

**Testimony of Janel Wright
National Advocacy Committee Chair, American Diabetes Association**

**Before the
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
(LHHS)
Committee on Appropriations, United States House of Representatives**

**Regarding
FY 2011 Appropriations for the
United States Department of Health and Human Services (HHS)
National Institutes of Health and the Centers for Disease Control and Prevention**

**Wednesday, May 12
2:00p.m. – 4:30p.m.**

The Centers for Disease Control and Prevention (CDC) has identified diabetes as a disabling, deadly epidemic that is on the rise. Between 1990 and 2001, the prevalence of diabetes increased by 60 percent. The total cost of diabetes and its complications, including undiagnosed diabetes, pre-diabetes and gestational diabetes, to the U.S. healthcare system was an estimated \$218 billion in 2007.

The Association is grateful to the LHHS Subcommittee for consistently funding vital HHS programs, including the National Institute of Diabetes, Digestive and Kidney Diseases (NIDDK) at the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention's (CDC) Division of Diabetes Translation (DDT) to help reduce the overwhelming costs of diabetes. It is because of this investment that our knowledge of the disease has been expanded and the critical work towards ending this epidemic can continue.

However, a greater federal investment in diabetes research at the NIDDK, and prevention, surveillance, control, and research work currently being done at the DDT is crucial for finding a cure and improving the lives of those living with, or at risk for, diabetes. Additionally, the National Diabetes Prevention Program (NDPP), a new program authorized through the Patient Protection and Affordable Care Act (P.L.111-148, SEC. 399V-3), is poised to cut dramatically the number of new diabetes cases in high-risk individuals.

With this in mind, for FY 2011, the Association is respectfully requesting \$2.209 billion for the NIDDK, an increase of \$252 million over the FY 2010 level, and \$86 million for the CDC's DDT, which represents a total increase of \$20 million.

Additionally, the Association is also requesting the Subcommittee's support for \$80 million for the implementation of the NDPP through the Prevention and Public Health Fund created in the Patient Protection and Affordable Care Act.

Thank you for the opportunity to provide this testimony to the House LHHS Subcommittee. I am pleased to have the opportunity to submit testimony on behalf of the American Diabetes Association. As someone who has lived with diabetes for over thirty years, I am proud to be a representative of the 81 million American adults and children living with diabetes or pre-diabetes.

Every minute, three more people are diagnosed with the disease. While nearly 24 million Americans have diabetes today, that number is expected to grow to 44 million in the next 25 years if present trends continue. Every 24 hours, 230 people with diabetes will undergo an amputation, 120 people will enter end-stage kidney disease programs and 55 people will go blind from diabetes. Each and every day diabetes will cost our country over a half a billion dollars, yet, it is but a fraction of the costs that lie ahead unless we take action immediately to stop the march of this epidemic.

Thanks to you and your colleagues, Congress has consistently funded vital Department of Health and Human Services (HHS) programs to help reduce the overwhelming costs of diabetes. However, if we are to cure and prevent diabetes, there is much more to accomplish. Therefore, the Association urges the House LHHS Subcommittee to invest in research and prevention proportionate to the magnitude of the burden diabetes has on our country and, by doing so, to change the future of diabetes in America.

As the nation's leading non-profit health organization providing diabetes research, information and advocacy, the Association believes federal funding for diabetes prevention and research is critical, not only for the 24 million American adults and children (nearly 8 percent of the population) who currently have diabetes, but for the 57 million more with pre-diabetes. Of the 24 million, 6 million are unaware they have diabetes. Together, this means 25 percent of the U.S. population either has, or is at risk for developing, this serious disease. Federal funding for diabetes prevention and research efforts is critical to reversing this epidemic.

Diabetes is a chronic condition that impairs the body's ability to use food for energy. The hormone insulin, which is made in the pancreas, helps the body change food into energy. In people with diabetes, either the pancreas does not create insulin, which is type 1 diabetes, or the body does not create enough insulin and/or cells are resistant to insulin, which is type 2 diabetes. If left untreated, diabetes results in too much glucose in the blood stream. The majority of diabetes cases, 90 to 95 percent, are type 2, while type 1 diabetes accounts for five to ten percent of diagnosed cases. The complications of diabetes are widespread and serious. In those with pre-diabetes, blood glucose levels are higher than normal and taking action to reduce their risk of developing diabetes is essential.

