



June 1, 2015

The Honorable Fred Upton  
Chairman  
House Committee on Energy &  
Commerce  
2183 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Diana DeGette  
Co-Chair  
House Diabetes Caucus  
2368 Rayburn House Office Building  
Washington, DC 20515

The Honorable Frank Pallone, Jr.  
Ranking Member  
House Committee on Energy &  
Commerce  
237 Cannon House Office Building  
Washington, DC 20515

The Honorable Ed Whitfield  
Co-Chair  
House Diabetes Caucus  
2184 Rayburn House Office Building  
Washington, DC 20515

Dear Representatives:

The undersigned members of the Diabetes Advocacy Alliance™ (DAA) respectfully urge you to convene a Congressional hearing as soon as possible to address America's growing diabetes epidemic. We applaud the statement made by Congressman Whitfield at the recent markup of the 21<sup>st</sup> Century Cures legislation by the E&C Health Subcommittee, recommending the convening of a hearing to address the pressing problem of diabetes and legislation that has been introduced by members of the Committee. It's been five years since the last Congressional hearing on diabetes, and during that time diabetes has continued to exact a significant human and economic toll.

The DAA is comprised of 20 member groups representing patient, professional, and trade associations, other nonprofit organizations, and corporations. The DAA strives to influence change in health care policy and in the US health care system to improve diabetes prevention, detection and care.

Type 2 diabetes continues to be a growing public health problem, warranting significant attention. Over 29 million Americans are living with diabetes, and another 86 million Americans have prediabetes<sup>1</sup>, resulting in a national cost burden due to elevated blood glucose of more than \$322 billion in 2012.<sup>2</sup> More than 1 in 5 health care dollars spent in the US goes to the care of people with diagnosed diabetes.<sup>3</sup> Over the past 30 years, the percentage of Americans diagnosed with diabetes has more than doubled.<sup>4</sup> According to the Centers for Disease Control and Prevention (CDC), as many as 1 in 3 adults could have diabetes by the year 2050 if current trends continue.<sup>5</sup>

The undersigned members of the DAA believe that a hearing at this time is both appropriate and necessary in light of these disturbing trends and for several other critical reasons:

**There is a sense of urgency around addressing diabetes**—The prevalence of type 2 diabetes continues to grow overall, *and among a younger and younger population*. Among the youth of our nation—who historically have not developed type 2 diabetes—rates of the disease are on the rise. From 2000 through 2009, the prevalence of type 2 diabetes among youth increased by more than 30 percent.<sup>6</sup> A CDC study projects that the number of children with type 2 diabetes will increase by nearly 50 percent by 2050 if current trends continue.<sup>7</sup> If type 2 diabetes incidence increases even slightly, the rate of type 2 diabetes among children in the US could grow fourfold by 2050.<sup>8</sup> Type 2 diabetes used to be called “adult-onset” diabetes. That is no longer the case.

**Your efforts can make a difference because diabetes is a disease we can often prevent or delay**—Research has shown that type 2 diabetes can often be prevented, but continued support is needed for programs like the National Diabetes Prevention Program (National DPP), a unique public-private partnership of clinically-proven diabetes prevention programs that can reduce the risk of developing diabetes in adults by 58 percent and by more than 70 percent among older adults age 60+.<sup>9</sup>

**Your efforts can help people with diabetes better manage and treat their disease.** Diabetes is a gateway disease, increasing the risk for multiple complications and conditions, including heart disease, stroke, blindness, kidney failure and lower-limb amputations.<sup>10</sup> People with diabetes have healthcare costs that are more than two times higher than people without the disease.<sup>11</sup> Diabetes self-management training (DSMT), which is underutilized due to access and cost barriers, has been shown to reduce diabetes complications, improve care compliance, and reduce health care costs.<sup>12,13,14</sup>

**Congress should take advantage of the vigorous climate of prevention and wellness in the US that exists *right now***—With the current focus on addressing chronic disease and reshaping our health care system to do so, Congress has a unique opportunity to champion and advance diabetes legislation and other measures to better prevent, detect, manage and treat type 2 diabetes.

