

**Endocrine Society
Statement for the Record
Senate Health, Education, Labor, and Pensions (HELP) Committee
What is Fueling the Diabetes Epidemic?
December 14, 2023**

The Endocrine Society thanks the Senate Health, Education, Labor, and Pensions (HELP) Committee for conducting this hearing on the diabetes epidemic. We appreciate that the committee is examining this critical issue, which impacts millions of people across the country. The Endocrine Society is the world's largest and oldest Society representing clinicians and scientists working to treat and research endocrine diseases and disorders. Founded in 1916, the Society represents approximately 18,000 physicians and scientists engaged in the management and research of endocrine disorders. Our membership includes over 11,000 clinicians who are on the front lines in treating diabetes and obesity, which are two of the most common chronic illnesses in the United States. Our member researchers are making significant contributions to the advancement of knowledge in diabetes research, prevention, and treatment and we have prioritized these issues in our policy work.

There is a diabetes crisis in America requiring immediate attention by Congress. Diabetes affects over 38 million people in the United States, which represents 11.6% of the U.S. population, and this number continues to increase at an alarming rate. The prevalence rate is even more alarming when broken down by race, ethnicity, and age. Approximately 29.2% of people over the age of 65 have diabetes; 16% of American Indian and Alaska Natives; 12.5% of African Americans; and 10.3% of Hispanic Americans have diabetes. No part of the country is immune from diabetes and many of the states represented by members of this committee are significantly impacted by this disease. Despite the fact that we know how to effectively treat and manage diabetes, prevent type 2 diabetes, and delay the onset of type 1 diabetes the number of people with diabetes continues to rise and people living with diabetes continue to experience barriers to access to care and affordability of the medicines they require. The Endocrine Society urges the Senate HELP Committee to support and advance the following *bipartisan* legislation to address the diabetes crisis in our country today: Reauthorization of the Special Diabetes Program, passage of the INSULIN Act, and passage of the Treat & Reduce Obesity Act.

Special Diabetes Program:

The Special Diabetes Program (SDP) is a federal program comprised of two components: the Special Diabetes Program for Type 1 Diabetes and the Special Diabetes Program for Indians (SDPI). Congress created these programs in 1997 to advance research for type 1 diabetes at the National Institute of Diabetes and Digestive and Kidney Disorders (NIDDK)



and to provide type 2 treatment and education programs for American Indians and Alaska Natives (AI/AN). SDP continues to receive strong bipartisan support because of the program's many successes. It has delivered groundbreaking research on the artificial pancreas, which has led to the development of commercial devices; research that has resulted in the FDA approval of the first drug that can delay the onset of type 1 diabetes; and the first cellular therapy to treat adults with type 1 diabetes who have reoccurring episodes of dangerously low blood glucose levels. SDP is currently operating on a short-term extension which expires on January 19th. Short-term extensions are extremely harmful to the Program and make it difficult for researchers to map out long-term plans for their research. It also puts the important education and treatment programs for AI/AN communities in jeopardy. **We urge Congress to reauthorize SDP through the end of 2025 at \$170 million per-program, per-year, which is a 13% increase in current funding.** We were glad to see that the HELP Committee approved S. 1855, the Special Diabetes Program Reauthorization Act in a bipartisan fashion and we urge the Senate to reauthorize SDP before the program expires on January 19, 2024.

Insulin Affordability:

As you know, insulin is a life-saving medication for many people living with diabetes. Unfortunately, despite being over 100 years old, insulin is a medication that continues to be unaffordable for many who rely on it. While the Endocrine Society hears from our members about many different clinical and research issues, the rising out-of-pocket cost of insulin is one causing the greatest concern for our patients. **We urge the Senate to pass S. 1269, the INSULIN Act of 2023, which is bipartisan legislation that would improve insulin affordability and access for the more than 7 million people nationwide who rely on this medication to manage their diabetes.** This legislation, introduced by Senators Jeanne Shaheen (D-NH) and Susan Collins (R-ME), the co-chairs of the Senate Diabetes Caucus, includes several policies to make insulin more affordable. It would expand the \$35 insulin co-pay cap, currently available for people on Medicare, to the private insurance market which would ensure that people on private health plans would pay no more than \$35 per month for their insulin. The legislation would also ensure that people who rely on insulin are able to share in insulin rebates and discounts which often go to pharmacy benefit managers and private insurers. Finally, the legislation would promote competition by encouraging the approval of more generic and biosimilar insulins.

Obesity:

While the primary focus of this briefing is on diabetes, it is also important for the Committee to recognize obesity, which is related to diabetes and another costly chronic disease impacting millions of Americans. As you know, people living with obesity are at increased risk of developing type 2 diabetes and many other complications. We are alarmed



by the increased prevalence of obesity across the country. Over 42% of all U.S. adults and over 19% of children are estimated to have obesity in the United States. Obesity has a significant impact on economic costs accounting for \$170 billion in higher medical costs each year. It has also impacted our nation's military readiness and national security. Just over 1 in 3 young adults between the ages of 17 and 24 are too heavy to serve in our military. The management of obesity includes a range of options including lifestyle intervention and pharmacotherapy. Unfortunately, there are restrictions currently in place which prevent millions of Americans from accessing obesity treatment and care. Most notably, Medicare is currently prohibited by statute from covering FDA approved anti-obesity medications. Research shows that adding pharmacotherapy for weight management results in increased weight loss and overall improved health. Because Medicare is unable to cover these medications, which are scientifically proven to be effective, many private insurers also do not cover them because Medicare often sets the standard on what is covered. **We urge the Senate to pass S. 2407, the Treat and Reduce Obesity Act (TROA), which would allow Medicare to cover FDA approved anti-obesity medications and also make it easier for Medicare beneficiaries to access Intensive Behavioral Therapy (IBT), which is an effective lifestyle intervention for obesity.** We encourage you to work with your colleagues on the Finance Committee to advance this important legislation.

We commend the committee for taking time to discuss this critically important issue of diabetes and the impact it has on millions of Americans. We urge you to work swiftly to pass bipartisan legislation that prioritizes the groundbreaking research that continues to be done and ensures access and affordability for people living with diabetes and obesity. Our patients living with diabetes cannot wait longer. The Endocrine Society would like to work with you by providing information, having our member diabetes experts be a resource to you, and sharing our recommendations as you consider how to address this important public health issue. Please do not hesitate to contact Rob Goldsmith, Director of Advocacy and Policy, at rgoldsmith@endocrine.org for more details.