The Centers for Disease Control and Prevention (CDC) has identified diabetes as a disabling, deadly epidemic that is on the rise. Between 1990 and 2001, the prevalence of diabetes increased by 60 percent. According to the CDC, one in three children born in the year 2000 is likely to develop the disease in their lifetime if current trends continue. This number is even greater among minority populations, where nearly one in two children will develop diabetes.

Additionally, type 2 diabetes, traditionally seen in older patients, is beginning to reach a younger population, due in part to the surge in childhood obesity. Approximately one in every 500 children and adolescents has Type 1 diabetes, and an alarming 2 million adolescents (or 1 in 6 overweight

adolescents) aged 12-19 have pre-diabetes. The impact diabetes has on individuals and the health care system is enormous and continues to grow at a shocking rate. Diabetes is a leading cause of kidney disease, adult-onset blindness and lower limb amputations as well as a significant cause of heart disease and stroke. Since 1987, the death rate due to diabetes has increased by 45 percent. In that same period, death rates for heart disease, stroke and cancer have dropped.

In addition to the physical toll, diabetes also attacks our pocketbooks. A recent study by the Lewin Group found when factoring in the total costs of diabetes, including undiagnosed diabetes, pre-diabetes, and gestational diabetes, the total cost of diabetes and related conditions in the United States in 2007 was \$218 billion (\$18 billion for undiagnosed diabetes; \$25 billion for pre-diabetes; \$623 million for gestational diabetes). That year, medical expenditures due to diabetes totaled \$116 billion, including \$27 billion for diabetes care, \$58 billion for chronic diabetes-related complications, and \$31 billion for excess general medical costs. Indirect costs resulting from increased absenteeism, reduced productivity, disease-related unemployment disability and loss of productive capacity due to early mortality totaled \$58 billion. This is an increase of 32 percent since 2002. Thus, in just five years, the cost of diabetes increased by \$42 billion, or \$8 billion per year. In fact, approximately one out of every five health care dollars is spent caring for someone with diagnosed diabetes, while one in ten health care dollars is attributed to diabetes. Additionally, one-third of Medicare expenses are associated with treating diabetes and its complications.

Despite these numbers, there is hope. A greater federal investment in diabetes research at the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at the National Institutes of Health (NIH), and prevention, surveillance, control, and research work currently being done at the Division of Diabetes Translation (DDT) at the CDC is crucial for finding a cure and improving the lives of those living with, or at risk for, diabetes. Additionally, the National Diabetes Prevention Program (NDPP), a new program authorized through the Patient Protection and Affordable Care Act (P.L.111-148, SEC. 399V-3), is poised to cut dramatically the number of new diabetes cases in high-risk individuals. In this vein, for FY 2011, the American Diabetes Association is requesting:

- \$2.209 billion for the NIDDK, an increase of \$252 million over the FY 2010 level. This additional funding will act to offset years of flat funding and inflation that caused cutbacks to promising research. It will also demonstrate Congress's commitment to science and research.
- \$86 million for the CDC's DDT, which represents a total increase of \$20 million for the DDT's critical prevention, surveillance and control programs. Expanded investment in the DDT will produce much larger savings in reduced acute, chronic, and emergency care spending.

Additionally, we are also requesting your support of \$80 million for the implementation of the NDPP through the Prevention and Public Health Fund created in P.L. 111-148.

NIH's National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

One of the 27 institutes housed at the NIH, NIDDK is poised to make major discoveries that could prevent diabetes, better treat its complications, and – ultimately – find a cure. Researchers at the NIH are working on a variety of projects that represent hope for the millions of individuals with both type 1 and type 2 diabetes. The list of advances in treatment and prevention is long, but it is

important to understand much more can be achieved for people with diabetes with an increased investment in scientific research at the NIDDK.

