Reauthorize the Special Diabetes Program

For two decades, a key component of the federal government's efforts to prevent, treat, and cure diabetes has been the Special Diabetes Program for Indians (SDPI) at the Indian Health Service (IHS) and the Special Statutory Funding Program for Type 1 Diabetes Research (SDP-type 1) at the National Institutes of Health (NIH). Together, they make up the Special Diabetes Program (SDP).

The Special Diabetes Program was **reauthorized in February 2018 and is funded at $150 million** per program per year **until September 30, 2019.** ADA urges a **five-year renewal** at **$200 million per program per year.**

SDPI

At 15.1 percent, American Indians and Alaska Natives (AI/AN) have the highest age-adjusted rate of diagnosed diabetes among all U.S. racial and ethnic groups. To combat this epidemic, IHS issues SDPI grants to IHS, tribal, and urban Indian health programs across the United States. The grants fund evidence-based diabetes treatment and prevention programs in local communities. **SDPI has achieved outstanding results for AI/AN people with and at-risk for diabetes,** including improvements in blood sugar, LDL cholesterol, and blood pressure control. Most significantly, the rate of kidney failure decreased 54 percent in AI/AN people with diabetes from 1996 to 2013—the largest decrease of any racial or ethnic group. **This alone saves Medicare millions of dollars** by avoiding a serious, costly complication of diabetes. **SDPI is working in the AI/AN community.**

SDP-TYPE 1

Approximately 1.25 million children and adults in the United States have type 1 diabetes. Although type 1 diabetes can develop at any age, it most commonly appears in children, adolescents, and young adults. The cause of type 1 diabetes is unknown, and there is no way to prevent the disease. **SDP-type 1 funds critical research at NIH that has led to scientific breakthroughs and progress toward a cure.** Specifically, researchers have learned more about the causes of type 1 diabetes and have identified more than 50 genes associated with the disease. Progress has been made in replacing and protecting insulin-producing beta cells, which could lead to a cure. **The funding has also led to major advances in technology to manage diabetes, including continuous glucose monitors and an artificial pancreas.** SDP-type 1 funding allows long term research to be conducted on complications of the disease, which has led to better eye disease and kidney disease therapies.

Both components of SDP provide a clear return on investment.
Congress can ensure this success continues by reauthorizing SDP before funding lapses.

American Diabetes Association®

If you have any questions or would like to discuss this issue, please contact **Gwen Rathbun**, director, federal government affairs, at **703-253-4375** or **grathbun@diabetes.org**.

Invest in the National Institute of Diabetes and Digestive and Kidney Diseases

NIDDK is the primary institute at the National Institutes of Health supporting diabetes research. Funding for NIDDK is essential to preventing diabetes, improving the lives of people living with the disease, and—ultimately—curing diabetes. Funding for NIDDK has not kept pace with biomedical inflation, let alone the country's growing diabetes epidemic. As a result, many promising diabetes research projects go unfunded—even as more than 30 million Americans have diabetes, 84 million have prediabetes, and diagnosed diabetes costs our country an estimated $327 billion per year.

For FY 2020, the American Diabetes Association urges Congress to provide **$2.165 billion for NIDDK.**

NIDDK RESEARCH WORKS

It has led to many discoveries that help Americans prevent or better manage diabetes, including:

- A program that lowers the risk of developing type 2 diabetes by 58 percent through dietary changes and increased physical activity
- Tools to prevent life-threatening high and low blood glucose levels, such as continuous glucose monitors and the first artificial pancreas system
- Important new drug therapies for type 2 diabetes
- Treatment regimens that have reduced the risk for the serious complications of diabetes: heart disease, stroke, lower extremity amputation, blindness, and kidney disease

FY 2020 funding of $2.165 billion would surpass the rate of medical inflation and would allow NIDDK to fund additional investigator-initiated research grants to meet critical needs in areas such as:

