Dear Speaker McCarthy, Leader Jeffries, Leader Schumer, and Leader McConnell:

The Diabetes Advocacy Alliance (DAA) is a coalition of 29 diverse member organizations, representing patient, professional and trade associations, other non-profit organizations, and corporations, all united in the desire to change the way prediabetes, diabetes, and diabetes complicated by obesity are viewed and treated in America. Since 2010, the DAA has worked to inform legislators and policymakers about these conditions that have reached epidemic proportions and elevate them on the national agenda.

As you may know, current Special Diabetes Program (SDP) funding is scheduled to expire on September 30, 2023, unless Congress acts. The DAA urges you to fully reauthorize this important program before the expiration date. The SDP is made up of two different components: the Special Diabetes Program for Type 1 Diabetes Research (SPD-type 1) and the Special Diabetes Program for Indians (SDPI).

Thanks to the leadership of Reps. Gus Bilirakis and Diana DeGette, Co-Chairs of the House Diabetes Caucus, we are pleased that language that would reauthorize SDP for two years at $170 million per program per year, representing a 13% increase in current funding, has been included in legislation (H.R.3561) sponsored by Reps. Cathy McMorris Rodgers and Frank Pallone, Jr., which the House Energy & Commerce Committee has passed and sent to the floor.

Also, we are pleased that Senate Diabetes Caucus Co-Chairs Jeanne Shaheen and Susan Collins introduced a bill (S.1855) on June 7, 2023, to reauthorize the Special Diabetes Program through December 2025. The bill would fund both the Special Statutory Funding Program for
Type 1 Diabetes Research and the Special Diabetes Program for Indians at $170 million for FY24 and FY25 and $42,849,315 for October 1 to December 31, 2025.

The SDP-type 1 component, which is administered by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at the National Institutes of Health, advances important research into type 1 diabetes. Funding for SDP-type 1 has accelerated progress on an artificial pancreas, advanced therapies to reduce vision loss, and identified 50 genes that influence the risk of developing type 1 diabetes. The SDP, which is administered by the Indian Health Service, provides funding to over 400 treatment and education programs available to American Indians and Alaskan Natives (AI/AN). AI/AN communities have the highest prevalence of diabetes in the United States, and these programs help prevent or delay the onset of type 2 diabetes in these communities. SDPI programs have successfully reduced A1c levels, LDL cholesterol levels, and amputations in AI/AN populations.

We appreciate that Congress has worked to provide long-term re-authorizations of the SDP. Such continuity is beneficial because continuous funding allows important research and services to continue uninterrupted. Such funding allows NIDDK to appropriately plan for the use of the funds and conduct basic research and clinical trials, which can take many years to complete. One example: Research carried out by SDP-type 1 funded programs successfully led to the discovery of a drug that will delay the onset of type 1 diabetes. These successes cannot be achieved with any interruptions to funding.

SDPI has successfully decreased diabetes prevalence among AI/AN communities. According to the SDPI 2020 Report to Congress, between 2013 and 2017, diabetes prevalence decreased each year, dropping from 15.4% in 2013 to 14.6% in 2017, a decline not seen in the overall United States population, nor any other U.S. racial/ethnic group. The data suggest that this improvement in prevalence occurred because there were fewer new cases of diabetes in AI/AN adults. SDPI also decreased hospitalizations by 84% between 2000 and 2015, and decreased diabetes-related deaths 37% from 1999 to 2017 in these communities. To continue this important work, SDPI grants issued in February 2023 went to 302 American Indian and Alaskan Native tribes in 35 states. Stable funding of SDP is necessary to ensure that the program can deliver on important research and prevention services.

We ask that you pass H.R.3561 and S.1855, which reauthorize SPD for a full two-years (FY 24 and 25) plus extend funding through calendar year 2025.

Thank you for your consideration of this important issue. The DAA looks forward to engaging with you on this and other issues important to people living with prediabetes, diabetes, and diabetes complicated by obesity. If you need additional information, please do not hesitate to contact Rob Goldsmith, Director, Advocacy and Policy, with the Endocrine Society, at rgoldsmith@endocrine.org.

Sincerely,

American Diabetes Association

American Medical Association

Association of Diabetes Care & Education Specialists
Black Women’s Health Imperative
Diabetes Leadership Council
Diabetes Patient Advocacy Coalition
Endocrine Society
National Kidney Foundation
WeightWatchers (WW)
YMCA of the USA

