

**Support the Special Diabetes Program: An Effective and Vital Program that Improves Lives
by Advancing Research and Reducing Health Care Costs**

Organizations in Support: JDRF, American Diabetes Association, Endocrine Society, National Indian Health Board, National Council of Urban Indian Health, Diabetes Patient Advocacy Coalition and Lions Clubs International

Dear Colleague:

As Co-Chairs of the House Diabetes Caucus, we ask you to join us in signing a letter to Speaker Pelosi and Republican Leader McCarthy to support reauthorization of the critical Special Diabetes Program (SDP). The SDP is a vital program that is improving the lives of the 30 million Americans with diabetes and 84 million Americans with prediabetes. This program generates considerable savings for our nation's health care system. We need urgent action to preserve and continue the essential work of this program, which expires on September 30.

Diabetes costs the U.S. economy roughly \$327 billion annually—more than any other disease. People with diabetes have health care costs 2.3 times greater than those without diabetes. In addition, one in four health care dollars and one in three Medicare dollars are spent treating diabetes and its complications, which can include kidney disease, blindness, and amputations. Diabetes is also a major cause of heart disease and stroke.

The Special Diabetes Program consists of two components: (1) the Special Statutory Funding Program for Type 1 Diabetes Research, which supports research to prevent, treat, and cure type 1 diabetes, and the (2) Special Diabetes Program for Indians, which supports type 2 diabetes (T2D) treatment and prevention strategies for American Indian and Alaska Native populations (AI/AN), who are disproportionately burdened with T2D.

Supporting SDP will continue the momentum in diabetes research and help bring diabetes-related costs under control. We encourage you to join us in recognizing the importance of SDP by signing the attached letter. **To add your name to the letter or for additional information on the program, please contact Sahil Chaudhary with Congresswoman Diana DeGette's office (Sahil.Chaudhary@mail.house.gov) or Logan Hoover with Congressman Tom Reed's office (Logan.Hoover@mail.house.gov).**

Sincerely,

Diana DeGette
Member of Congress

Tom Reed
Member of Congress

February XX, 2019

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Kevin McCarthy
Republican Leader
U.S. House of Representatives
Washington, D.C. 20515

Dear Speaker Pelosi and Republican Leader McCarthy:

We write today to thank you for your strong and steadfast support of the Special Diabetes Program and ask for your commitment to reauthorize the program prior to the expiration of its current authorization in September 2019. The Special Diabetes Program is comprised of two important components: the Special Statutory Funding Program for Type 1 Diabetes Research (SDP) and the Special Diabetes Program for Indians (SDPI). Without question, the lives of roughly 30.3 million individuals with diabetes, 84.1 million with prediabetes, and countless families impacted by the disease have benefited from these critical programs.¹ It is essential that we continue to invest in the research necessary to develop a cure for diabetes, as well as support the programs that help prevent and treat the disease and its complications.

Diabetes is our country's most costly disease in both human and economic terms, affecting people of all ages, races, and in every region of our country.² It is the number one cause of kidney disease, blindness in working-age adults, and lower-limb amputations.^{2,3,4} In addition, it is a leading cause of heart disease and stroke.⁵ Approximately one in four health care dollars and one in three Medicare dollars are spent treating people with diabetes.^{2,6} The total cost of diagnosed diabetes in the United States in 2017 was \$327 billion, with \$237 billion for direct medical costs and another \$90 billion due to reduced productivity.² Medical expenditures for individuals diagnosed with diabetes are roughly 2.3 times higher than expenditures for those without the disease.²

Overall, the economic costs of diabetes, adjusted for inflation, increased by 26 percent from 2012 to 2017, and these costs are expected to increase as the number of people with diabetes continues to grow.² According to the Centers for Disease Control and Prevention's 2017 National Diabetes Statistics Report, an estimated 1.5 million new cases of diabetes (6.7 per 1,000 persons) were diagnosed among U.S. adults in 2015.¹

While the increase in these statistics is very concerning, the SDP is making meaningful progress. SDP funds research that is leading directly to the development of new insights and therapies that are improving the lives of those with diabetes and accelerating progress towards curing and preventing the disease. Likewise, the SDPI is having a significant and positive impact on the health of American

¹ Centers for Disease Control and Prevention. *National Diabetes Statistics Report, 2017*. US Department of Health and Human Services. Atlanta, GA: Centers for Disease Control and Prevention, 2017.