- Expansion of NIDDK's comparative effectiveness clinical trial testing, which examines different medications to determine the best treatments for type 2 diabetes
- Increasing our understanding of gestational diabetes, including clinical trials to determine the best treatment, optimal gestational age to identify gestational diabetes, best method to identify gestational diabetes, and later impact of gestational diabetes on mother and child
- Examining if medications used to treat other autoimmune diseases can delay or prevent development of type 1 diabetes
- Determining how to improve the treatment of diabetic foot ulcers to reduce amputations
- Understanding the relationship between diabetes and neurocognitive conditions, such as dementia and Alzheimer's disease
- Discovering how drugs to treat diabetes may help those facing heart disease and cancer
- Understanding brown fat tissue, which burns calories to generate heat, and its role in combating obesity and type 2 diabetes
- Preventing type 2 diabetes in people with prediabetes and obstructive sleep apnea

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For more information, please visit **diabetes.org/congress** or contact **Gwen Rathbun** at **703-253-4375** or **grathbun@diabetes.org.**

Invest in CDC's Division of Diabetes Translation and the National Diabetes Prevention Program

The Division of Diabetes Translation (DDT) at the Centers for Disease Control and Prevention (CDC) leads efforts to prevent diabetes, prevent its complications, and reduce inequities in diabetes through prevention strategies, translational research, and education. DDT's successful work includes the **National Diabetes Prevention Program (National DPP)**, a community-based program that prevents type 2 diabetes in adults with prediabetes. Dedicated funding for both DDT and the National DPP are necessary if we are to reduce the human and economic cost of diabetes—currently estimated at $327 billion annually for diagnosed diabetes.

For FY 2020, the American Diabetes Association asks Congress to provide **$185 million for DDT** and **$30 million for the National DPP.**

DIABETES PREVENTION AND MANAGEMENT EFFORTS WORK

DDT is at the front lines of preventing and managing diabetes through several vital initiatives:

Cutting-Edge Research: DDT translates diabetes research into practice—delivering more effective ways to prevent and treat diabetes to communities across the country. DDT co-leads the SEARCH for Diabetes in Youth, the only longstanding epidemiological study of type 1 and type 2 diabetes in young people. DDT also takes advantage of natural experiments that impact people with diabetes, including evaluating the impact of high-deductible health plans and Medicaid expansion on patients with diabetes and using electronic health records to refer those with prediabetes to diabetes prevention programs. DDT determines the best way for innovative research to benefit Americans—an essential step in enabling policy makers, health plan directors, and community leaders to implement the most effective interventions to improve health and save taxpayer dollars.

State Diabetes Prevention and Control Activities: The State Public Health Approaches to Chronic Disease Prevention Program (SPHA or 1305 grant program) provides funds in all 50 states and the District of Columbia for innovative prevention approaches to diabetes, heart disease, stroke, and obesity. States work with health departments, hospitals, health clinics, and providers to reach individuals with, and at risk for, diabetes. Building on these grants, the State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease Program (1422 grant program) improves prevention at the community and health system levels in populations with highest risk for prediabetes and high blood pressure, and supports evidence-based community diabetes prevention programs.

The National Diabetes Surveillance System: Our country needs to understand whom diabetes hits, where, and how. DDT obtains vital data on the diabetes epidemic across our country, information needed by federal, state, and local health officials and policymakers to target diabetes prevention and control efforts.

National Diabetes Prevention Program: The National DPP, a public-private partnership of community, health care, and faith-based organizations, private insurers, employers, and government agencies, provides cost-effective, highly successful diabetes prevention programs for people with prediabetes. FY 2020 funding of $30 million would allow DDT to open additional physical and virtual National DPP sites in new communities focusing on underserved populations. Funding would improve the online program locator, as well as allowing translational research to determine best practices for increased enrollment, engagement, and retention in existing National DPP sites.

