

115TH CONGRESS
1ST SESSION

H. R. 2545

To reauthorize the special diabetes programs for Indians.

IN THE HOUSE OF REPRESENTATIVES

MAY 18, 2017

Mrs. TORRES (for herself, Mr. YOUNG of Alaska, Mr. COLE, Mr. LAMALFA, and Ms. MCCOLLUM) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To reauthorize the special diabetes programs for Indians.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Special Diabetes Pro-
5 gram for Indians Reauthorization Act of 2017”.

6 **SEC. 2. FINDINGS.**

7 Congress finds that:

8 (1) American Indians and Alaska Natives are
9 disproportionately affected by diabetes.

10 (2) Approximately 16 percent of American In-
11 dian and Alaska Native people have diabetes com-

1 pared to only 12 percent of the general United
2 States population.

3 (3) The death rate due to diabetes for Amer-
4 ican Indians and Alaska Natives is 1.6 times higher
5 than for the general population.

6 (4) In response to the growing epidemic of dia-
7 betes among Native communities, Congress author-
8 ized the Special Diabetes Programs for Indians in
9 1997.

10 (5) Since the first authorization, the Special Di-
11 abetes Programs for Indians have—

12 (A) made it possible for Native commu-
13 nities to develop and sustain quality diabetes
14 treatment and prevention programs, includ-
15 ing—

16 (i) a 40-percent increase in number of
17 diabetes clinics;

18 (ii) a 42-percent increase in access to
19 registered nutritionists; and

20 (iii) a 61-percent increase in avail-
21 ability of culturally tailored education pro-
22 grams;

23 (B) resulted in concrete health outcomes,
24 like a 48-percent decrease in end-stage renal

1 disease among American Indian and Alaska Na-
2 tive populations; and

3 (C) led to millions of dollars in healthcare
4 cost savings by decreasing the prevalence of
5 costly preventable diabetes complications.

6 (6) Due to the continued positive impact of the
7 Special Diabetes Programs for Indians on Native
8 communities and the large return on investment for
9 healthcare funding, Congress has shown its support
10 for the programs by—

11 (A) reauthorizing the Special Diabetes
12 Programs for Indians no less than 8 times; and

13 (B) sending letters of support for the Spe-
14 cial Diabetes Programs to Congressional leader-
15 ship signed by more than 350 Representatives
16 and 75 Senators.

17 **SEC. 3. REAUTHORIZATION OF THE SPECIAL DIABETES**
18 **PROGRAMS FOR INDIANS.**

19 Section 330C(e) of the Public Health Service Act (42
20 U.S.C. 254c-3(e)) is amended by striking paragraph (2)
21 and inserting the following:

22 “(2) APPROPRIATIONS.—

23 “(A) IN GENERAL.—For the purpose of
24 making grants under this section, there is ap-

1 appropriated, out of any money in the Treasury
2 not otherwise appropriated—

3 “(i) \$150,000,000 for fiscal year
4 2018; and

5 “(ii) the amount specified in subpara-
6 graph (B) for each of fiscal years 2019
7 through 2024.

8 “(B) INFLATION ADJUSTMENT.—

9 “(i) IN GENERAL.—In the case of any
10 of fiscal years 2019 through 2024, the dol-
11 lar amount in subparagraph (A)(i) shall be
12 increased by an amount equal to the prod-
13 uct of—

14 “(I) such dollar amount; and

15 “(II) the percentage increase in
16 the medical care component of the
17 consumer price index for the previous
18 fiscal year as calculated by United
19 States Bureau of Labor Statistics.

20 “(ii) ROUNDING.—If the amount of
21 any increase under clause (i) is not a mul-
22 tiple of \$10, such increase shall be rounded
23 to the next lowest multiple of \$10.”.

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