

March 30, 2012

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

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

Dear Speaker Boehner and Minority Leader Pelosi,

We write to ask for your continued support of the Special Diabetes Program as we work in a bipartisan manner on its reauthorization. The Special Diabetes program is demonstrating real returns on the federal investment it has received and is creating a brighter future for Americans burdened by diabetes.

Diabetes costs this country over \$174 billion annually and these costs are expected to nearly triple in the next 25 years. Fortunately, the Special Diabetes Program is yielding research advances that are helping to better treat and prevent this disease, bringing us closer to a cure for type 1 diabetes, and hopefully bringing diabetes-related costs under control.

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). Several notable advances resulting from the SDP include:

- Artificial pancreas technologies, which would help people to better manage their blood sugar levels and avoid costly and burdensome complications. These technologies have been tested and are many steps closer to one day being on the market.
- The discovery of high concentrations of two markers (TNFR1 and TNFR2) in the blood that can accurately predict the risk of kidney function loss in both type 1 and type 2 diabetes patients 10 years in advance. This finding will enable steps to be taken well in advance to avoid this most costly complication to the Medicare program. Diabetes is the leading cause of end-stage renal disease (ESRD), which cost \$39.5 billion in public and private spending in 2008.
- Treatment combining a drug and laser therapy that is almost twice as likely to improve vision in people who have diabetic eye disease versus laser therapy alone (50% vs. 28%). Improved vision was defined as being able to read two lines further on the eye chart. The difference is life changing for those who suffer from diabetic eye disease, permitting individuals to continue to work or drive, for instance.
- Immune therapy drugs that have been used to halt the progression of type 1 diabetes onset for up to a year in those genetically at risk of developing the disease. When patients then developed full type 1 onset, they were often able to take less insulin and have better blood glucose levels than those who did not

participate in the trials. Researchers hope to build upon this success to halt the onset of the disease altogether.

The 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, SDPI funding 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 average blood sugar level decreased from 9.0% in 1996 to 8.0% in 2011 as measured by the A1C test. Every percentage point drop in A1C results can reduce risk of eye, kidney, and nerve complications by 40%.
- Average LDL cholesterol 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%.
- Between 1995 and 2006, the incident rate of ESRD in AI/AN people with diabetes fell by 27.7% -- a greater decline than any other racial or ethnic group. Given that Medicare costs per year for one patient on hemodialysis were \$82,285 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 advances that are the result of the Special Diabetes Program. The research breakthroughs 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 enable us to capitalize on the advances to date and the opportunities that lie ahead.

Sincerely,