American Diabetes Association®

For more information, please visit **diabetes.org/congress** or contact **Gwen Rathbun** at **703-253-4375** or **grathbun@diabetes.org.**

Stand Up for Affordable Insulin

For millions of people with diabetes, including all individuals living with type 1 diabetes, access to insulin is a literal matter of life and death. There is no day off and no medication that can be substituted for insulin. No individual in need of this life-saving medication should ever go without it due to prohibitive cost.

The American Diabetes Association calls on Congress to take action to **ensure that all people who use insulin have affordable access to the insulin they need.**

Between 2002 and 2013 the average price of insulin nearly tripled, creating financial hardships for people who rely on it to survive. Insulin is frequently cited as one of the most expensive categories of drugs by private and government healthcare payers. When individuals with diabetes cannot afford their insulin, they are unable to properly manage their disease and face serious complications: blindness, amputation, kidney failure, heart disease, stroke – and death. Some people with diabetes cut back on or skip doses of insulin – or forego other necessities to pay for insulin – which puts their lives and health at risk.

In early 2017, the ADA's Board of Directors convened an Insulin Access and Affordability Working Group to examine the full scope of the insulin affordability issue. Throughout 2017 and early 2018, the Working Group assembled existing public information about insulin prices and patient cost-sharing and held discussions with multiple stakeholders at every level of the insulin supply chain to discuss how each entity affects the cost of insulin for the consumer. In May 2018, the Working Group released findings from their research and stakeholder discussions in a white paper, concluding that there is a lack of transparency throughout the insulin supply chain. Multiple parties have a role in how much an individual pays out-of-pocket for insulin. Insulin manufacturers, wholesalers, insurers, pharmacy benefit managers, and pharmacies, as well as policymakers and regulators, all play a part in the complex process that determines how much an individual with diabetes pays at the pharmacy. Only with a more transparent process will we be able to understand why the cost of insulin has risen so sharply in recent years and work toward sustainable, long-term solutions for patients.

As follow-up to the Working Group's work, the ADA released a Public Policy Statement with an array of short-term and long-term recommendations to help shed additional light on the issue, to combat increasing insulin costs, and to improve affordable access to medications, including:

- Increasing pricing transparency throughout the insulin supply chain
- Lowering or removing patient cost-sharing for insulin
- Increasing access to health care coverage for all people with diabetes.

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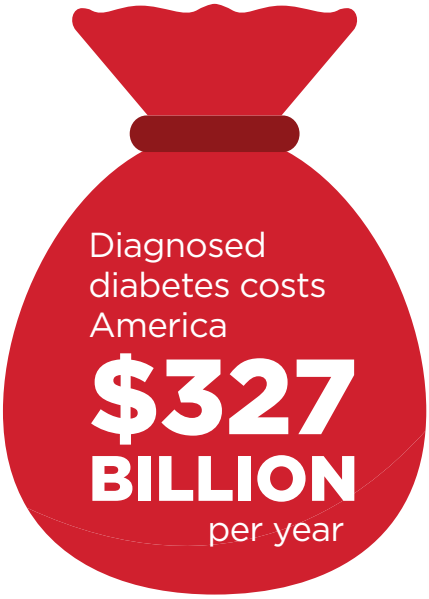
For more information, please visit **diabetes.org/congress** or contact **Rob Goldsmith** at **703-253-4837** or **rgoldsmith@diabetes.org.**

The Staggering Costs of Diabetes

More than
30 MILLION AMERICANS
have diabetes

Health care costs for Americans with diabetes are **2.3X GREATER** than those without diabetes



84 MILLION
Americans have prediabetes

$1 IN $7
Health care dollars is spent treating diabetes and its complications

Today, **4,110** Americans will be diagnosed with diabetes. Additionally, diabetes will cause **295** Americans to undergo an amputation and **137** will enter end-stage kidney disease treatment.

Learn how to fight this costly disease at
diabetes.org/congress

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