**Diabetes must to be part of the solution**—The statistics clearly show that diabetes is devastating our families and our budget. To help fix America’s fiscal problems, we need to fix diabetes.

The DAA thanks you for your leadership. **Convening a hearing to highlight the urgency of addressing the diabetes epidemic will help the nation take a giant step forward on behalf of the 29 million Americans already living with diabetes and the 86 million Americans at high risk for the disease.** Thank you for your consideration of our request.

Sincerely,

**Academy of Nutrition and Dietetics**

**American Association of Clinical Endocrinologists**

**American Association of Diabetes Educators**

**American Diabetes Association**

**American Medical Association**

**American Optometric Association**

**Endocrine Society**

**Diabetes Hands Foundation**

**National Kidney Foundation**

**Novo Nordisk Inc.**

**Omada Health**

**Pediatric Endocrine Society**

**YMCA of the USA**

## References

- <sup>1</sup> Centers for Disease Control and Prevention. National Diabetes Statistics Report 2014. Available at: <http://www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf>. Accessed May 20, 2015.
- <sup>2</sup> Dall T, Economic burden of elevated blood glucose levels in 2012: diagnosed and undiagnosed diabetes, gestational diabetes mellitus and prediabetes. *Diabetes Care*. 2014;37(12):3172-3179
- <sup>3</sup>American Diabetes Association. Economic costs of diabetes in the US in 2012. *Diabetes Care*. 2013;36(4): 1033-1046.
- <sup>4</sup>Centers for Disease Control and Prevention. National Diabetes Factsheet 2011. Available at CDC website: <http://www.cdc.gov/diabetes/pubs/factsheet11.htm>. Accessed May 20, 2015.
- <sup>5</sup>Boyle JP, Thompson TJ et al. Projection of the year 2050 diabetes burden in the US adult population: dynamic modeling of incidence, mortality and prediabetes prevalence. *Population Health Metrics*. 8(29), 2010.
- <sup>6</sup>Dabelea D, Mayre-Davis EJ, Saydah S et al. prevalence of type 1 and type diabetes among children and adolescents from 2001 to 2009. *JAMA*. 2014;311(17): 1778-1786.
- <sup>7</sup>Imperatore G et al. Projections of Type 1 and Type 2 Diabetes in the US Population Aged < 20 Years Through 2050. *Diabetes Care*. 35(12), December 2012.
- <sup>8</sup>Imperatore G et al. Projections of Type 1 and Type 2 Diabetes in the US Population Aged < 20 Years Through 2050. *Diabetes Care*. 35(12), December 2012.
- <sup>9</sup> Diabetes Prevention Program Research Group. Reduction in the Incidence of Type 2 Diabetes with Lifestyle Intervention or Metformin. *New England Journal of Medicine*. 346(6): 393-403, 2002.
- <sup>10</sup>Centers for Disease Control and Prevention. National Diabetes Statistics Report 2014. Available at: <http://www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf>. Accessed May 20, 2015.
- <sup>11</sup>American Diabetes Association. Economic costs of diabetes in the US in 2012. *Diabetes Care*. 2013;36(4): 1033-1046.
- <sup>12</sup>Duncan I, Birkmeyer C, Coughlin S, et al. (2009) Assessing the value of diabetes education. *The Diabetes Educator*;35(5):752-760.
- <sup>13</sup>Diabetes Self Management Education for Adults with Type 2 Diabetes Mellitus: A Systematic Review of the Effect on Glycemic Control: Lipman, et al; American Association of Diabetes Educators (2014).
- <sup>14</sup>Cost Estimation of H.R. 2787 using Congressional Budget Office Scoring Methodology: Medicare Diabetes Self-Management Training Act, Final Report, Dobson Davanzo and Associates (2012).