IHS Announces SDPI Grant Supplements, Consultation and Confer

Category: Policy Blog
written by Meredith Raimondi | May 21, 2026

On May 21, 2026, the Indian Health Service (IHS) issued a Dear Tribal Leader and Urban Indian Organization Leader letter announcing two significant actions related to the Special Diabetes Program for Indians (SDPI): administrative grant supplements for all current grantees and a commitment to Tribal Consultation and Urban Confer on additional funding. The letter was signed by IHS Chief of Staff Clayton Fulton.

Background

The Consolidated Appropriations Act, 2026 (P.L. 119-75), signed into law in February 2026, reauthorized SDPI at $200 million per year — a $41 million increase above the prior funding level and the highest authorization in program history. The law also provided $50 million for the first three months of FY 2027, extending authorization through December 31, 2026.

SDPI is authorized under Section 330C of the Public Health Service Act. Unlike discretionary programs, SDPI requires periodic Congressional reauthorization to continue and does not renew automatically. Thirty-one Urban Indian Organizations (UIOs) are among the 310 current SDPI grant recipients. SDPI grants are awarded on a calendar year cycle, distinct from the federal fiscal year appropriations cycle.

IHS Actions

Administrative supplements. IHS will distribute 25 percent administrative supplements to all 310 current SDPI grant recipients, drawing on one-time unobligated carryover SDPI funding. Remaining CY 2026 annual grant funding will be made available to recipients on or before June 30, 2026.

Tribal Consultation and Urban Confer. IHS announced its intention to conduct Tribal Consultation and Urban Confer regarding the use of additional SDPI funds resulting from the FY 2026 reauthorization increase. Details on the process will be forthcoming.

TLDC Engagement

The IHS Tribal Leaders Diabetes Committee (TLDC) is charged under IHS Circular 25-11 with making recommendations to the IHS Director on the distribution of SDPI funds and broad-based policy and advocacy priorities related to diabetes in American Indian and Alaska Native (AI/AN) communities. The TLDC has been actively engaged with IHS on SDPI funding administration. NCUIH serves as a technical advisor to the TLDC, representing the interests of urban AI/AN communities and the UIOs that serve them.

Next Steps

NCUIH will continue to monitor developments related to SDPI reauthorization, the forthcoming Tribal Consultation and Urban Confer process, and IHS’s administration of SDPI funding.