/2023SDPIGrants.pdf

² Indian Health Service, "Special Diabetes Program for Indians, 2020 Report to Congress/Changing the Course of Diabetes: Charting Remarkable Progress," https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/SDPI2020Report_to_Congress.pdf

³ House Diabetes Caucus Letter on SDPI Reauthorization: https://degette.house.gov/sites/evo-subsites/degette.house.gov/files/evo-media-document/2023-letter-in-support-of-the-special-diabetes-program-reauthorization.pdf

reauthorize the SDPI program at \$170 million per year for two years, but the program still awaits full passage by Congress. Failure to reauthorize SDPI will create unnecessary program uncertainty and impact the continuity of care for the patients who depend on this highly effective program.

SDPI has received no less than three short term extensions since September 2023 when its authorizing statute was set to expire. Short-term extensions create significant uncertainty for program operations, planning, and implementation. Such uncertainty causes program providers and staff to leave and directly impacts patient care when appointments or services must be delayed or cancelled. AI/AN communities need SDPI to be fully reauthorized during the next budget vote and to see an end to short-term extensions of this critical program.

Without action to reauthorize SDPI, the program will expire March 8, 2024 which will result in diminished type 2 diabetes care for thousands of AI/AN people. This program is highly successful, bipartisan, and has proven to be a worthwhile financial investment of taxpayer dollars. Although we understand that there are a lot of disagreements about federal spending, the SDPI should not get caught up in such disagreements. We urge Congress to fully reauthorize this highly successful program.

Sincerely,

Chief William Smith Valdez Native Tribe

Chairman

National Indian Health Board

CC: Rep. Cathy McMorris Rodgers, Chair, House Energy & Commerce Committee

Rep. Frank Pallone, Ranking Member, House Energy & Commerce Committee

Sen. Bernie Sanders, Chair, Senate Health, Education, Labor, & Pensions Committee

Sen. Bill Cassidy, Ranking Member, Senate Health, Education, Labor, & Pensions Committee

