

Good afternoon USET Tribal Leaders:

Monday, March 31st, by a vote of 64-35, the U.S. Senate approved H.R. 4302, *The Protecting Access to Medicare Act of 2014*. The passage of this legislation is a crucial victory for Tribes, as it contains a one-year extension of the Special Diabetes Program for Indians (SDPI), through September 2015, at \$150 million. The extension is particularly important for Nashville Area Tribes, who have one of the highest incidences of diabetes in Indian Country and nationally at a rate of 22.6%.

Buford Rolin, Chairman of the Poarch Band of Creek Indians, as well as Chairman and Nashville Area Representative to the Tribal Leaders Diabetes Committee offered the following statement, *"We are pleased that Congress continues to recognize the great progress and great necessity of the SDPI program. For over a decade, SDPI grantees in the Nashville Area have made major strides in the fight against type-2 diabetes. While a multi-year reauthorization would allow Tribes the opportunity to fully tackle the epidemic within our communities, this additional year of funding is a crucial bridge in our work to ensure greater certainty and years of uninterrupted access to these life-saving programs."*

The results from SDPI programs offer hope for the future of prevention since there is still no cure for diabetes. As the 24 programs in the Nashville Area work with our young people to develop the healthy habits that will someday make type-2 diabetes a thing of the past, they help those who are afflicted to manage and, in some cases, reverse the disease. Between 2003 and 2012, Nashville Area grantees successfully improved blood sugar control by 13%, blood pressure by 5%, and "bad" (LDL) cholesterol by 46%. This type of progress in disease management not only saves lives, but it saves the Indian Health Service and Tribal health programs millions of dollars in treatment, around \$90,000 per person annually, for the later stages of the illness.

Although Tribes and Tribal organizations continue to advocate for a five-year reauthorization of SDPI, this extension preserves access to vital diabetes prevention and management services, as well as the staffing infrastructure Tribes have worked so hard to develop. USET remains committed to working with Congress to see a multi-year reauthorization of the program. This type of certainty in funding would allow SDPI staff to focus on providing quality care to their communities and not on whether they will continue to have a job.

The bill also provides for a one-year patch to the Sustainable Growth Rate (SGR), a Medicare provider payment formula that would have resulted in double-digit cuts to physicians on April 1st and delays ICD-10 implementation until October 1, 2015.

"USET is encouraged to learn that the fight against diabetes in Indian Country will continue for another year," said USET President, Brian Patterson, *"Many thanks are due to the Tribes and Tribal advocates who worked tirelessly to build support for SDPI on Capitol Hill, as well as to Members of Congress who ensured the extension was included in SGR legislation. This*

extension is an important step forward, but we must now turn our focus toward the stabilization of SDPI through a multi-year reauthorization. Longer, and one day, permanent, funding for SDPI will allow our Tribes to secure healthier futures for our people."

Since the House of Representatives approved the measure by voice vote last Thursday, H.R. 4302 will now proceed to the President's desk for his signature.

We hope that you will join us in advocating for a five-year reauthorization of SDPI.

USET materials on SDPI have been attached for your use.

[SDPI Factsheet Updated Oct 2013](#)

[SDPI Site Visit Toolkit - Oct 2013](#)

[USET SDPI Resolution 2013:043](#)

Please also be sure to make use of our [SDPI Reauthorization video](#) in your advocacy efforts.

Thank you,

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