On behalf of the 114 million Americans living with or at risk for diabetes, the undersigned organizations write to urge you to reauthorize the Special Diabetes Program (SDP) before it expires. The SDP is made up of the Special Statutory Funding Program for Type 1 Diabetes Research and the Special Diabetes Program for Indians. These critical programs have wide bipartisan support—378 House Members and 68 Senators signed letters endorsing both components of SDP. It is critical for Congress to reauthorize SDP before September 30, 2019 to ensure the continuation of important type 1 diabetes research and prevention and treatment programs for at-risk populations.

We are grateful for the language in S. 1895, the “Lower Health Care Costs Act” which continues funding for five years for type 1 diabetes (T1D) research and clinical trials at the National Institutes of Health. SDP-funded research has accelerated artificial pancreas progress, advanced therapies to reverse vision loss, discovered nearly 50 genes that influence the risk of developing T1D, and found an immunotherapy drug can delay T1D onset for two years. Program funding has also helped determine that tighter blood glucose control reduces the chance of long-term complications, identified new blood glucose monitoring tools for controlling blood glucose levels, tested new novel prevention strategies, as well as contributed to numerous other important scientific discoveries. These advancements are yielding better treatments, producing better outcomes and helping us make tangible progress towards cures for type 1 diabetes.

Additionally, the “Lower Health Care Costs Act” renews support for treatment and prevention programs for American Indian and Alaska Native (AI/AN) communities. This population is impacted by type 2 diabetes at a rate of 15.1 percent, a prevalence higher than any other minority in the United States. Through the help of this program, obesity and diabetes rates in AI/AN youth have not increased in more than 10 years, while diabetes rates have not increased in AI/AN adults since 2011. The program has successfully reduced A1c levels and cardiovascular disease, and promoted healthy lifestyle behaviors. Diabetic eye disease decreased by 50%, reducing vision loss and blindness. Kidney failure rates decreased by 54%, reducing the need for dialysis, and reports have found that this could have helped save Medicare up to $520 million over 10 years. Ultimately these positive clinical outcomes have reduced the risk for blindness, amputations, and kidney failure, as well as preventing the onset of type 2 diabetes.

Without continued investment by Congress, before the program expires, promising new research and clinical trials as well as prevention and management programs will be compromised. Our organizations ask you to renew the SDP before September 30; it’s important to so many Americans that these critical programs don’t lapse.

For additional information on the SDP, please contact Amy Pellegrino (Sen. Susan Collins) at Amy_Pellegrino@aging.senate.gov or Peter Fise (Sen. Jeanne Shaheen) at Peter_Fise@shaheen.senate.gov

Thank you,
Academy of Nutrition and Dietetics
American Diabetes Association (ADA)
American Association of Clinical Endocrinologists (AACE)
American Association of Colleges of Nursing
American Association of Diabetes Educators (AADE)
American Podiatric Medical Association
American Society of Nephrology
Barbara Davis Center for Diabetes
Beyond Type 1
California Rural Indian Health Board Inc.
Children with Diabetes
College Diabetes Network
DiabetesSisters
Diabetes Patient Advocacy Coalition (DPAC)
Endocrine Society
Jaeb Center for Health Research
JDRF
Joslin Diabetes Center
Nation Indian Health Board
National Alliance for Eye and Vision Research (NAEVR)
National Council of Urban Indian Health
National Kidney Foundation
The diaTribe Foundation
The Commissioned Officers Association of the U.S. Public Health Service, Inc.
The Organic Acidemia Association
Trust for America’s Health