



May 29, 2026

The Honorable Robert Aderholt
Chair
Subcommittee on Labor, HHS, Education,
and Related Agencies
Committee on Appropriations
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Shelley Moore Capito
Chair
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Committee on Appropriations
U.S. Senate
Washington, D.C. 20510

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, HHS, Education,
and Related Agencies
Committee on Appropriations
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Tammy Baldwin
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Committee on Appropriations
U.S. Senate
Washington, DC 20510

Dear Chairman Aderholt, Chairwoman Capito, Ranking Member Baldwin, and Ranking Member DeLauro:

We are writing on behalf of the Diabetes Advocacy Alliance (DAA) to express our concerns with the [Administration's proposed Fiscal Year 2027 \(FY27\) budget](#) and the impact on agencies and programs that play an indispensable role in addressing the health needs of more than 37 million Americans living with diabetes and over 98 million with prediabetes. Since 2010, the DAA has worked with policymakers and legislators to increase awareness of the diabetes epidemic and to support policies that improve the health and well-being of people living with diabetes and prediabetes.

While we are encouraged by Secretary Kennedy's commitment to making chronic disease prevention a priority within the Department of Health and Human Services (HHS), the proposed budget calls for significant cuts to agencies and programs responsible for the research, prevention, and ongoing management of diabetes. Funding reductions pose serious risks to both individual and public health, as well as our nation's economic well-being.

We would like to thank you for making addressing diabetes a national priority by preserving robust funding for diabetes-focused agencies and programs for Fiscal Year 2026 (FY26), and ask that you continue to do so as you prepare the FY27 Labor-Health and Human Services appropriations bill.

Funding reductions undermine the framework of diabetes prevention, control, and management across the U.S. We urge the preservation of funding for these agencies and programs.

NIH's National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). NIDDK is the primary federal agency responsible for conducting research for the prevention, intervention, and management of diabetes. NIDDK research has led to better treatments and technology for those with diabetes, including continuous glucose monitoring (CGM) and the first artificial pancreas. NIDDK also tested the original Diabetes Prevention Program, which was then translated by the CDC into the National Diabetes Prevention Program. It was later implemented as the Medicare Diabetes Prevention Program. Continued investment in NIDDK is needed to ensure that this important work continues and a cure can be realized. We appreciate your leadership in increasing funding for the NIH and NIDDK in FY 2026. The Administration's FY27 proposal again recommends decreased funding for NIDDK. We are very concerned about the impact this will have on diabetes research. This could set our country's medical research enterprise back decades, which will result in fewer new cures and poorer health for people living with diabetes. We recommend an increase over the FY26 funding level for NIDDK, to keep pace with the biomedical research and development price index and allow for meaningful growth. This funding is critical for NIDDK to fulfill its mission to conduct and support medical research, research training, and to disseminate science-based information.

NIDDK Special Diabetes Program (SDP) and Special Diabetes Program for Indians (SDPI)

The Special Diabetes Program is a special funding program created in 1997 for research on the prevention and cure of type 1 diabetes administered by the NIDDK in collaboration with multiple NIH Institutes and Centers and the CDC. The Special Diabetes Program for Indians (SDPI) is administered through the Indian Health Service and supports prevention, education, and treatment programs for indigenous communities across the nation to address the disproportionate burden of type 2 diabetes on American Indians and Alaskan natives. The research focused on prevention, treatment, and an eventual cure for diabetes enabled through SDP has had a significant impact on patients with diabetes, including contributing to the development of drugs that can delay the onset of type 1 diabetes, new technologies such as artificial pancreas systems, and more.

Congress successfully passed legislation funding SDP earlier this year, but that funding is scheduled to expire on December 31, unless Congress acts. We recommend a long-term reauthorization of SDP for at least two years with appropriations of at least \$200 million per-program per-year. A long-term reauthorization of SDP is critical for the program. While short-term extensions keep the program operating, they are also disruptive because SDP funding requires long term planning for research and programs that can take many years to carry out. Providing a long-term reauthorization for the longest amount of time possible will ensure the continued stability of the program.

CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP).

Consisting of nine divisions, NCCDPHP works to address and prevent chronic diseases and supports programs that help manage and address chronic diseases and their complications. We are opposed to the elimination of the functions of NCCDPHP as it will stifle ongoing prevention efforts at the state and local level, including eliminating proven strategies that encourage healthy lifestyles and behaviors, healthy environments and communities, and access to early and affordable detection and intervention. The Administration's FY27 proposal would eliminate all NCCDPHP activities except Cancer Prevention and Control programs and Alzheimer's Disease, which would be moved to the proposed new Administration for a Healthy America (AHA).

