

SDPI Talking Points for Congressional Meetings

SDPI is changing the diabetes landscape in Indian Country. Today, the program supports 404 diabetes treatment and prevention programs in 35 states. Community-driven, culturally appreciate programs have led to significant advances in diabetes education, treatment and prevention.

- SDPI is also providing a strong return on federal investment. Between 1995 and 2006, the incident rate of End-Stage Renal Disease (ESRD) in AI/AN people with diabetes fell by nearly 28 percent – a greater decline than any other racial or ethnic group.
 - The average annual Medicare cost a hemodialysis patient is almost \$90,000.
 - A reduction in new cases of ESRD would continue to decrease the number of patients needing dialysis, which means millions of dollars in savings for Medicare, the Indian Health Service, and other third party payers.
- Last fall, 75 percent of the House and 75 percent of the Senate signed a letter supporting the renewal of SDPI
- The Special Diabetes Program for Indians (SDPI) expires on **September 30, 2014!** We must renew this program **NOW**.
- SDPI grantees are already losing their staff due to the uncertainty of funding. This critical infrastructure has taken years to build.
- SDPI is a grant program. The Indian Health Service requires at least 4 months to advertise and compete the grant.
 - **This means, that for grantees to have funds by October 1, the grant announcement must go out on June 1.**
- Typically, SDPI is renewed as part of the “Medicare Extenders” package that accompanies the Sustainable Growth Rate (SGR) “fix” for physician Medicare reimbursement.
 - The Senate Finance Committee has passed a bill that would renew SDPI for 5 years at \$150 million/ year (S. 1871). However, the full Senate has not considered the measure. The House of Representatives has not considered the Medicare Extender legislation.

- Tribes do not have the funds to continue the program if it is renewed after October 1, as is often done with these types of programs. Failure to renew this program will mean that tribes go months without funding, and programs (in many cases entire clinics) will close and all the successes built by this program will be gone.

The current SGR Fix and the Medicare Extender patch expires on March 31, 2014. We urge congress to enact a multi-year renewal of SDPI by this date to ensure that funding will continue for this important program.