



## SPECIAL DIABETES PROGRAM FOR INDIANS

National Indian  
Health Board



### Reauthorization 2023

The Special Diabetes Program for Indians (SDPI) is one of the most successful federal public health initiatives. Established in 1997, SDPI has reduced the prevalence of diabetes, end stage renal disease, and diabetes related eye disease, and has lowered A1C levels in American Indians and Alaska Natives.

**SDPI currently expires on September 30, 2023.** To prepare, the National Indian Health Board (NIHB) along with Tribes and Tribal organizations across the country are advocating for SDPI priorities that will secure the future of the program, and will allow the program to evolve to continue to change the course of diabetes in Indian Country.

#### Tribal Specific SDPI Priorities for FY 2023 (Based on NIHB Resolution 21-04)

##### **Permanent Reauthorization of SDPI**

During the last SDPI reauthorization period, between September 30, 2019 and December 21, 2020, SDPI was subject to six short-term reauthorizations, lasting several weeks to several months. Community-directed programs reported that short term extensions disrupt SDPI services by curtailing long term planning, creating funding uncertainty that leads to the loss of program staff, and delaying the purchase of medical equipment. **Permanent reauthorization would bring stability to the program and allow for long term planning and stronger staff retention.**

##### **Increase Funding to \$250 Million Annually with Annual Funding Increases Tied to the Medical Inflation**

SDPI has been flat funded since 2004 at \$150 million annually. The program has lost over one-third of its buying power due to medical inflation. To maintain the 2004 buying power level of the program, SDPI would need to be increased to at least \$234 million annually. However, SDPI currently does not serve all Tribes, and applications have historically been open only to continuing applicants to avoid a loss of funding for existing programs in the face of a stagnant budget. This year, due to a new Health and Human Services (HHS) interpretation, SDPI was open to all eligible applicants, and funding was been stretched thinner than ever before. **SDPI funding must be increased to both maintain and expand the program and should be increased annually to prevent the loss of buying power in the future.**

##### **Subject SDPI to Self Determination and Self Governance (638) Contracts and Compacts**

Tribes and Tribal organizations have repeatedly called for a change to the SDPI program structure to allow recipients the option to receive funding through 638 contracts and compacts. This would **establish SDPI as an essential health service, remove the culturally-inappropriate competitive grant structure, prevent the unnecessary federal administrative burden, and support Tribal sovereignty by transferring control of the program directly to Tribal governments.**

Learn more, and join in the reauthorization efforts at [www.nihb.org](http://www.nihb.org).

