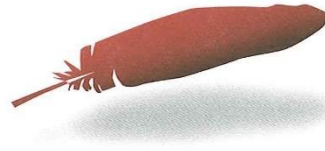


National Indian Health Board



National Indian Health Board Resolution 20 - 01

**Support for a Permanent Reauthorization of the Special Diabetes Program for Indians to Include Annual Funding Increases tied to Medical Inflation;
and,
Support for an Amendment to the Public Health Service Act to Permit Tribes and Tribal Organizations to Receive Special Diabetes Program for Indians Funds through Self-Determination and Self-Governance Contracts and Compacts**

WHEREAS, the National Indian Health Board (NIHB), established in 1972, serving all Federally recognized American Indian/Alaska Native (AI/AN) Tribal governments by advocating for the improvement of health care delivery to AI/ANs, as well as upholding the Federal government's trust responsibility to AI/AN Tribal governments, does hereby establish and submit the following resolution; and

WHEREAS, the federal government has assumed trust obligations to AI/AN Tribes and Peoples in perpetuity for health care, education, public safety, land management, and other services established through over 300 Treaties signed between sovereign Tribal Nations and the United States that are further enshrined in the U.S. Constitution, Supreme Court case law, federal legislation and regulations, and presidential executive orders; and

WHEREAS, AI/AN Peoples are disproportionately impacted by type II diabetes and are 2.9 times more likely than Whites to be diagnosed with diabetes, 2.5 times more likely than Whites to die from diabetes, and 2.4 times more likely than Whites to be diagnosed with End Stage Renal Disease (ESRD); and

WHEREAS, the Bipartisan Budget Act of 1997 established the Special Diabetes Program for Indians (SDPI) under mandatory appropriations for the prevention and treatment of diabetes among American Indian and Alaska Native (AI/AN) populations; and

WHEREAS, SDPI is directly responsible for a 54% reduction in ESRD rates among AI/ANs translating to up to 2,600 fewer ESRD cases from 1996 to 2013, and is also responsible for a 50% reduction in rates of diabetic eye disease in that time frame; and

WHEREAS, a 2019 report from the Assistant Secretary for Planning and Evaluation found that SDPI saves up to \$52 million annually in Medicare expenditures; and

WHEREAS, SDPI has significant bipartisan support in Congress with 379 members of the House of Representatives and 68 Senators signing on to a 2019 congressional letter calling for reauthorization of SDPI; and

WHEREAS, despite strong congressional support for SDPI it has been flat funded at \$150 million since FY 2004; and

WHEREAS, SDPI has lost over a third of its buying power to medical inflation since FY 2004, and its funding would need to be increased to \$234 million in order to retain the same buying power it had sixteen years prior; and

WHEREAS, since 2002, Congress has generally only reauthorized SDPI in one or two year increments creating challenges for SDPI grantees in long-term strategic planning and investments; and

WHEREAS, since September 30, 2019, Congress has reauthorized SDPI three different times for periods lasting only several weeks to several months with its current reauthorization set to expire on May 22, 2020; and

WHEREAS, these short-term extensions have brought significant disruption to SDPI operations and have contributed to programs losing medical providers, curtailing services, and delaying purchases of necessary medical equipment; and

WHEREAS, in 1975, the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638, was enacted to (1) place the federal government's Indian programs firmly in the hands of Tribal governments and AI/AN Peoples being served, (2) to enhance and empower Tribal governments and their governmental institutions, and (3) to correspondingly reduce the federal bureaucracy; and

WHEREAS, Tribes and Tribal organizations have repeatedly called for changing SDPI's statutory framework to permit Tribes and Tribal organizations to receive SDPI funds through self-determination and self-governance contracts and compacts as authorized under ISDEAA.

NOW THEREFORE BE IT RESOLVED, that National Indian Health Board (NIHB) strongly supports a permanent reauthorization of SDPI with automatic annual funding increases matched to medical inflation; and

BE IT FURTHER RESOLVED, that NIHB strongly supports amending SDPI's authorizing statute, the Public Health Service Act, to permit Tribes and Tribal organizations to receive SDPI funds through self-determination and self-governance contracts and compacts; and

BE IT FINALLY RESOLVED, that this resolution shall be the policy of NIHB until it is withdrawn or modified by subsequent resolution.

CERTIFICATION

The foregoing resolution was adopted by the Board, with quorum present, on the 26th day of February, 2020.

Victoria Kitcheyan

Chairperson, Victoria Kitcheyan

ATTEST:

Lisa Elgin

Secretary, Lisa Elgin