Dear Majority Leader Reid and Minority Leader McConnell:

We are writing to call your attention to the Special Diabetes Program, which is demonstrating real returns on a modest federal investment and has tremendous potential not only to reduce health care costs, but also to dramatically improve the lives of nearly 26 million Americans living with diabetes. We thank you for your past support of the program and hope that you will continue to ensure that investments are made in this critical program.

Diabetes is a devastating condition that does not discriminate. It affects people of every age, race and nationality. It is the leading cause of kidney failure, blindness in working age adults and amputations not related to injury. It is a major risk factor for heart disease and stroke and contributes to more than 230,000 deaths each year.

Diabetes is one of our most costly diseases in both human and economic terms. It is estimated that diabetes accounts for more than $174 billion of our nation's annual health care costs and one out of three Medicare dollars. Moreover, the costs of diabetes are expected to nearly triple in the next 25 years.

While the climb in these statistics is certainly alarming, the Special Diabetes Program has made real 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 resulting from the SDP include:

- The discovery of high concentrations of two markers in the blood that can accurately predict the risk of kidney function loss in both type 1 and type 2 diabetes patients ten years in advance. Diabetes is the leading cause of end-stage renal disease (ESRD), which cost the nation $39.5 billion in 2008. This new discovery will enable steps to be taken well in advance to avoid a complication that is so costly for the Medicare program.

- A new treatment combining a drug and laser therapy that is almost twice as likely to improve vision in an individual with diabetic eye disease as opposed to laser therapy alone. This difference is life-changing for those who suffer from diabetic eye disease, and could, for example, permit these individuals to continue to work or drive.

- Development of artificial pancreas technologies that are important steps in bringing this critical device to market. The artificial pancreas is an external device that people with type 1 diabetes can use to do what their bodies cannot – automatically control both high and low blood sugar levels around the clock, thus avoiding costly and burdensome complications. A recent study shows that Medicare would save almost $2 billion over 25 years if this technology was widely used by adults with type 1 diabetes.

- The use of immune therapy drugs to halt the progression of type 1 diabetes for up to one year among individuals genetically at risk of developing the disease. Moreover, patients participating in the related trials who went on to ultimately develop full type 1 diabetes were often able to take less insulin and had better blood glucose levels than individuals who did not participate in the trials.

In the American Indian and Alaska Native (AI/AN) communities, SDPI funding has significantly increased the availability of diabetes prevention and treatment services for those with diabetes. These increased services have translated into remarkable improvements in diabetes care, including:

- As measured by the A1C test, average blood sugar levels decreased from 9.0 percent in 1996 to 8.0 percent in 2011. Every percentage point drop in A1C can reduce the risk of eye, kidney and nerve complications by 40 percent.

- Average LDL (bad) 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 to 50 percent.

- Between 1995 and 2006, the incidence rate of End State Renal Disease (ESRD) in AI/AN individuals with diabetes fell by 27.7 percent. This was a greater decline than for any other racial or ethnic group. Given that the annual Medicare cost for one patient on dialysis was over $82,000 in 2009, this reduction in new cases of ESRD translates into millions of dollars in savings for Medicare, the Indian Health Service, and other third party payers.

These are only a few of the many breakthroughs made possible by the Special Diabetes Program. Such advances are already improving diabetes care for adults and children. They have the potential not only to improve the quality of health for individuals living with diabetes, but also to reduce long-term health expenditures from costly complications.

We are pleased that this important program has received such overwhelming bipartisan support in the past and appreciate your leadership on the issue. We look forward to working with you this year to ensure a strong future for the Special Diabetes Program.

Sincerely,