



CONGRESS AT HOME



What Do I Talk About?

Constituent meetings give Advocates a chance to educate members of Congress and ask for their support for people affected by diabetes by advocating for funding for diabetes research and programs and insulin affordability. Use these talking points and fact sheets to guide your discussions with your members of Congress.

Leave Behind Fact Sheets - Print and provide to your members of Congress:

- Costs of Diabetes
- NIDDK
- Insulin Affordability
- CDC
- SDP
- Your State

Start the meeting by explaining your personal connection to diabetes. If multiple advocates attend the meeting, each can briefly share their story. Make sure that a person without a connection to diabetes can easily understand (explain diabetes acronyms like hbA1C, CGM, etc. if you use them).

Explain that diabetes is serious, costly, and a threat to our nation's health care system and economy.

Statistics to share:

- 30.3 million Americans have diabetes and 84.1 million more have prediabetes
- About 1.25 million American kids and adults have type 1 diabetes
- <See your State Fact Sheet in Leave Behind Materials for impact of diabetes in your state>
- The total cost of diagnosed diabetes and prediabetes in the U.S. was \$327 billion in 2017
- This foretells an unacceptable future that our country can avoid, if we act now!

Share how your legislator can act to support people affected by diabetes by making specific requests for their support. *(See next pages for background. Use the talking points and make the "ask" for each topic.)*

Special Diabetes Program

STATUS: *The Special Diabetes Program (SDP) is funded until September 30, 2019. SDP has the support of 378 Members of Congress and 68 Senators who signed a letter urging its renewal.*

- SDP funds type 1 diabetes research and type 2 diabetes prevention and treatment programs for American Indians and Alaska Natives, and is currently funded at \$150 million per program per year.
- SDP research funding has led to breakthroughs in finding the genetic causes of type 1 diabetes, new devices to manage blood glucose, improved treatment to prevent complications, and made progress toward finding a cure. More research is needed to continue improving treatments and ultimately cure type 1.
- At 15%, Native Americans have the highest rate of diabetes in the U.S. of any ethnic group, and until recently, Native Americans had the highest rate of kidney failure. Kidney failure from diabetes dropped by 54% in Native communities between 1996-2013 in large part due to SDP.

✓ **ASK:** Do you support renewing the Special Diabetes Program before it expires on September 30?



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Federal Funding for Diabetes Research & Programs

We call on Congress to continue to invest in effective diabetes research and prevention programs at the National Institutes of Health (NIH) and Centers for Disease Control and Prevention (CDC):

- Provide \$2.165 billion in FY 2020 funding for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at NIH to support discoveries of better treatments and eventually a cure to end this epidemic.
- Provide \$185 million in FY 2020 funding for the Division of Diabetes Translation (DDT) at CDC to help individuals prevent and manage diabetes and its terrible complications, and to support CDC's surveillance and outcomes-based studies.
- Provide \$30 million in FY 2020 funding for the National Diabetes Prevention Program (National DPP) to expand evidence-based community prevention of type 2 diabetes.

✓ **ASK: Will you support the Association's federal funding priorities for NIDDK, DDT, and the National DPP?**

Insulin Affordability

- For millions of Americans with diabetes, including everyone with type 1 diabetes, access to insulin is a matter of life and death. There is no medication that can be substituted for insulin.
- The average price of insulin has skyrocketed in recent years—nearly tripling between 2002 and 2013.
- The ADA has released a Public Policy Statement laying out what Congress could do to make insulin more affordable, including:
 - Increase price transparency through the supply chain.
 - Lower or remove patient cost-sharing.
 - Increase access to health care coverage for all people with diabetes.
- The American Diabetes Association is calling for immediate action and urging Congress to consider the ADA's recommended proposals in the Policy Statement, and to continue to hold hearings with all entities in the insulin supply chain to better understand the reasons for the dramatic increases in insulin prices.
- Legislation has been introduced **in the Senate**, that encourages manufacturers to lower their list prices to 2006 levels by restricting the use of list-price based rebates that do not benefit the individual with diabetes at the pharmacy counter. Insulins with lowered prices will also be protected from formulary changes that do not benefit individuals with diabetes and will not be subject to health plan deductibles.

✓ **ASK: Will you support ADA's efforts to address the rising costs of lifesaving insulin? Ask your Senator: Will you cosponsor the Insulin Price Reduction Act?**