² American Diabetes Association. "Economic Costs of Diabetes in the U.S. in 2017." *Diabetes Care* 41, no. 5 (May 2018): 917-28. doi:<https://doi.org/10.2337/dci18-0007>.

³ Li, Y., N. R. Burrows, E. W. Gregg, A. Albright, and L. S. Geiss. "Declining Rates of Hospitalization for Nontraumatic Lower-Extremity Amputation in the Diabetic Population Aged 40 Years or Older: U.S., 1988-2008." *Diabetes Care* 35, no. 2 (February 2012): 273-77. doi:10.2337/dc11-1360.

⁴ "Facts About Diabetic Eye Disease." National Eye Institute. September 01, 2015. Accessed February 06, 2019. <https://nei.nih.gov/health/diabetic/retinopathy>.

⁵ "Putting the Brakes on Diabetes Complications." Centers for Disease Control and Prevention. December 21, 2017. Accessed February 06, 2019. <https://www.cdc.gov/features/preventing-diabetes-complications/index.html>.

⁶ Gold, Marsha, Sc.D., Ronette Briefel, Dr.P.H., R.D., and The MPR Study Team. *Study of Federal Spending on Diabetes: An Opportunity for Change*. Report. Mathematica Policy Research, 2007.

Indians and Alaska Natives (AI/AN), who are disproportionately affected by type 2 diabetes.¹ The SDPI is making it possible to develop and sustain quality diabetes treatment and prevention programs in AI/AN communities where they are most needed.

Some notable developments from SDP and SDPI include:

- **Artificial Pancreas (AP) Systems:** SDP-funded research greatly accelerated the development of AP systems, which have shown the ability to reduce costly and burdensome type 1 diabetes (T1D) complications and improve the quality of life for those with the disease.⁷ SDP funds led to the first fully automated insulin-dosing system being made available to patients in 2017, some 5 to 7 years earlier than expected. Multiple other AP systems are being tested in outpatient trials.⁷ According to one study, the use of AP systems in adults could save Medicare roughly \$1 billion over 25 years.⁸
- **Kidney Disease:** Researchers have discovered that 6.5 years of intensive blood glucose control can cut in half the onset of impaired kidney function in people with T1D.⁹ This reduction in end-stage renal disease could save Medicare roughly \$126 billion over 25 years. Kidney disease in AI/AN individuals is also in decline. Between 1996 and 2013, incidence rates of end-stage renal disease (ESRD) in AI/AN individuals with diabetes declined by 54 percent.¹⁰ The decrease in ESRD incidence has resulted in a 29 percent decrease in prevalence of ESRD since 2000, representing the only instance of a decline in adjusted prevalence for a major racial group.¹¹
- **Eye Therapies:** SDP-funded research discovered that combining a drug with laser therapy can reverse vision loss in people living with diabetes.⁷ The SDP also filled a critical research gap by funding a head-to-head comparison of three drugs for the treatment of diabetic eye disease. The results are helping patients, clinicians, and insurers to identify the right therapy and course of treatment for each individual person.⁷ During the SDP era, diabetic eye disease rates have decreased by 50 percent for AI/ANs, resulting in a reduction of vision loss and blindness among AI/AN patients.¹²
- **Prevention:** A truly groundbreaking 15-year study of 8,600 children is currently ongoing to determine what environmental factors influence the onset of T1D. Researchers believe that

⁷ U.S. Department of Health and Human Services. National Institutes of Health. *Special Statutory Funding Program for Type 1 Diabetes Research: Progress Report*. Bethesda, MD: National Institute of Diabetes and Digestive and Kidney Diseases, 2016.