If NCCDPHP activities were mostly eliminated, we would lose myriad programs that address conditions and risk factors that impact diabetes including the Division of Heart Disease and Stroke, the Office on Smoking and Health, and the Division of Nutrition, Physical Activity, and Obesity (DNPAO).

Collectively, state agencies will lose millions for chronic disease prevention if NCCDPHP's functions are largely ceased.

CDC's Division of Diabetes Translation (DDT). As part of NCCDPHP, DDT leads efforts to prevent and manage diabetes through community-level prevention strategies, outcomes-based research, and educational activities. DDT's diabetes surveillance reports show us where, and in which populations targeted diabetes interventions are needed. Unfortunately, the Administration's proposed budget would eliminate the DDT. Preserving funding for this vital program is necessary to continue innovative national and state-based prevention and education programs that manage the condition and reduce complications associated with diabetes, such as limb loss, vision loss and kidney disease as well as research that focuses on the human and economic costs of diabetes.

CDC's National Diabetes Prevention Program (NDPP). NDPP is a public-private partnership composed of community groups, health care providers, faith-based organizations, private insurers, employers, and government agencies that aim to prevent diabetes in vulnerable communities. NDPP successfully prevents or slows the progression of type 2 diabetes by 58% in adults and 71% in adults over 60. The NDPP is part of the DDT and would also be eliminated under the President's budget. Preserved funding for NDPP is needed to continue this cost-effective and highly successful diabetes prevention program. More than 831,000 individuals with prediabetes have benefitted from this program, and the NDPP has recognized more than 1,500 NDPP suppliers across the country. The Centers for Medicare and Medicaid Services (CMS) actuary has indicated that the NDPP both improves health outcomes and also saves \$2,650 per senior over 15 months.ⁱ With the goal of more proactively addressing and preventing rising rates of chronic disease in this country, the NDPP could be expanded to address the needs of more, not less, individuals.

Medicare Diabetes Prevention Program (MDPP). The CY 2026 Medicare Physician Fee Schedule (PFS) reiterated the role and importance of the NDPP DPRP stating "through the Diabetes Prevention Recognition Program (DPRP), CDC administers a national quality assurance program recognizing eligible organizations that furnish the National DPP through its evidence based DPRP Standards, which are updated every 3 years. The CDC established the DPRP in 2012 and possesses significant experience assessing the quality of program delivery by organizations throughout the United States, applying a comprehensive set of national quality standards."ⁱⁱ Importantly, CMS relies on the NDPP's DPRP for the recognition of its MDPP suppliers and for quality assurance standards and definitions. The DAA was pleased to see CMS finalize in its CY2026 PFS further aligning the MDPP with the NDPP DPRP standards and definitions, as our coalition has encouraged alignment for years to make it easier for suppliers of the program to deliver both NDPP and MDPP more seamlessly.ⁱⁱⁱ Unfortunately, the proposed elimination of the NDPP and the DPRP from the President's budget runs completely counter to the promising direction in the PFS and would ultimately disrupt and hamper the ability of CMS to operate the MDPP.

Conclusion

The United States is facing a diabetes epidemic that impacts the physical and financial health of our nation. The ADA reported that diabetes costs the nation \$413 billion in direct and indirect costs.^{iv} We ask you to preserve funding for these essential agencies and programs in FY27 appropriations, and work to ensure that Congress and stakeholders have a say in efforts to ensure that the NIDDK and the CDC's NCCDPHP vital programs and services continue. Continued federal investments support the ongoing health of those impacted, enable identification and effective management and control of disease, reduce medical costs, and avoid comorbidities. Thank you for your continued partnership and commitment to addressing the needs of Americans diagnosed with diabetes and prediabetes.

Sincerely,

Academy of Nutrition and Dietetics
American Association of Clinical Endocrinology
American Diabetes Association
American Podiatric Medical Association
Association of Diabetes Care and Education Specialists
Diabetes Leadership Council
Diabetes Patient Advocacy Coalition
Endocrine Society
National Kidney Foundation

ⁱ <https://www.cms.gov/Research-statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/Diabetes-Prevention-Certification-2016-03-14.pdf>

ⁱⁱ <https://federalregister.gov/d/2025-13271>

ⁱⁱⁱ <https://www.federalregister.gov/documents/2025/11/05/2025-19787>

^{iv} <https://diabetes.org/newsroom/press-releases/new-american-diabetes-association-report-finds-annual-costs-diabetes-be>