Special Diabetes Program for Indians: Legislative History

The *Special Diabetes Program for Indians* resulted from a bipartisan Congressional plan to provide funds for the treatment and prevention of diabetes in American Indians and Alaska Natives. This initiative came in the wake of increasing public concern about the human and economic costs of diabetes in the United States and its growing prevalence in vulnerable populations, particularly American Indians and Alaska Natives.

Congressional response to diabetes in Tribal communities

Congress established the initial *Special Diabetes Program for Indians* through the Balanced Budget Act of 1997 and augmented support for the Program through the Consolidated Appropriations Act of 2001 and House Resolution 5738 in 2004. As a result, the *Special Diabetes Program for Indians* now operates with a budget of $150 million per year.

The following table summarizes the Congressional appropriations enacted to support the *Special Diabetes Program for Indians.*

Legislation	Annual Funding	Legislative Intent
Balanced Budget Act of 1997 (Public Law 105-33)	$30 million per year (1998–2002)	Establish the original *Special Diabetes Program for Indians* grant program for the "prevention and treatment of diabetes" in American Indians and Alaska Natives. Conduct a comprehensive evaluation of the Program.
Consolidated Appropriations Act of 2001 (Public Law 106-554)	Added $70 million per year (2001–2002) $100 million for 2003	Continue diabetes treatment and prevention activities in Tribal communities. Implement a best practices approach to diabetes treatment and prevention. Build upon what the grant programs have learned.
House Resolution 5738 (Public Law 107-360)	$150 million per year (2004–2008)	Continue ongoing diabetes treatment and prevention activities in Tribal communities through the original *Special Diabetes Program for Indians* grant programs, now called the Community-Directed Diabetes Programs. Strengthen the IHS diabetes data infrastructure. Develop and implement competitive Demonstration Projects for: (1) primary prevention of diabetes in American Indians and Alaska Natives at risk for developing diabetes; and (2) cardiovascular disease risk reduction in American Indians and Alaska Natives with diabetes.

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