55 Senators Request Protection and Prioritization of Special Diabetes Program for Indians Funding

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written by Emily Larsen | November 14, 2024

On November 12, 2024, 55 Senators sent a letter to Senate Leadership requesting the vital Special Diabetes Program (SDP) and Special Diabetes Program for Indians (SDPI) be reauthorized before funding expires on December 31, 2024.

Senator Collins (R-ME) and Senator Shaheen (D-NH) led the letter that calls for a renewal of SDPI at $160 million or more per year. It also emphasizes that while Congress has reauthorized the program every year since 1997, it was flat funded until the 2024 reauthorization, highlighting the importance of reauthorizing the program at $160 million or more per year.

SDPI provides culturally informed care, funds life-saving efforts to fight diabetes at Indian Health Service facilities (including 31 Urban Indian Organizations) and is critical to improving long-term health outcomes in Indian Country. The highly successful, bipartisan program is a proven success, and reauthorization should be a top priority for Congress.

NCUIH is grateful for the support of the following Senators:

Full Letter Text

Dear Leader Schumer and Leader McConnell:

We write today to thank you for your longstanding support of the Special Diabetes Program (SDP) and to ask for your commitment to reauthorize this vital program prior to the funding cliff on December 31, 2024. As part of the March 8 funding package, you helped deliver the first funding increase for the SDP in 20 years, and we look forward to working with you to continue that momentum before the end of the year.

For 27 years, the Special Diabetes Program – comprised of the Special Statutory Funding Program for Type 1 Diabetes Research and the Special Diabetes Program for Indians (SDPI) – has delivered meaningful resources and research breakthroughs for the 38.4 million Americans with diabetes and 97.6 million with prediabetes. It is essential that we continue to invest in the research necessary to develop a cure for diabetes, as well as support the programs that help prevent and treat the disease and its complications.

Diabetes is one of our country's most costly diseases in both human and economic terms, affecting people of all ages and races, and in every region of our country. It is a leading cause of kidney disease, blindness in working-age adults, lower-limb amputations, heart disease, and stroke. Approximately one in four health care dollars and one in three Medicare dollars are spent treating people with diabetes. Diabetes costs our nation $412.9 billion in 2022. Medical expenditures for individuals diagnosed with diabetes are roughly 2.6 times higher than expenditures for those

without the disease.

Although the costs and prevalence of diabetes continue to increase, research funded by the SDP is leading directly to the development of new insights and therapies that are improving the lives of those with diabetes and accelerating progress toward curing and preventing the disease. This progress was highlighted at a bipartisan Senate Appropriations Committee hearing in July 2024, titled “Accelerating Breakthroughs: How the Special Diabetes Program Is Creating Hope for those Living with Type 1 Diabetes.”

In particular, in recent years, federal funding from the SDP has contributed to landmark research that culminated in the first early, preventive treatment that can delay clinical diagnosis of Type 1 diabetes in those at high risk of developing the disease. SDP-funded research is also advancing knowledge of how insulin-producing beta cells are lost with Type 1 diabetes and how they can be protected or replaced in people, which is helping scientists accelerate new cell replacement therapies.

The SDP has also allowed researchers to continue to make progress in other areas, such as:

- Environmental Factors Influencing T1D: Researchers are conducting a groundbreaking 15-year study to determine what environmental factors influence the onset of T1D. They believe that by identifying specific triggering factors, new strategies can be developed to prevent the initial onset of the disease.
- Artificial Pancreas (AP) Systems: SDP-funded research laid early groundwork for developing AP systems, which have shown the ability to reduce costly and burdensome complications and improve the quality of life for those with the disease. SDP funds led to the first fully automated insulin-dosing system being made available to patients in 2017, some five to seven years earlier than expected. Positive results from clinical trials since then have led to another FDA-approved AP system and next-generation AP devices that have outperformed first-generation devices in adolescents and young adults. According to one study, the use of AP systems in adults could save Medicare roughly $1 billion over 25 years.
- Therapies to Delay T1D Onset: The SDP enabled the creation of TrialNet, the largest clinical network for T1D, which conducted the clinical trials that supported the 2022 FDA approval of the first disease-modifying therapy for T1D, which can delay onset by nearly three years. Other therapies to delay and ultimately prevent onset are in the research pipeline.
- Eye Therapies: SDP-funded research discovered that combining a drug with laser therapy can reverse vision loss in people living with diabetes. The SDP also filled a critical research gap by funding a head-to-head comparison of three drugs for the treatment of diabetic eye disease. In the SDP era, diabetic eye disease rates have decreased by more than 50 percent for American Indian and Alaskan Natives, resulting in a reduction of vision loss and blindness.
- Diabetes Prevention in the American Indian and Alaskan Native (AI/AN) Community: SDPI has been one of the most successful programs ever created to reduce the incidence and complications due to Type 2 diabetes. Communities with SDPI-funded programs have seen substantial growth in diabetes prevention resources, and, for the first time, from 2013 to 2017, diabetes incidence in the AI/AN population decreased each year. In addition, the average blood sugar level, as measured by the hemoglobin A1C test, decreased from 9.0 percent in 1996 to 8.1 percent in 2014 in the American Indian and Alaskan Native population, resulting in reduced risk of eye, kidney, and nerve complications.

These are only a few of the many groundbreaking discoveries made possible by the Special Diabetes Program. New technology, therapies, and data sets are improving the lives of the more than 133 million Americans living with or at risk of developing diabetes, while also greatly reducing the long-term health care expenditures related to its complications. Long-term, sustained investment in this

program would provide the stability researchers need to continue large-scale trials, conduct outreach and education, and determine where best to allocate resources – all of which play an important role in helping to better treat, prevent, and ultimately cure diabetes.

We thank you again for your support for renewing the Special Diabetes Program through December 2024 at $160 million per year, per component. While Congress has reauthorized the SDP with bipartisan support on a regular basis since the program's inception in 1997, prior to this action, funding had remained flat since fiscal year 2004. During this time, the cost of research has increased, as has the size of the Indian Health Service population and the cost of medical care. We greatly appreciate your recognition of these considerations.

As we face yet another expiration of this program at the end of this year, we look forward to working with you to ensure that the SDP can continue to support Americans living with or at risk of developing diabetes.