

# United States Senate

WASHINGTON, DC 20510

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

July 9, 2013

Dear Colleague:

As Co-Chairs of the Senate 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 is leading to cost savings for our nation's health care system.

In 2012, diabetes cost the United States \$245 billion, a staggering 41 percent increase from 2007, when the costs were estimated to be \$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 young 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 to cure, treat and prevent type 1 diabetes. It is also helping to prevent and treat diabetes in the AI/AN community, while yielding a strong return on investment documented in the attached letter.

Continuing support of the Special Diabetes Program now will maintain 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 Priscilla Hanley with Senator Collins ([Priscilla\\_Hanley@aging.senate.gov](mailto:Priscilla_Hanley@aging.senate.gov)) or Alison MacDonald with Senator Shaheen ([Alison\\_Macdonalds@shaheen.senate.gov](mailto:Alison_Macdonalds@shaheen.senate.gov)). The deadline to sign is COB Wednesday, July 31, 2013.

Sincerely,



Susan Collins  
United States Senator



Jeanne Shaheen  
United States Senator

SMC:phh

# United States Senate

WASHINGTON, DC 20510

July , 2013

The Honorable Harry Reid  
Majority Leader  
United States Senate  
Washington, D.C. 20510

The Honorable Mitch McConnell  
Republican Leader  
United States Senate  
Washington, D.C. 20510

Dear Majority Leader Reid and Republican Leader McConnell:

We are writing to thank you for your strong, ongoing support of the Special Diabetes Program (SDP) and ask that you continue to ensure that investments are made in this critical program, which is improving the lives of the 26 million Americans who have diabetes and yielding a real return on a modest federal investment.

Diabetes is one of our most costly diseases in both human and economic terms. Diabetes costs our nation more than \$245 billion annually – a staggering 41 percent increase from 2007 – and accounts for one out of three Medicare dollars. It is also the leading cause of kidney failure, blindness, and amputations not related to injury, and is a major cause of heart disease and stroke. Americans with diabetes incur medical expenses that are 2.3 times higher than those incurred without diabetes.

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

While the climb in these statistics is alarming, the Special Diabetes Program is making meaningful progress in helping us find ways to better treat, prevent, and ultimately even cure type 1 diabetes. The program is also making a tremendous difference in the health of American Indians and Alaska natives, who are disproportionately burdened with type 2 diabetes at a rate of 2.8 times the national average.

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). Notable advances from the SDP include:

- Artificial pancreas technologies, which will 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 that the use of this technology in working-age adults who have type 1 diabetes 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 type 1 diabetes patients. This finding will enable steps to be taken well in advance to avoid end-stage renal disease (ESRD), and save Medicare more than \$126 billion over 25 years. Diabetes is the leading cause of ESRD.
- A treatment reached the market last year that 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 the 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 that 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. In these communities, the program has significantly increased the availability of diabetes prevention and treatment services, which 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 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 40 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 Special Diabetes Program. The groundbreaking discoveries made possible by this program are already improving diabetes care for the 26 million Americans combating the disease in ways that will reduce long-term health expenditures from costly diabetes complications.

Thank you for your past support of this important program, which has received overwhelming bipartisan support in the past. We look forward to working with you to ensure the Special Diabetes Program continues to capitalize on the significant achievements to date and explore the opportunities that remain ahead.

Sincerely,

Susan Collins  
United States Senator

Jeanne Shaheen  
United States Senator

SMC:pjh