Date \_\_\_\_\_\_\_\_\_

The Honorable \_\_\_\_\_\_\_

Office Building Address

Washington, D.C. 205\_\_\_

Dear **INSERT NAME OF SENATOR**,

As a constituent and someone who knows first-hand the tremendous burden diabetes places on my Tribal community, **I am writing to urge your immediate support for the bipartisan S.3937** **- the Special Diabetes Program Reauthorization Act of 2020 – introduced by Senator McSally alongside Senator Sinema and Senator Murkowski. In addition, we urge you to work with Senate leadership to ensure this critical bill is included in the next COVID-19 pandemic relief package.** This crucial bill would:

* Provide 5 years of guaranteed funding for the life-saving Special Diabetes Program for Indians (SDPI);
* Increase SDPI funds to $200 million overall – the first increase in sixteen years; and,
* Authorize Tribes and Tribal organizations to receive SDPI awards through P.L. 93-638 self-determination and self-governance contracts and compacts.

In addition to your support for the bill, **we urge you to work with Senate offices on technical changes to the existing language in S. 3937 that would authorize Tribes and Tribal organizations to receive SDPI awards through P.L. 93-638 contracts and compacts**. This technical change is meant to prevent any administrative delays in implementation of the 638 provision, and further clarify the purpose of the new authority. Moreover, by specifically citing certain sections of P.L. 93-638, the technical change is intended to ensure that IHS awards SDPI funds as part of the “Secretarial Amount” to those Tribes and Tribal organizations that elect to receive SDPI funds through the 638 mechanism. This would guarantee that Tribes and Tribal organizations receive all administrative and operational resources entitled to them under the 638 mechanism, including access to Contract Support Costs. The requested language is included below.

‘‘(2) DELIVERY OF FUNDS.— On request from an Indian tribe or tribal organization, the Secretary shall award diabetes program funds made available to the requesting tribe or tribal organization under this section as amounts provided under Subsections 106(a)(1) and Subsection 508(c) of the Indian Self-Determination Act, 25 U.S.C. § 5325(a)(1) and § 5388(c), as appropriate.”

**Background on SDPI**

Today, SDPI supports over 300 Indian Health Service, Tribal, and urban Indian programs in 35 states. SDPI has also led to significant advances in diabetes education, prevention, and treatment. Tribal leaders across the nation have identified the program’s flexibility to be a strong element of SDPI’s success because it enables grantees to adapt each program for their community. This program furthers the fulfillment of the federal government’s trust obligation to Tribal Nations by empowering Tribal leaders to make local level decisions, choose best practices, and adapt the program to be culturally appropriate has been vital to its success.

Importantly, S. 3937 would increase SDPI’s funding by $50 million, to $200 million per year overall. Our Tribe strongly supports this increase, as SDPI has been flat funded at $150 million since 2004. As a result, the program has lost roughly a third of its buying power to medical inflation during this time. In addition, S.3937 would permit Tribes and Tribal organizations to receive the SDPI awards pursuant to contracting and compacting agreements under the Indian Self-Determination and Education Assistance Act. This would further entrench local Tribal control over the program, and provide Tribes with greater flexibility to tailor their programs to the needs of their communities, while also allowing Tribes to receive greater administrative support by authorizing use of Contract Support Costs for SDPI.

**The Significance of SDPI**

American Indian and Alaska Native (AI/ANs) adults are 3 times more likely to be living with diabetes compared to non-Hispanic whites. The death rate due to diabetes for AI/ANs is 2.5 times higher than the general U.S. population. Continued federal investment in SDPI is essential for saving lives and improving diabetes health care outcomes for America’s First Peoples. Further, the national and regional support for this program provides tools and trainings that help build a strong workforce capable of making great changes. SDPI workers are skilled in providing culturally appropriate services and care and are neither easy to train or replace.

As a direct result of SDPI, a recent study found that the prevalence of diabetes in AI/AN adults decreased from 15.4% in 2013 to 14.6% in 2017. A lower rate of diabetes means more AI/ANs can live healthy lives, free of diabetes and the diseases that are worsened by diabetes, including kidney failure, eye disease, and amputations. Fewer cases of diabetes also conserves federal spending by the Indian health system. In 2017, it was estimated that medical costs attributable to diabetes was approximately $9,601 in excess medical cost due to diabetes per person

Additionally, incidence rates of End Stage Renal Disease (ESRD) among our People – the highest driver of Medicare costs – *were cut by 54% from 1996 to 2013*. During the same time period, rates of diabetic eye disease were cut in half. A landmark report released in 2019 by the Office of the Assistant Secretary for Planning and Evaluation found that **decreases in ESRD incidence as a result of SDPI save up to $52 million per year in Medicare expenditures**.

Despite its incredible success, SDPI has experienced *four short-term extensions* since September 2019.While we appreciate that the CARES Act extended SDPI for another five months through November 30, our programs cannot continue to sustain short-term extensions. According to the Centers for Disease Control and Prevention (CDC), diabetes is one of the strongest risk factors for a more serious COVID-19 illness, and AI/AN communities have the highest rates of type II diabetes.  Additionally people with well-managed diabetes have lower risk of developing severe COVID-19 outcomes.  SDPI is a proven model for both preventing diabetes and providing resources for diabetes management in Indian Country, both of which lead to a lower risk of severe COVID-19. Permanent authorization would give communities like mine the certainty we need to make long term decisions and plan effectively for diabetes prevention and treatment.

If Congress fails to long-term renewal of SDPI, our People’s health will be placed in grave danger – especially in light of the COVID-19 pandemic. Our communities will lose medical and public health providers. Our facilities will be forced to cut vital diabetes care services. Our youth and adult health education programs would close down. And most importantly, our People’s lives will be lost.

My (ENTER COMMUNITY NAME OR TRIBE) is thankful for continued congressional support for SDPI. We would be honored to show you the difference our SDPI program is making for Tribal communities in (ENTER CITY, STATE) who are dealing with the burdens of diabetes. We want to show you first-hand what we are accomplishing with SDPI dollars. Please contact (ENTER NAME OF TRIBAL LEADER OR DESIGNATED SDPI WORKER) at (ENTER PHONE NUMBER) or (ENTER EMAIL) to arrange a visit to our program. I am happy to show you the tremendous return on federal investment demonstrated by SDPI. Your support for this program would be greatly appreciated by (ENTER TRIBE).

**We strongly request your support for the bipartisan S.3937 with the technical changes to the P.L. 93-638 language outlined in this letter, and urge you to connect with your colleagues and congressional leadership to ensure that this vital bill is included in the next COVID-19 pandemic relief package.** To learn more about diabetes in AI/AN communities and stories of how SDPI is saving lives please visit <http://nihb.org/sdpi>.

Sincerely,