FISCAL YEAR 2017 DHHS LEGISLATIVE
PROPOSAL
Indian Health Service

Special Diabetes Program for Indians Permanent Reauthorization

Proposal: Permanent reauthorization for the Special Diabetes Program for Indians (SDPI) at $150 million per year.

Current Law: The Balanced Budget Act of 1997 (P.L. 105-33, Section 4922) established the Special Diabetes Program for Indians (SDPI) to address the need for diabetes prevention and treatment for American Indian and Alaska Native (AI/AN) populations. The SDPI, codified in the Public Health Service Act at 42 U.S.C. § 254c-3, has been reauthorized through September 30, 2017.

Rationale: Reauthorization of the SDPI beyond FY 2017 will be required to continue progress in the prevention and treatment of diabetes in AI/AN communities. Permanent reauthorization allows the programs more continuity and the ability to plan more long term interventions and activities.

The SDPI has provided the funding which has enabled AI/AN programs to implement and sustain quality diabetes treatment and prevention services. As the four SDPI Reports to Congress in FYs 2000, 2004, 2007, and 2011 have demonstrated, substantial improvements in clinical measures and outcomes have been associated with the diabetes prevention and treatment activities implemented with SDPI funding. A 2014 Report to Congress, which documents continued improvements, has been drafted and is undergoing review.

Indian Health Service (IHS) data indicate a slowing in the rise of the prevalence of diabetes in AI/AN people nationally: from 2001-2005, there was a relative increase in age-adjusted diabetes prevalence in AI/AN adults of 2.2% per year on average, while from 2006-2013, diabetes prevalence increased only 0.8% per year on average1. Another positive trend is that rates of obesity in AI/AN children and youth aged 2-19 years remained nearly constant during the same time period2. Key clinical outcome measures have continued to improve overall at I/T/U facilities since the inception of the SDPI:

- Improved blood sugar control: Average blood sugar (as measured by the A1C test) in AI/AN patients with diabetes decreased from 9.0 percent in 1996 to 8.1 percent in 2015, nearing the A1C goal for most patients of less than 7 percent3.
- Improved blood lipid levels: Average LDL cholesterol in AI/AN patients with diabetes decreased 22 percent from 118 mg/dL in 1998 to 94 mg/dL in 2015, well below the target of 100 mg/dL4.
- Reduced kidney failure: From 2000 to 2011, the rate of new cases of kidney failure due to diabetes leading to dialysis declined 43 percent in AI/AN people. This is a much larger decline than in any other racial group in the U.S.5.

---

1 IHS National Data Warehouse
2 IHS Diabetes Care and Outcomes Audit
3 United States Renal Data System

IHS-2017
The SDPI Grant Program have implemented diabetes prevention and treatment activities that are culturally appropriate, community-driven, and centered on evidence-based best practices. These programs will continue to implement specific prevention and treatment strategies and best practices for AI/AN adults, children and youth.

The SDPI Diabetes Prevention (DP) and Healthy Heart (HH) Demonstration Projects were implemented to translate the findings of research on diabetes and cardiovascular disease prevention into real world communities. These programs completed their demonstration projects and the evaluation showed significant reductions in risk factors for developing diabetes and also for cardiovascular disease in patients with diabetes. The SDPI DP/HH Initiative grantees helped develop web-based toolkits which will share best practices with other programs. As they have accomplished what they were funded to do, the DP and HH Initiatives will be closing out their grant activities during FY 2016 and FY 2017. In FY 2017, IHS will continue to disseminate the DP and HH Initiative activities to AI/AN communities and health care programs across the country.

IHS proposes to continue to support data infrastructure improvements, focusing on the Diabetes Care and Outcomes Audit, estimates of diabetes prevalence, the National Data Warehouse, and updates to the Diabetes Management System and iCare programs.

Given the complexity of the grant programs, IHS will continue to provide administrative support to ensure their appropriate implementation and evaluation.

Reauthorization is highly supported by the Tribes. In 2015, Tribes submitted testimony to the House Appropriations Subcommittee on Interior, Environment and Related Agencies and the Senate Committee on Indian Affairs indicating SDPI progress and the need for continued support. Distribution of the FY 2017 SDPI funding will be based on tribal consultation and final agency decision; the activities will be modified appropriately.

**Budget Impact**: (Costs)

<table>
<thead>
<tr>
<th>SDPI Funding 5 and 10 year Total</th>
<th>FY 2017</th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>FY 2021</th>
<th>5 Year Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$150 M</td>
<td>$150 M</td>
<td>$150 M</td>
<td>$150 M</td>
<td>$150 M</td>
<td>$750 M</td>
</tr>
<tr>
<td>5 Year Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY 2022</td>
<td>$150 M</td>
<td>$150 M</td>
<td>$150 M</td>
<td>$150 M</td>
<td>$150 M</td>
<td>$1.5 B</td>
</tr>
<tr>
<td>10 Year Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Effective Date**: Upon enactment; beginning FY 2017.

---

4 Special Diabetes Program for Indians 2011 Report to Congress