



Testimony Submitted for the Record:

Investing in America's Health Care

United States House of Representatives

Energy and Commerce Health Subcommittee

The reauthorization of the Special Diabetes Program (SDP) is critical to finding a cure for diabetes and ensuring that the populations at greatest risk have access to prevention, treatment, and education programs in their communities. More than 114 million Americans are living with or at-risk for developing diabetes. Their lives have been fundamentally changed through the SDP, which has been funded since 1997 to advance research for type 1 diabetes and to address the disproportionate burden of type 2 diabetes in American Indians and Alaska Natives (AI/AN). The Endocrine Society represents over 18,000 basic and clinical researchers and physicians-in-practice worldwide, many who receive funding for type 1 diabetes research and have helped to develop evidence-based prevention and education programs for people with diabetes. We commend the Subcommittee for having this hearing and we urge you to reauthorize the SDP before it expires September 30.

SDP is comprised of two programs—the Special Diabetes Program for Type 1 Diabetes and the Special Diabetes Program for Indians. Funding for the Special Diabetes Program for Type 1 Diabetes is administered through the National Institute of Diabetes and Digestive and Kidney Disorders (NIDDK). Through this program, NIDDK has advanced research on how to delay the full onset of type 1 diabetes, better understand the underlying causes of the disease, and prevent, treat, and reverse complications associated with the disease. There are six overarching goals of the type 1 research program, which include:

- identifying the genetic and environmental causes of type 1 diabetes;
- preventing and reversing type 1 diabetes;
- developing cell replacement therapy;



- preventing or reducing hypoglycemia in type 1 diabetes;
- preventing or reducing the complications of type 1 diabetes; and
- attracting new talent and applying new technologies to research on type 1 diabetes.

This research has accelerated progress on an artificial pancreas, advanced therapies to reverse vision loss, and discovered nearly 50 genes that influence the risk of developing type 1 diabetes. SDP funding has also helped determine that hemoglobin A1C standardization improves care, identify new blood glucose monitoring tools for controlling blood glucose levels, advance islet transplantation as a therapeutic approach, and test novel prevention strategies. Moving forward, SDP-Type 1 seeks to identify molecular pathways of disease progression, therapeutic agents to target molecular pathways, pre-clinical drug development and testing, and promising therapies in people with type 1 diabetes. As a result of the past two decades of research, people with type 1 diabetes are living longer, healthier lives and experiencing lower rates of disease complications, but more needs to be done and there are great research opportunities that should be explored

Through the Special Diabetes Program for Indians (SDPI), more than 400 evidence-based treatment and education programs on type 2 diabetes have been implemented in AI/AN communities, who have the highest prevalence of diabetes. SDPI Community-Directed Diabetes Programs provide funds to the Indian Health Service's (IHS) Tribal and Urban Health Programs in all 12 IHS areas to begin or enhance local diabetes treatment and prevention programs. The SDPI Diabetes Prevention and Health Heart Programs translate current science on diabetes prevention and cardiovascular disease risk reduction to AI/AN communities.

These programs have implemented proven lifestyle change interventions to reduce the risk of diabetes in those at the greatest risk for being diagnosed. As a result, the SDPI has successfully reduced A1c levels, cardiovascular disease, and promoted healthy lifestyle behaviors. Diabetic eye disease has decreased 50%, reducing vision loss and blindness. Obesity and diabetes rates in youth have not increased in more than 10 years, while diabetes rates have not increased in



adults since 2011. Kidney failure rates have decreased by 54%, reducing the need for dialysis. Data has shown that these positive clinical outcomes in program participants has reduced the risk for blindness, amputations, kidney failure, as well as preventing the onset of type 2 diabetes. Again, while we have seen great successes, if the program is not reauthorized, we risk going in the wrong direction for this patient population.

Together, these programs have proven to be a critical pathway to preventing and treating diabetes and its complications. SDP has enabled resources to go towards innovative research that has not only revolutionized care, but could lead to a cure to one of our most prevalent diseases.

We urge Congress to support the reauthorization of the program at \$200 million per program, per year over a five-year period to expand on the successes of the program and to ensure continued research that will help to find a cure for diabetes.