

# United States Senate

WASHINGTON, DC 20510

## Join Us in Support of Increased Funding for Diabetes Research, Treatment & Prevention

March 1, 2007

Dear Colleague:

As Co-Chairs of the Senate Diabetes Caucus, we ask you to join us in supporting an increase in funding for Type 1 diabetes research, as well as for treatment and prevention programs for American Indian and Alaska Native populations who suffer in disproportionate numbers from diabetes, by signing on to the attached letter.

The economic impact of diabetes is alarming. A 2002 study estimated that diabetes costs the U.S. economy \$132 billion per year in direct medical costs and indirect costs such as disability, work loss, and premature mortality. Currently, one out of every three Medicare dollars is spent on people with diabetes.

Diabetes also imposes an enormous personal toll on individuals and families. One out of every three children born in the year 2000 will develop diabetes during their lifetime. And racial and ethnic minority populations suffer disproportionately from the disease. The Indian Health Service reported a 128 percent increase in diabetes among 15-19 year olds and an increase of 77 percent among youth less than 15 years old during the period from 1990-2004. Individuals with diabetes faced a reduced life expectancy of up to 15 years; the threat of complications ranging from blindness, amputation, nerve damage, stroke and kidney disease; and the constant vigilance of monitoring food intake, physical exercise and blood sugar levels. They also face a heavy economic burden with medical expenses for someone with diabetes averaging about \$13,000 per year, compared to about \$2,600 for someone without the disease.

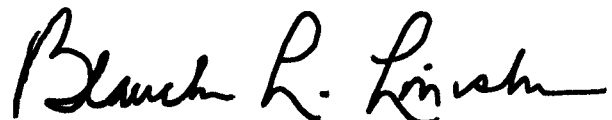
The economic impact and personal toll of diabetes will continue to grow unless there is a continued significant federal investment in conquering the disease. We are seeing promising results from the federal funding that has been provided so far. For example, in the area of Type 1 diabetes, a new drug has been shown in human clinical trials to stabilize or reverse the progression of the disease, showing for the first time that the clinical course of diabetes can be altered. Federally-supported treatment and prevention programs are also showing real results in the American Indian and Alaska Native populations. These populations have seen a one percent decrease in their mean A1C levels – a measure of how well they are controlling their blood sugar levels. This translates into a 40 percent decrease in the risk of devastating and costly microvascular (eye, nerve and kidney) complications. We need to build upon these successes.

Later this month you will be visited and called by constituents who are personally affected by diabetes. Show them that you are helping in the fight to conquer diabetes by joining us in signing on to the attached letter. Please contact Priscilla Hanley with Senator Collins (4-2523) or Ashley Ridlon with Senator Lincoln (4-4843) to add your name.

Sincerely,



Susan M. Collins  
United States Senator



Blanche L. Lincoln  
United States Senator

Dear Majority Leader Reid and Minority Leader McConnell:

We are writing to seek your support for increased funding for Type 1 diabetes research as well as treatment and prevention programs for American Indian and Alaska Native (AI/AN) populations who suffer in disproportionate numbers from diabetes.

Diabetes places a tremendous economic burden on our country, costing more than \$132 billion annually and accounting for one out of every three Medicare dollars. Individuals with diabetes have more than twice the prevalence of disability from amputation, loss of vision, and other serious complications such as stroke, kidney failure and nerve damage.

Diabetes also imposes an enormous personal toll on individuals and families. Patients require daily administration of life-sustaining insulin in the form of injections or via an insulin pump. They must also carefully monitor their food intake and physical activity in order to manage the disease. Even with continuous and vigilant disease management, patients are still susceptible to developing serious, long-term complications.

Absent a significant federal investment in conquering this disease, the personal and economic costs of diabetes will continue to grow. It is estimated that one out of every three children born in the year 2000 will develop diabetes during their lifetime. Indian Health Service (IHS) statistics show that among AI/AN populations during the period 1990-2004, there was an increase in diabetes of 128 percent among 15-19 year olds and an increase of 77 percent among youth less than 15 years old. Children are being diagnosed at increasingly younger ages with both Type 1 and Type 2 diabetes.

Despite these alarming statistics, progress is being made, and we must continue to invest in programs that are delivering results. For example, in the area of Type 1 diabetes, a new drug has been shown in human clinical trials to stabilize or reverse the progression of the disease, showing for the first time that the clinical course of diabetes can be altered. As another example, advances in technology, such as continuous glucose sensors, are improving the daily management of diabetes for many patients and are moving us closer to the longer-term goal of an artificial pancreas. In addition, drugs originally designed for use in cancer therapy are being repositioned to treat both Type 1 and Type 2 diabetes patients with diabetic eye disease, the leading cause of blindness in working-age adults. These are just a few examples of how a strong federal investment in diabetes research is yielding real results for many people.

In the AI/AN population, federally-supported treatment and prevention programs are also showing real results in addressing the growing burden of Type 2 diabetes. For example, mean A1C levels – the measure of how well a patient has been controlling his or her sugar levels – have decreased by one percent. According to the CDC, in general, every percentage point drop in A1C reduces the risk of devastating and costly microvascular complications (eye, nerve, kidney) disease by 40 percent. In addition, mean cholesterol rates and blood pressure levels have decreased, and the number of people with diabetes screened for kidney disease, eye and foot disease has increased. The Centers for Disease Control and Prevention (CDC) Diabetes Cost-

Effective Study Group found that screening and early treatment of diabetes reduces the lifetime occurrence of kidney failure by 25 percent, blindness by 35 percent, and lower-extremity amputation by 22 percent.

We urge you to work with us this year to increase funding for Type 1 diabetes research so that we can capitalize on the research opportunities that exist and accelerate our timeline to a cure, as well as increase funding for treatment and prevention programs for American Indian and Alaska Native populations so that we can continue to make positive advances in addressing the significant burden diabetes places on these communities.

Thank you for your attention to this important issue.

Sincerely,