Special Diabetes Program for Indians Faces Funding Cliff Without Congressional Reauthorization

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The Consolidated Appropriations Act, 2026 (P.L. 119-75), signed into law in February 2026, reauthorized the Special Diabetes Program for Indians (SDPI) at $200 million per year — a 25% increase and the highest funding level in program history. The law also sets the stage for a critical decision point: SDPI's authorization expires December 31, 2026, and without further Congressional action, the program will lose all funding authority on January 1, 2027.

SDPI is authorized under Section 330C of the Public Health Service Act. The $49.4 million reflected in the FY 2027 President's Budget represents approximately one quarter of the annual $200 million level — roughly three months of funding before the authorization expires — minus $1 million in automatic sequestration cuts. The Office of Management and Budget (OMB) also elected not to include any mandatory program funding projections across the government in this year's budget submission, which further contributes to SDPI appearing as a reduction.

Thirty-one Urban Indian Organizations (UIOs) receive SDPI grants. A lapse in authorization would cut off diabetes prevention and treatment services at tribal and urban Indian programs.

Congressional Action

At the April 21, 2026, Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies (LHHS) hearing on the FY 2027 HHS budget, Senator Jeanne Shaheen (D-NH) raised SDPI as part of a broader statement on the administration's proposed cuts to diabetes prevention and research. Noting that 42 million Americans are currently living with diabetes and that American Indian and Alaska Native communities face disproportionately high rates of the disease, Senator Shaheen highlighted the apparent 75% reduction to SDPI alongside the elimination of CDC diabetes education programs and the termination of a major diabetes and dementia research study. Senator Shaheen, along with Senator Susan Collins (R-ME), led the bipartisan effort that secured the most recent SDPI reauthorization and the $200 million funding level enacted in February 2026.

Pending Legislation

On July 8, 2025, Senators Collins and Shaheen introduced S. 2211, the *Special Diabetes Program Reauthorization Act of 2025*, to reauthorize both the Special Diabetes Program for Type 1 Diabetes and the Special Diabetes Program for Indians. The bill was referred to the Senate Committee on Health, Education, Labor, and Pensions (HELP), where it remains pending. A House companion bill, H.R. 5461, was also introduced. The legislation has drawn bipartisan support, with 11 cosponsors across both parties. Congress must pass reauthorization legislation before December 31, 2026, to prevent a lapse in program authority.

Background

SDPI was established to address the disproportionately high rates of diabetes among American

Indian and Alaska Native populations. The program funds prevention, treatment, and education initiatives at tribal and urban Indian health programs across the country. As a mandatory appropriation, SDPI requires periodic Congressional reauthorization to continue — it does not renew automatically each year like discretionary programs.

Next Steps

Congress must act to pass S. 2211 or comparable reauthorization legislation before December 31, 2026, to prevent a lapse in program authority. NCUIH will continue to monitor SDPI reauthorization efforts and advocate for continuation of the program at the full $200 million funding level.