

Congress of the United States
Washington, DC 20515

**Join Us in Recognizing the Special Diabetes Program: An Effective Program that is
Advancing Research, Improving Lives and Yielding Health Care Cost Savings**

July 10, 2013

Dear Colleague:

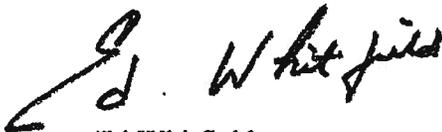
As Co-Chairs of the Congressional Diabetes Caucus, we are writing to ask that you join us in recognizing the importance of the Special Diabetes Program (SDP) by signing the attached letter. The SDP is improving the lives of the 26 million Americans who have diabetes and leading to cost savings for our nation's health care system.

In 2012, diabetes cost the U.S. \$245 billion, a staggering 41 percent increase from 2007, when the costs were estimated at \$174 billion. Many of these costs are associated with diabetes-related complications, including kidney failure, amputations, and blindness. Diabetes is also a major cause of heart disease and stroke.

The Special Diabetes Program consists of two parts – the Special Diabetes Program for Type 1 Diabetes (SDP) and the Special Diabetes Program for Indians (SDPI), addressing American Indians and Alaska Natives (AI/AN), who are burdened disproportionately with type 2 diabetes at a rate of 2.8 times the national average. It also was announced recently that type 1 diabetes among American youth (people under age 20) rose by 23 percent between 2001 and 2009, according to the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC). Fortunately, the Special Diabetes Program is advancing research and human clinical studies to accelerate progress towards curing, treating, and preventing type 1 diabetes and diabetes in the AI/AN community, while yielding a strong return on investment documented in the attached letter.

Supporting the Special Diabetes Program now will continue the critical momentum in diabetes research and care and do more to help bring diabetes-related costs under control. We encourage you to join us in recognizing the importance of the SDP by signing the attached letter. **To add your name or for further information on the SDP, please contact Jackie White with Representative DeGette (jacquelyn.white@mail.house.gov) or Taylor Booth with Representative Whitfield (taylor.booth@mail.house.gov).** The deadline to sign is COB Wednesday, July 31, 2013.

Sincerely,



Ed Whitfield
Member of Congress



Diana DeGette
Member of Congress

July xx, 2013

The Honorable John Boehner
Speaker of the House
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Nancy Pelosi
Democratic Leader
U.S. House of Representatives
Washington, D.C. 20515

Dear Speaker Boehner and Democratic Leader Pelosi,

We write to ask for your continued support for the Special Diabetes Program (SDP), which is improving the lives of 26 million Americans who have diabetes and yielding a real return on the federal investment. Diabetes costs our nation over \$245 billion annually, a staggering 41 percent increase from 2007. It is also the leading cause of kidney failure, non-traumatic amputations, and blindness and a major cause of heart disease and stroke. Americans with diabetes incur medical expenses that are 2.3 times higher than those incurred by those without diabetes.

The National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) announced recently that type 1 diabetes among American youth (people under age 20) rose by 23 percent between 2001 and 2009. At this rate, type 1 diabetes will double every generation.

While the growth in these statistics is alarming, the Special Diabetes Program is making meaningful progress in research studies and human clinical trials that are accelerating progress towards curing, treating, and preventing type 1 diabetes. A few of the SDP research achievements that are improving lives and will ultimately yield significant savings to our nation's health care system include:

- Artificial pancreas (AP) technologies, which would help people to better manage their blood sugar levels and avoid long-term and costly complications, are being tested in outpatient human clinical trials approved by the Food and Drug Administration (FDA), and are closer to being on the market. A recent study estimates the use of AP technology in working age adults who have T1D will result in nearly \$1 billion in savings to Medicare over 25 years.
- The discovery that 6.5 years of intensive blood glucose control can cut in half the onset of impaired kidney function in T1D patients. This finding will enable steps to be taken well in advance to avoid end-stage renal disease (ESRD), and save Medicare over \$126 billion over 25 years. Diabetes is the leading cause of ESRD.
- A treatment that reached the market last year preserves and even improves vision in people who have diabetic eye disease. This advance makes the difference between being able to see well enough to drive or hold a job – or not – and carry out other daily activities.
- Immune therapy drugs have slowed the immune attack for approximately one year in patients newly diagnosed with type 1 diabetes. Patients required less insulin and had improved glucose control for a period of time.

A continued investment in SDP will allow key clinical trials to continue without interruption, such as building on our understanding of the genetic underpinnings and environmental triggers of type 1 diabetes so the disease can be prevented altogether.

The Special Diabetes Program is also making a tremendous difference in the health of American Indians and Alaska Natives (AI/AN), who are burdened disproportionately with type 2 diabetes at a rate of 2.8 times the national average. In these communities, the program has increased significantly the availability of diabetes prevention and treatment services for those with diabetes. These increased services have translated into remarkable improvements in diabetes care including:

- The Special Diabetes Program for Indians (SDPI) supported the first large-scale national evaluation of the effectiveness of lifestyle interventions on diabetes incidence in diverse AI/AN communities. This demonstration project successfully translated the landmark Diabetes Prevention Program clinical trial conducted by the NIH into the real world of tribal communities.
- The average blood sugar level, as measured by the hemoglobin A1C test, decreased from 9.0 percent in 1996 to 8.1 percent in 2010. Every percentage point drop in A1C results can reduce risk of eye, kidney, and nerve complications by 40 percent.
- Average low-density lipoprotein (LDL) cholesterol, which is associated with multiple health problems, declined from 118 mg/dL in 1998 to 94 mg/dL in 2011. Improved control of LDL cholesterol can reduce cardiovascular complications by 20-50 percent.
- Between 1995 and 2006, the incident rate of End-Stage Renal Disease in AI/AN people with diabetes fell by nearly 28 percent – a greater decline than any other racial or ethnic group. Given that Medicare costs per year for one patient on hemodialysis were approximately \$82,000 in 2009, this reduction in new cases of ESRD means a decrease in the number of patients requiring dialysis, translating into millions of dollars in cost savings for Medicare, the Indian Health Service, and other third party payers.

These are only a few of the many developments that are the result of the SDP. The groundbreaking discoveries made possible by the SDP are already improving diabetes care for the 26 million Americans combating the disease in ways that will reduce long-term health expenditures for costly diabetes complications. We are pleased that this program has received such overwhelming bipartisan support in the past and we look forward to working with you in the future to ensure the Special Diabetes Program can capitalize on the significant achievements to date and explore the opportunities that remain ahead.

Sincerely,