United States Senate

WASHINGTON, DC 20510 October 31, 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 by individuals 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 (AI/AN). 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,

Luan M Collins

Susan M. Collins United States Senator

Robert P. Casey, Jr.

Robert P. Casey, Jr. United States Senator

James M. Inhofe United States Senator

Charles E. Schumer United States Senator

Maria Cantwell
United States Senator

Kelly Ayotte
United States Senator

Jeanne Shaheen United States Senator

Hanne Shakeen

Roger F Wicker United States Senator

Martin Heinrich United States Senator

John Thune

United States Senator

Joe Manchin, III
United States Senator

Jack Reed

Amy Klobuchar United States Senator

United States Senator

Patrick J. Leahy

United States Senator

Benjamin L. Cardin United States Senator

Jerry Moran

United States Senator

Christopher A. Coons United States Senator

Mike Crapo

United States Senator

Carl Levin

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Mark Begich United States Senator

Joe Donnelly

United States Senator

United States Senator

Sheldon Whitehouse United States Senator

Heidi Heitkamp United States Senator

Mark R. Warner **United States Senator**

Jon Tester

United States Senator

Dianne Feinstein

United States Senator

Tom Harkin

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Richard C. Shelby United States Senator

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Tim Kaine

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Johnny Isakson United States Senator

Chuck Grassley United States Senator

Brian Schatz

United States Senator

Ron Wyden

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Kay R. Hagan

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Tom Udall

United States Senator

Dean Heller

United States Senator

Bernard Sanders

United States Senator

Tammy Baldwin

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John Hoeven

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Mark Udall

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United States Senator

Jeff Merkley

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