National Indian Health Board

November 17, 2026

The Honorable John Thune
Senate Majority Leader
511 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Chuck Schumer
Senate Minority Leader
322 Hart Senate Office Building
Washington, DC 20510

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

The Honorable Hakeem Jeffries
Minority Leader
2267 Rayburn House Office Building
Washington, DC 20515

Re: Reauthorization of the Special Diabetes Program for Indians by December 31, 2026

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

On behalf of the National Indian Health Board and the 575 sovereign federally recognized American Indian and Alaska Native (AI/AN) Tribal Nations we serve, I write today to request that Congress pass a multi-year reauthorization of the Special Diabetes Program for Indians (SDPI) before the program expires on December 31, 2026. Thank you for your longstanding support of SDPI. I ask that you help ensure this critical program continues by reauthorizing it for at least two years and maintaining current funding at no less than the current level of $200 million per year.

Tribal Nations have a unique legal and political relationship with the United States. Through its acquisition of land and resources, the United States formed a fiduciary relationship with Tribal Nations, recognizing a trust relationship to safeguard Tribal rights, lands, and resources.[1] In fulfillment of this Tribal trust relationship, the United States "charged itself with moral obligations of the highest responsibility and trust" toward Tribal Nations.[2] Congress affirmed this duty through the Indian Health Care Improvement Act (IHCIA), declaring it the policy of the United States "to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy."[3]

Established by Congress in 1997, as part of the federal government's fulfillment of its trust obligations, SDPI remains one of the nation's most effective federal initiatives for combating diabetes in Indian Country. SDPI serves more than 982,000 AI/AN people through 310 programs across 36 states. SDPI focuses on a culturally informed, community-directed approach to treating and preventing Type 2 diabetes in Tribal communities.

AI/AN adults have the highest rate of diagnosed diabetes of any demographic in the United States. However, thanks to SDPI, that statistic is improving. Between 1996 and 2013, diabetes-related end-stage renal disease among AI/AN adults fell 54 percent, the steepest decline of any

[1] Worcester v. Georgia, 31 U.S. 515 (1832).
[2] Seminole Nation v. United States, 316 U.S. 286, 296-97 (1942).
[3] 25 U.S.C. § 1602

racial or ethnic group.[4] Diabetic eye disease among AI/AN adults has declined 50 percent.[5] From 2000 to 2015, hospitalizations for uncontrolled diabetes among AI/AN adults dropped 84 percent, due in large part to SDPI's innovative initiatives.[6] SDPI also generates federal savings. HHS estimates that SDPI saved Medicare between $208 million and $520 million over ten years through averted cases of diabetes-related kidney failure.[7]

SDPI is bipartisan and widely supported, but Congress has yet to permanently reauthorize the program. Since September 2023, SDPI has relied on repeated short-term extensions, some lasting less than two months. On October 1, 2025, its funding lapsed entirely, and grantees continued operating only because the Indian Health Service drew down unobligated balances until Congress acted in November. 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 canceled. AI/AN communities need reauthorization of at least two years with no decrease in funding.

Thank you for your support of SDPI in the February 2026 funding package, which raised the program to the highest funding level in its history. We request a multi-year reauthorization of at least two years, enacted before the program expires on December 31, 2026. Honoring the trust obligation means giving Tribal communities a program they can plan around, not one that lives from deadline to deadline.

Sincerely,



A.C. Locklear, JD, *Lumbee*
Chief Executive Officer
National Indian Health Board

Cc: The Honorable Bill Cassidy, Chair, Senate Health, Education, Labor, and Pensions Committee
The Honorable Bernie Sanders, Ranking Member, Senate Health, Education, Labor, and Pensions Committee
The Honorable Brett Guthrie, Chair, House Energy and Commerce Committee

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[4] Indian Health Service. 2024 IHS Diabetes Care and Outcome Audit Results, available at https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/factsheets/Audit2024FactSheet.pdf. Accessed on October 26, 2025.

[5] Bullock A, Burrows NR, Narva AS, et al. Vital Signs: Decrease in Incidence of Diabetes-Related End-Stage Renal Disease among American Indians/Alaska Natives — United States, 1996–2013. MMWR Morb Mortal Wkly Rep. 2017;66(1):26–32, available at https://www.cdc.gov/mmwr/volumes/66/wr/mm6601e1.htm.

[6] Agency for Healthcare Research and Quality (AHRQ). Data Spotlight: Hospital admissions for uncontrolled diabetes improving among American Indians and Alaska Natives. AHRQ Publication No. 18(19)-0033-7-EF. December 2018. https://www.ahrq.gov/sites/default/files/wysiwyg/research/ findings/nhqrdr/dataspotlight-aian-diabetes.pdf. Accessed on October 27, 2025.

[7] Department of Health and Human Service, *The Special Diabetes Program for Indians: Estimates of Medicare Savings*, ASPE Issue Brief, May 10, 2019, available at https://aspe.hhs.gov/sites/default/files/private/pdf/261741/SDPI_Paper_Final.pdf. Accessed on October 27, 2025.

The Honorable Frank Pallone, Ranking Member, House Energy and Commerce Committee
The Honorable Susan Collins, Co-Chair, Senate Diabetes Caucus
The Honorable Jeanne Shaheen, Co-Chair, Senate Diabetes Caucus
The Honorable Gus Bilirakis, Co-Chair, House Diabetes Caucus
The Honorable Diana DeGette, Co-Chair, House Diabetes Caucus