Researchers have already learned a great deal about the biology of diabetes, and they now understand much more about the loss of islet cell function, which can affect the body's ability to regulate blood glucose levels. These discoveries have led directly to islet cell transplants and ongoing work to extend the life of transplanted cells. Thanks to research at the NIDDK, people with diabetes now manage their disease with a variety of insulin formulations and regimens far superior to those used in decades past. The result is the ability to live healthier lives with diabetes. Because of these advances, my hemoglobin A1C, which provides a snapshot of an individual's blood glucose, went from 12.9% to 5.9%. This is a dramatic development for me and proof of the importance of NIDDK's work.

Recent discoveries at the NIDDK include the ability to predict type 1 diabetes risk, new drug therapies for type 2 diabetes, and the discovery of genetic markers that explain the increased burden of kidney disease among African Americans. The NIDDK funded the Diabetes Prevention Program, a multicenter clinical research trial that found modest weight loss through dietary changes and increased physical activity could prevent or delay the onset of type 2 diabetes by 58 percent.

While great strides have been made in diabetes research, there are many unanswered questions about the disease that merit further study. Towards that end, the NIDDK, in its role as the convener of the Diabetes Mellitus Coordinating Committee, a panel comprised of key HHS agencies, including the Food and Drug Administration and the CDC, and other federal partners such as the Department of Veterans Affairs, has developed a Diabetes Research Strategic Plan, to be finalized later this year, which outlines pressing diabetes research needs.

The plan identifies a number of areas for additional research. These include study into the intersection of genetic and environmental risk factors for diabetes in people of color in order to reduce the prevalence of the disease and its complications; identification of the key genetic factors that predispose or protect individuals against diabetes complications; and, study of the natural history of type 1 diabetes in order to foster the design of preventive therapy. Additional FY 2011 funding would allow the NIDDK to support this additional research in order to build upon past successes, improve prevention and treatment, and close in on a cure.

CDC's Division of Diabetes Translation (DDT)

The CDC's DDT works to eliminate the preventable burden of diabetes through proven educational programs, best practice guidelines and applied research. Funds appropriated to the DDT focus on developing and maintaining state-based Diabetes Prevention and Control Programs (DPCPs); supporting the National Diabetes Education Program (NDEP); defining the diabetes burden through the use of public health surveillance; and translating research findings into clinical and public health practice. Our request of an additional \$20 million will allow these critical programs at the DDT to reach more at risk Americans and help to prevent or delay this destructive disease.

The DDT's most important efforts are based within the DPCPs in all 50 states, the District of Columbia, and 8 other territories and are cornerstones of the Division's work. DPCPs work to not only reduce the incredible burden of diabetes, but to make certain the people they serve are fully aware of the disease and those with or at risk of developing diabetes are receiving the highest quality of care possible. Because they are community based, DPCPs are highly adaptable and capable of reaching those at greatest risk in a given area. DPCPs provide a vital infrastructure to coordinate

diabetes prevention and control efforts, however, a severe lack of funding leaves DPCPs unable to reach all of those who could benefit from their work.

The Division also recognizes the role that education and awareness plays in the fight against diabetes. With this in mind, the DDT implements the NDEP in coordination with the NIDDK. The NDEP develops and disseminates information on the prevention and control of diabetes that serve as the guiding principles to improve the treatment and outcomes for people with diabetes and to prevent or delay the onset of diabetes. Another vital component of the DDT's efforts is the National Diabetes Surveillance System, which provides comprehensive diabetes data at the national, state, and local levels so analysts may better track the epidemic, and ensure the most effective use of taxpayer dollars.

The DDT also identifies important research findings, including the results of clinical trials and scientific studies, in order to pinpoint the public health implications of the research. These findings are applied in health care systems and within local communities. Areas of translational research include access to quality care for diabetes; cost-effectiveness of diabetes prevention and control activities; effectiveness of health practices to address risk factors for diabetes; and demonstration of primary prevention of type 2 diabetes. One example of a highly successful translational effort by the DDT is the Diabetes Prevention Program Initiative (DPPI), a structured lifestyle intervention modeled after the NIDDK's Diabetes Prevention Program (DPP) clinical research study. The DPPI is proving group lifestyle intervention can lower diabetes risk while being delivered in a cost effective way in a community setting, thus increasing the likelihood of improved outcomes for individuals at risk of developing the disease.

