Congress of the United States

Washington, DC 20515

March 20, 2012

The Honorable Denny Rehberg Chairman Committee on Appropriations Subcommittee on Labor, HHS, and Education 2448 Rayburn House Office Building Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Committee on Appropriations
Subcommittee on Labor, HHS, and Education
2413 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Rehberg and Ranking Member DeLauro:

As you complete the appropriations process for Fiscal Year 2013, the undersigned Members of Congress ask that you give strong consideration to the burden of diabetes in the United States and provide a minimum of \$10 million for the National Diabetes Prevention Program (NDPP) at the Centers for Disease Control and Prevention (CDC). While the prevalence of diabetes is growing, we have the potential to prevent many new cases of the disease. In preventing diabetes we can also avert the rising health care costs that stem from diabetes and its complications.

As you know, nearly 26 million Americans have diabetes. Another 79 million have prediabetes, putting them at increased risk for developing type 2 diabetes. Diabetes and its complications, along with prediabetes and gestational diabetes, cost our nation an estimated \$218 billion annually. This growing epidemic is a serious threat to both the health and fiscal stability of our nation.

Though the statistics are alarming, we do have tools available to prevent new cases of diabetes. The Diabetes Prevention Program was a groundbreaking clinical trial carried out by the National Institute of Diabetes and Digestive and Kidney Diseases that showed type 2 diabetes is largely preventable. The clinical trial found that with lifestyle changes and moderate weight loss, individuals with prediabetes can reduce their risk for type 2 diabetes by 58 percent (71 percent in people over age 60). Further research has demonstrated that these results can be replicated in a community setting for a cost of less than \$300 per participant.

Authorized in 2010, the NDPP is based on the successful outcomes of the clinical trial and the translational research that followed. The goal of the NDPP is to prevent type 2 diabetes in the 79 million Americans with prediabetes by building a national network of community programs to offer support and guidance to those at risk. We were pleased that the NDPP received \$10 million in funding in Fiscal Year 2012. We need to build on that initial funding in order to achieve a return on investment in the form of decreased health care costs.

Currently, the YMCA, in coordination with the CDC and private insurers, delivers the diabetes prevention program to individuals with prediabetes and will be operating in 275 sites in 30 states by the end of this year. While the YMCA and CDC have shown success with this program in several locations, without a strong federal investment, the NDPP will not become a true national network capable of reaching the majority of Americans at risk.

A federal investment will result in improved health for millions of Americans and also yield significant cost savings. In a 2009 report, the Urban Institute predicted the country can save as much as \$190 billion over 10 years by bringing this community-based diabetes prevention program to scale. The Urban Institute report also recognized that a large portion of the diabetes burden would fall to the elderly and the poor and estimated75 percent of the savings, or \$142.9 billion, would benefit federal health programs like Medicare and Medicaid.

In addition to the potential cost savings, funding for the NDPP is truly an investment rather than a long-standing financial commitment. It is estimated that sites will be self-sustaining within three years. An upfront investment will kick start a permanent system of evidence-based prevention programs that pay for themselves.

Once again, diabetes is a serious and costly disease. According to the CDC, one in three children born since the year 2000 will develop diabetes at some point in their lifetime. As the rates of diabetes grow, and more individuals are subject to dangerous complications – such as heart disease, stroke, lower-limb amputation, blindness and kidney disease –healthcare costs will also continue to rise. In order to bend the cost curve of the diabetes epidemic, we must make the NDPP available to the individuals who are at the highest risk.

The NDPP meets the dual goals of improving the overall health of our nation and reducing long-term healthcare spending. Taking advantage of this extraordinary opportunity will help stop the devastating and costly toll diabetes is taking on the health and financial security of our nation. We respectfully request that you provide a minimum of \$10 million in FY2013 funding for the NDPP. Thank you very much for your time and attention to this important matter.

Please contact Christy Paavola (5-5665) with Representative Reid Ribble or Marc Berkman (5-2040) with Representative Susan Davis if you need further information.

Sincerely,

Reid J. Ribble Member of Congress

Silvestre Reyes Member of Congress

Diana DeGette Member of Congress

Raul M. Grijalva

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Susan A. Davis Member of Congress

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