National Indian Health Board

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Resolution 21 – 04

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, serves 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; 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 Balanced Budget Act of 1997 established the Special Diabetes Program for Indians (SDPI) under mandatory appropriations for the prevention and treatment of diabetes among 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 of Health and Human Services 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 327 members of the House of Representatives and 92 Senators voting for the reauthorization of SDPI in December 2020; and

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

WHEREAS, SDPI has lost over a third of its buying power to medical inflation since FY 2004, and its current 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, two or three year increments creating challenges for SDPI grantees in long-term strategic planning and investments as well as the investment of significant Tribal resources to advocate for its continuation; and

WHEREAS, between September 30, 2019 and December 21, 2020 Congress has reauthorized SDPI six different times for periods lasting only several weeks to several months; 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 at $250 million annually, with automatic annual funding increases matched to the rate of medical inflation; and

THEREFORE BE IT 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, reinstating NIHB resolution 12-03; and

THEREFORE BE IT FURTHER 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 2021.

Chairperson, William Smith

ATTEST:

Secretary, Lisa Elgin