



USET

SOVEREIGNTY PROTECTION FUND

Nashville TN Office
711 Stewarts Ferry Pike, Ste. 100
Nashville TN 37214
P: (615) 872-7900
F: (615) 872-7417

Washington DC Office
400 North Capitol St., Ste. 585
Washington DC 20001
P: (202) 624-3550
F: (202) 393-5218

Transmitted via mail

October 4, 2017

Honorable Greg Walden
Chairman
House Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, D.C. 20515

Honorable Frank Pallone
Ranking Member
House Committee on Energy and Commerce
2322A Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Walden and Ranking Member Pallone,

On behalf of the United South and Eastern Tribes Sovereignty Protection Fund (USET SPF), we write in strong support of the reauthorization of the Special Diabetes Program found in the draft “Community Health And Medical Professionals Improve Our Nation Act of 2017” or the “CHAMPION Act” scheduled for consideration by the House Committee on Energy and Commerce on Wednesday, October 4. The Special Diabetes Program provision within the CHAMPION Act consists of a two year reauthorization at \$150 million for the Special Diabetes Program for Indians (SDPI) which is a lifesaving initiative for the treatment and prevention of type-2 diabetes in Indian Country. Funding for SDPI had been previously provided for two years through Fiscal Year (FY) 2017 at \$150 million, and will now expire on December 31, 2017 due to the passage of a three month extension included in the Disaster Tax Relief and Airport and Airway Extension Act on September 29th.

USET SPF is a non-profit, inter-tribal organization representing 26 federally recognized Tribal Nations from Texas across to Florida and up to Maine¹. Both individually, as well as collectively through USET SPF, our member Tribal Nations work to improve health care services for American Indians. Our member Tribal Nations operate in the Nashville Area of the Indian Health Service (IHS), which contains 36 IHS and Tribal health care facilities. Our citizens receive health care services both directly at IHS facilities, as well as in Tribally-operated facilities under contracts with IHS pursuant to the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638.

In 1997, Congress established the SDPI to address the high prevalence of diabetes in Indian Country, which suffers from an incidence of type-2 diabetes that is twice the national average and a mortality rate which is 3-4 times greater. Further, care for American Indians/Alaska Natives (AI/ANs) with diabetes costs the Indian Health System three times more than care for those without the disease. As a result of programs administered under SDPI, between 2003 and 2014, programs in the IHS Nashville Area increased the number of patients with a blood sugar (a1C) level of <8 (in control) by 20% and improved control of LDL (“bad”) cholesterol by 47%. Over the past two decades, the rate of kidney failure among Native Americans

¹ USET SPF member Tribal Nations include: Alabama-Coushatta Tribe of Texas (TX), Aroostook Band of Micmac Indians (ME), Catawba Indian Nation (SC), Cayuga Nation (NY), Chitimacha Tribe of Louisiana (LA), Coushatta Tribe of Louisiana (LA), Eastern Band of Cherokee Indians (NC), Houlton Band of Maliseet Indians (ME), Jena Band of Choctaw Indians (LA), Mashantucket Pequot Indian Tribe (CT), Mashpee Wampanoag Tribe (MA), Miccosukee Tribe of Indians of Florida (FL), Mississippi Band of Choctaw Indians (MS), Mohegan Tribe of Indians of Connecticut (CT), Narragansett Indian Tribe (RI), Oneida Indian Nation (NY), Passamaquoddy Tribe at Indian Township (ME), Passamaquoddy Tribe at Pleasant Point (ME), Penobscot Indian Nation (ME), Poarch Band of Creek Indians (AL), Saint Regis Mohawk Tribe (NY), Seminole Tribe of Florida (FL), Seneca Nation of Indians (NY), Shinnecock Indian Nation (NY), Tunica-Biloxi Tribe of Louisiana (LA), and the Wampanoag Tribe of Gay Head (Aquinnah) (MA).

dropped 54%. SDPI's investment in prevention allows federal dollars to be redirected to other urgent health care needs in Tribal communities, and saves money on the expensive treatment of diabetes-related complications. Now in its 20th year, implementation of SDPI has not only proven to be an enormous return on federal investment but has been a proven lifesaver for those AI/ANs afflicted with the disease.

In order to continue to make progress on the devastating effects of diabetes within Indian Country, Congress must reauthorize SDPI beyond the first quarter of Fiscal Year (FY) 2018. USET SPF Tribal Nations and other federally recognized Tribal Nations across the country depend on the funding within this vital program to battle this debilitating disease. Any interruption in funding would result in the loss of qualified program staff, thousands of quality jobs providing SDPI services within Indian Country and increase the administrative burden of both the IHS Division of Grants Management and Tribal Nations.

In addition, though a two year authorization will help avoid lapses in funding, USET SPF strongly encourages the Committee to consider an extension that would reauthorize SDPI for 7 years (FY18-FY24) and would provide for increases based on medical inflation. USET SPF is urging Congress to reauthorize the SDPI for multiple years at no less \$150 million/year, with incremental increases each year based on medical inflation rates.

Thank you for your consideration of the CHAMPION Act legislation that includes the Special Diabetes Program provision for a two-year reauthorization of SDPI, as well as your attention to the need for a longer reauthorization. Tribal Nations across the country depend on this vital funding that has been successful in the fight to prevent diabetes. USET SPF urges the Committee to support the continued progress in the treatment and prevention of this debilitating disease among our Nation's first people. Should you have any questions or require further information, please contact Ms. Liz Malerba, USET SPF Director of Policy and Legislative Affairs, at L.Malerba@usetinc.org or 202-624-3550.

Sincerely,



Kirk Francis
President



Kitcki A. Carroll
Executive Director