

# National Indian Health Board



March 29, 2012

## **The Special Diabetes Program for Indians** *Tribal Briefing, Caucus and Action*

On Wednesday, March 7<sup>th</sup>, the National Indian Health Board (NIHB) hosted a briefing and facilitated a Tribal Caucus to discuss the renewal of the Special Diabetes Program for Indians (SDPI). This critical program is currently funded at \$150 million per year and is set to expire September 30, 2013. Representative Diana DeGette (D-CO) and Representative Ed Whitfield (R-KY), the Co-Chairs of the Congressional Diabetes Caucus, are considering legislation to extend the SPDI and its' sister program the Special Type 1 Diabetes Research program. They have reached out to the NIHB and asked for the Tribal request for the extension – both dollar amount per year and number of years. In order to provide this information to Congress, as well as to advocate for the renewal, NIHB requested Tribal input and consensus on what the Congressional 'ask' should be for the legislation. Ultimately, Tribes agree that SDPI should be authorized at \$200 million per year for 5 years.

### **Briefing**

The goal of the briefing was to enable Tribal leaders, grantees, and other stakeholders to hear perspectives on SDPI from: Congressional staff about the budget realities and political climate in Congress; the Indian Health Service and the National Institutes of Health about the outcomes of the program as well as future opportunities; and from our historical partners in this effort, the American Diabetes Association and the Juvenile Diabetes Research Foundation.

***Congressional panel:*** Chris Fluhr, who works for House Republican Representative Don Young (R-AK), and Richard Litsey, who works for Senate Democrat Senator Max Baucus (D-MT) presented on the current legislative landscape as it relates to SDPI. Mr. Litsey focused on how SDPI has been extended in the past, and the challenges with the budget that will make it difficult to extend the program this year. He did note, however, that we have been successful in the past in extending the program during challenging budget environments. He also made the point that if SDPI is extended, it will likely be done through attaching the reauthorizing language to a larger piece of legislation rather than through a stand-alone bill.

Mr. Fluhr focused on the new budget rules implemented by the House Republican leadership in its "Pledge to America." He stated that these principles may impact our ability to extend the program this year, and should be taken into consideration as we develop our request for reauthorization. Specifically, he discussed new rules



that require additional hurdles for Members if they introduce legislation that increases funding for a program, as well as the need to engage Congressional Republican members who have Tribes in their Districts.

***Federal Panel:*** Presentations were delivered by Griffin P. Rodgers M.D., M.A.C.P., the Director of the Diabetes Institute at the National Institutes of Health, as well as by Yvette Roubideaux, M.D., M.P.H., the Director of the Indian Health Service. These are the two federal agencies that administer SDPI and its' sister program, the Special Type 1 Funding program.

Dr. Rogers highlighted the fact that medical innovation has resulted from the Special Diabetes Program, including the increase in genetic discoveries, the advancement of public health studies of children at high risk of diabetes and the biomedical engineering breakthroughs such as the artificial pancreas. He noted that many of these advances have direct applicability to the people with type 2 diabetes.

Dr. Roubideaux described the increased access to quality diabetes programs and measurable outcomes in American Indian and Alaska Native (AI/AN) populations associated with the SDPI. She noted that we are beginning to see, and are able to document, a reduction in many risk factors associated with diabetes complications because of this program.

***Stakeholder panel:*** A panel discussion was held with staff and volunteer representatives from the American Diabetes Association (ADA): Tekisha Dawn Everette, Managing Director, Federal Government Affairs; Ms. Shondra McCage, Chair of ADA's Awakening the Spirit; and Ms. Anatasia Albanese-O'Neill, of ADA's National Advocacy Committee; and representatives from the Juvenile Diabetes Research Association (JDRF): Ms. Laura Whitton, National Director of Government Relations, and Camille Nash, JDRF's National Chair of Advocacy. JDRF recently had their volunteers in Washington for their annual lobby day and conducted over 500 meetings in Congressional offices. The feedback they shared with the meeting attendees included a significant resistance to increasing spending for programs, and many of their volunteers had challenging meetings, even with historically supportive offices. ADA noted that they will have their advocates in Washington the week of March 12<sup>th</sup> and will also be conducting Congressional meetings. Both organizations discussed the materials they have prepared for these visits, and they all focused on the program outcomes and the return on the federal investment.

### **Tribal Caucus**

Members of Congress are considering introducing legislation to extend SDPI and have reached out to NIHB to ask what the tribal recommendation is for the renewal. With this in mind, NIHB organized and facilitated a Tribal Caucus meeting where Tribal leaders considered the information presented and talked through a recommendation for the tribal request to Congress. The discussion resulted in the consensus that the tribal 'ask' to Congress for the renewal of SDPI should be



increased from the current \$150 million per year to \$200 million per year for 5 years.

### **Tribal Responses**

Following the Tribal Caucus, NIHB mailed ballots to each of the Federally-Recognized Tribes and Alaska Native Villages<sup>1</sup> to seek their opinion on the amount and length of funding discussed at the Caucus. Overwhelmingly, Tribes votes to concur with this “ask,” with few deviations. The vast majority of respondents were in agreement with \$200 million annually for 5 years. NIHB will be using this figure during meetings with Members of Congress over the coming months.

### **Next Steps**

NIHB will continue to meet with Congressional leaders, as well as seek a legislative vehicle to which to attach SDPI reauthorization language. It is likely that this sort of opportunity will not arise until the “Lame Duck” (post-November election) session of Congress. In the meantime, it is important to keep building support among Members of Congress.

For more information on SDPI and how you can help in the reauthorization effort, please contact Liz Malerba, NIHB Legislative Assistant, at [Lmalerba@nihb.org](mailto:Lmalerba@nihb.org) or 202-507-4070.

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<sup>1</sup> As United South and Eastern Tribes (USET) and Northwest Portland Area Indian Health Board preferred that consensus be reach via their own internal processes, ballots were not mailed to these Tribes.

