

United States Senate

WASHINGTON, DC 20510

March 4, 2019

Dear Colleague:

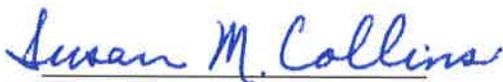
As co-chairs of the Senate Diabetes Caucus, we write today to invite you to recognize the importance of lifesaving diabetes research by joining the attached bipartisan letter to Senate leadership in support of reauthorizing the Special Diabetes Program before it expires on September 30, 2019.

Diabetes continues to be one of this country's most costly disease in both human and economic terms. The statistics are overwhelming. Approximately one in four healthcare dollars and one in three Medicare dollars are spent treating people with diabetes. Diabetes cost our nation \$327 billion in 2017, with the economic costs of diabetes increasing by 26 percent from 2012 to 2017. Meanwhile, the prevalence of diabetes is also increasing, as an estimated 1.5 million new cases of diabetes were diagnosed among U.S. adults in 2015.

While the increase in these statistics is concerning, the Special Diabetes Program is making meaningful progress. The program 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. The program is also making a significant and positive impact on the health of American Indians and Alaska Natives, who are disproportionately affected by type 2 diabetes, at nearly three times the rate of the national average.

Reauthorizing the Special Diabetes Program will continue the current momentum in diabetes research and care, as well as efforts to bring diabetes-related costs under control. We encourage you to join us in recognizing the importance of the SDP program by signing the attached letter. We also invite you to be part of our efforts throughout the year by becoming a member of the Senate Diabetes Caucus. To sign onto the Special Diabetes Program letter or join the Senate Diabetes Caucus, please contact Amy Pellegrino at Amy_Pellegrino@aging.senate.gov or Peter Fise at Peter_Fise@shaheen.senate.gov.

Sincerely,



Susan M. Collins
U.S. Senator



Jeanne Shaheen
U.S. Senator

Dear Leader McConnell and Leader Schumer:

We are writing to thank you for your strong and steadfast support of the Special Diabetes Program (SDP) and ask for your commitment to reauthorize this vital program prior to the expiration of its current authorization on September 30, 2019. For more than twenty years, the Special Diabetes Program – comprised of the Special Statutory Funding Program for Type 1 Diabetes Research and the Special Diabetes Program for Indians – has worked to improve the lives of the more than 30 million Americans with diabetes and has provided a solid return on a modest federal investment.

Diabetes continues to be one of this country's most costly disease in both human and economic terms. It is a leading cause of kidney disease, blindness in working-age adults, lower-limb amputations, heart disease and stroke. Approximately one in four healthcare dollars and one in three Medicare dollars are spent treating people with diabetes. Diabetes cost our nation \$327 billion in 2017. The economic costs of diabetes increased by 26 percent from 2012 to 2017. Meanwhile, the prevalence of diabetes is increasing, as an estimated 1.5 million new cases of diabetes were diagnosed among U.S. adults in 2015.

While the increase in these statistics is concerning, the Special Diabetes Program is making meaningful progress. The program 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. The program is also making a significant and positive impact on the health of American Indians and Alaska Natives, who are disproportionately affected by type 2 diabetes, at nearly three times the rate of the national average.

Some notable developments from the Special Diabetes Program 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. SDP funds led to the first fully automated insulin-dosing system being made available to patients in 2017, some 5-7 years earlier than expected.
- **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. The Special Diabetes Program for Indians has also shown a 54 percent reduction in the incidence of end-stage renal disease among individuals with diabetes from 1996 - 2013.
- **Eye Therapies:** Researchers discovered that combining a drug with laser therapy can reverse vision loss in people living with diabetes. The SDP also filled a critical research gap by funding comparison of three drugs for the treatment of diabetic eye disease. During the SDP era, diabetic eye disease rates have decreased by 50 percent for American Indians and Alaskan Natives.

- **Prevention:** A groundbreaking 15-year study of 8,600 children is ongoing to determine what environmental factors influence the onset of T1D, which can lead to new prevention strategies. Communities with Special Diabetes Program for Indians have seen significant increases in programs to improve nutrition, exercise, and weight management.
- **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 American Indian and Alaskan Native population, resulting in reduced the risk of eye, kidney, and nerve complications.

These are only a few of the many developments that are the result of the Special Diabetes Program. The groundbreaking discoveries made possible by this program are already improving the lives of the more than 30 million Americans living with diabetes, while charting a path for a better future for the 84 million Americans with prediabetes. While improving healthcare outcomes, the Special Diabetes Program also has the potential to reduce long-term health care expenditures related to diabetes and its complications. Further investment in this vital program is essential to continue large-scale trials, plan next steps for research programs, conduct outreach and education, and effectively allocate research resources – all of which play an important role in helping to better treat, prevent, and ultimately cure diabetes.

As a result of all of the positive impacts from these programs, the SDP continues to receive strong bipartisan support. We look forward to ongoing work with you to ensure that these critical programs can continue to provide vital support for all Americans living with or at-risk of developing diabetes.

Sincerely,

Susan M. Collins
United States Senator

Jeanne Shaheen
United States Senator