⁸ O'Grady, Michael J., Priya John, and Aaron Winn. "Substantial Medicare Savings May Result If Insurers Cover 'Artificial Pancreas' Sooner For Diabetes Patients." *Health Affairs* 31, no. 8 (2012): 1822-829. doi:10.1377/hlthaff.2011.1052.

⁹ The Diabetes Control and Complications Trial Research Group. [The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin dependent diabetes mellitus.](#) *The New England Journal of Medicine*. 1993;329(14):977-986. doi:10.1056/NEJM199309303291401.

¹⁰ Bullock A, Burrows NR, Narva AS, et al. Vital Signs: Decrease in Incidence of Diabetes-Related End-Stage Renal Disease among American Indians/Alaska Natives — United States, 1996–2013. *MMWR Morb Mortal Wkly Rep* 2017;66:26-32. DOI: <http://dx.doi.org/10.15585/mmwr.mm6601e1>.

¹¹ United States Renal Data System. *2015 USRDS Annual Data Report*. Vol. 2. ESRD in the United States. Ann Arbor, MI. 149.

¹² "Special Diabetes Program For Indians: Changing the Course of Diabetes." IHS Division of Diabetes Treatment and Prevention. July 2017. Accessed February 7, 2019. https://www.ihs.gov/sdpi/includes/themes/responsive2017/display_objects/documents/factsheets/SDPI_FactSheet_July2017.pdf.

by identifying specific triggering factors, new strategies can be developed to prevent the initial onset of the disease.¹³ Communities with SDPI-funded programs have seen a 54 percent increase in nutrition services, a 72 percent increase in community walking and running programs, a 59 percent increase in adult weight management programs, and a 56 percent increase in weight management for children and youth.^{14,15}

- **Glucose Control:** The average blood sugar level, as measured by the hemoglobin A1C test, decreased from 9.0 percent in 1996 to 8.1 percent in 2014 in the AI/AN population.¹⁴ Every percentage point drop in A1C can reduce the risk of eye, kidney, and nerve complications by up to 40 percent.¹⁶

Clearly, the SDP and SDPI are improving the lives of the over 114 million Americans living with or at risk of developing diabetes, while also greatly reducing the long-term health care expenditures related to its complications. However, further investment in these vital programs is essential to continue outreach and education, plan next steps for research programs, and effectively allocate resources – all of which play an important role in helping to better treat, prevent, and ultimately cure diabetes.

Thanks to your leadership, both components of the Special Diabetes Program continue to receive strong bipartisan support. We look forward to working with you to ensure that these programs together remain a beacon of hope for all Americans living with or at risk of diabetes.

Sincerely,

Diana DeGette
Member of Congress

Tom Reed
Member of Congress

¹³ "NIDDK: The Environmental Determinants of Diabetes in the Young (TEDDY)." National Institute of Diabetes and Digestive and Kidney Diseases. Accessed February 06, 2019. <https://repository.niddk.nih.gov/studies/teddy/>.

¹⁴ U.S. Department of Health and Human Services, Indian Health Service. *Special Diabetes Program for Indians 2014 Report to Congress*. Rockville, MD. April 2016. https://www.ihs.gov/newsroom/includes/themes/responsive2017/display_objects/documents/RepCong_2016/SDPI_2014_Report_to_Congress.pdf

¹⁵ U.S. Department of Health and Human Services, Indian Health Service. *Special Diabetes Program for Indians 2011 Report to Congress*. Rockville, MD. https://www.ihs.gov/newsroom/includes/themes/newihstheme/display_objects/documents/RepCong_2012/2011RTC_Layout_10102012_508c.pdf

¹⁶ "National Diabetes Fact Sheet: National Estimates and General Information on Diabetes and Prediabetes in the United States, 2011." U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Accessed February 6, 2019. https://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf.