

March XX, 2023

The Honorable Charles Schumer
Majority Leader
United States Senate
S-230, The Capitol
Washington, DC 20510

The Honorable Mitch McConnell
Republican Leader
United States Senate
S-221, The Capitol
Washington, DC 20510

Dear Leader Schumer and Leader McConnell:

We write today to thank you for your longstanding support of the Special Diabetes Program (SDP) and ask for your commitment to help us reauthorize this vital program prior to the expiration of its current authorization on September 30, 2023.

For more than 25 years, the Special Diabetes Program – comprised of the Special Statutory Funding Program for Type 1 Diabetes Research and the Special Diabetes Program for Indians (SDPI) – has delivered meaningful resources and research breakthroughs for the 37 million Americans with diabetes and 96 million with prediabetes. It is essential that we continue to invest in the research necessary to develop a cure for diabetes, as well as support the programs that help prevent and treat the disease and its complications.

Diabetes is one of our country's most costly diseases in both human and economic terms, affecting people of all ages, races, and in every region of our country. It is a leading cause of kidney disease, blindness in working-age adults, lower-limb amputations, heart disease, and stroke. Approximately one in four health care dollars and one in three Medicare dollars are spent treating people with diabetes. Diabetes cost our nation \$327 billion in 2017. Medical expenditures for individuals diagnosed with diabetes are roughly 2.3 times higher than expenditures for those without the disease. Overall, the economic costs of diabetes, adjusted for inflation, increased by 26 percent from 2012 to 2017, and these costs are expected to increase as the number of people with diabetes continues to grow.

While the increase in these statistics is very concerning, the SDP is making meaningful progress. The SDP funds research that is leading directly to the development of new insights and therapies that are improving the lives of those with diabetes, and accelerating progress toward curing and preventing the disease.

Some notable developments from the SDP and SDPI include:

- Type 1 Diabetes (T1D) Prevention: Landmark research conducted by SDP-funded TrialNet demonstrated for the first time ever that early preventive treatment with a drug targeting the immune system delayed onset of clinical T1D for two years. This drug was recently approved by the FDA and is the first ever disease modifying therapy for T1D. Further, a groundbreaking 15-year study is currently ongoing to determine what environmental factors influence the onset of T1D. Researchers believe that, by identifying specific triggering factors, new strategies can be developed to prevent the initial onset of the disease.
- Artificial Pancreas (AP) Systems: SDP-funded research laid early groundwork for developing AP systems, which have shown the ability to reduce costly and burdensome complications and

improve the quality of life for those with the disease. SDP funds led to the first fully automated insulin-dosing system being made available to patients in 2017, some five to seven years earlier than expected. Positive results from clinical trials since then have led to another FDA-approved AP system and next-generation AP devices that have outperformed first-generation devices in adolescents and young adults. According to one study, the use of AP systems in adults could save Medicare roughly \$1 billion over 25 years.

- Kidney Disease: Researchers have discovered that 6.5 years of intensive blood glucose control can cut in half the onset of impaired kidney function in people with Type 1 diabetes. This reduction in end-stage renal disease could save Medicare roughly \$126 billion over 25 years.
- Eye Therapies: SDP-funded research discovered that combining a drug with laser therapy can reverse vision loss in people living with diabetes. The SDP also filled a critical research gap by funding a head-to-head comparison of three drugs for the treatment of diabetic eye disease. In the SDP era, diabetic eye disease rates have decreased by more than 50 percent for American Indian and Alaskan Natives, resulting in a reduction of vision loss and blindness.
- Glucose Control: The average blood sugar level, as measured by the hemoglobin A1C test, decreased from 9.0 percent in 1996 to 8.1 percent in 2014 in the American Indian and Alaskan Native population, resulting in reduced risk of eye, kidney, and nerve complications.
- Diabetes Prevention in the American Indian and Alaskan Native (AI/AN) Community: SDPI has been one of the most successful programs ever created to reduce the incidence and complications due to Type 2 diabetes. Communities with SDPI-funded programs have seen substantial growth in diabetes prevention resources, and, for the first time, from 2013 to 2017, diabetes incidence in the AI/AN population decreased each year.

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 improving the lives of the over 133 million Americans living with or at-risk of developing diabetes, while also greatly reducing the long-term health care expenditures related to its complications. Further investment in this vital program is essential to continue large-scale trials, plan next steps for research programs, conduct outreach and education, and effectively allocate research resources – all of which play an important role in helping to better treat, prevent, and ultimately cure diabetes.

As a result of all the positive impacts from these programs, the SDP continues to receive strong bipartisan support. We look forward to ongoing work with you to ensure that these critical programs can continue to provide vital support for all Americans living with or at-risk of developing diabetes.

Sincerely,

Susan M. Collins
United States Senator

Jeanne Shaheen
United States Senator