While the DDT has played an invaluable and instrumental role in fighting the diabetes epidemic, the reach of the Division could be significantly broader with additional FY 2011 funding. With an additional \$20 million, the DDT will be able to expand the reach of DPCPs in every state and territory. Given the dramatic decreases in funding for state and local health departments, supporting the work of the DPCPs to provide prevention and control guidelines and technical assistance to health officials in local communities is more critical than ever to ensure access to affordable and high-quality diabetes care and services.

Increased funding for the DDT will also allow the Division to build upon its work in reducing health disparities through vital programs such as the Native Diabetes Wellness Program, furthering the development of effective health promotion activities and messages tailored to American Indian/Native Alaskan communities. Additional resources will enable the DDT to expand its translational research studies that will lead to improved public health interventions. An excellent example of this work is the Search for Diabetes in Youth study; a collaboration between the DDT and the NIDDK designed to further clarify the impact of type 2 diabetes in youth so prevention activities aimed at young people can be improved.

The National Diabetes Prevention Program (NDPP)

Further studies of the DPP have shown this groundbreaking intervention can be replicated in community settings for a cost of less than \$300 per participant. With this in mind, the NDPP was authorized by the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148). This new program will provide funding to the CDC to expand such evidence-based programs across the country. The Association acknowledges your leadership in the implementation of P.L.111-148,

specifically the Prevention and Public Health Fund (SEC.4002), which provided \$15 billion in mandatory funding over the next 10 years for public health, wellness and prevention programs. We respectfully ask the committee to support \$80 million from the Fund for the NDPP.

The NDPP meets the goals of the Fund, which seeks to make a national investment in prevention and public health programs, both to improve the health of Americans and to rein in health care costs. The Urban Institute reported our country could save as much as \$190 billion over ten years by bringing the NDPP to scale. Implementation of the NDPP would allow the CDC to expand the reach of evidence-based community programs to identify, refer and provide those at high risk for diabetes with cost-effective interventions.

Conclusion

As you consider the Fiscal Year 2011 appropriation for the NIDDK and the DDT, we ask that you consider diabetes is an epidemic growing at an astonishing rate. If left unaddressed diabetes will overwhelm the healthcare system with tragic consequences. To change this future we need to increase our commitment to research and prevention in a way that reflects the burden diabetes poses both for us and for our children.

Increasing NIDDK funding to \$2.209 billion for next year opens the door to research opportunities that will both improve patient outcomes and reduce the economic cost of diabetes. Through the CDC's important programs at the DDT, we have the chance to drastically reduce the number of people with diabetes. Given the astounding costs of diabetes, the request of \$86 million for DDT is a modest investment in our future. Further, \$80 million from the Prevention and Public Health Fund for the implementation of the NDPP will not only improve the health of millions of Americans who are at high risk for diabetes, but it will also save health care costs in the long term.

Our fight against diabetes must be significantly expanded. Your continued leadership in combating this growing epidemic is essential in stemming the epidemic. Thank you for your commitment to the diabetes community and for the opportunity to submit this testimony. The Association is prepared to answer any questions you might have on these important issues.

Biography of Janel L. Wright

Ms. Wright currently serves as the Chief of Adjudications for the Division of Workers' Compensation for the Alaska Department of Labor, where she is responsible for administering the statewide workers' compensation adjudication program and is responsible for the legal processes and adjudicative functions of the Division of Workers' Compensation and the Alaska Workers' Compensation Board.

Ms. Wright is also an adjunct professor for the University of Alaska Anchorage's Center for Human Development, where she teaches a college course on legal and ethical issues for service providers of individuals with disabilities. Mr. Wright previously served as a staff attorney and Legal Director for the Disability Law Center of Alaska, where she advocated for the rights of individuals with disabilities under federal, state and municipal civil rights laws.

Ms. Wright is the National Advocacy Committee Chairperson for the American Diabetes Association, and a former member of the Association's Board of Directors. She is also member of the Association's Legal Advocacy Sub-Committee and a volunteer for its Alaska Affiliate. Ms. Wright currently serves as a member of the Discipline Committee for the Alaska Bar Association.

Ms. Wright has been recognized for her professional work and her extensive volunteer activities. Most recently, she was presented with the 2010 Denali Park Performance Award – Honorable Mention, by Governor Parnell to recognize excellence in public service and exceptional leadership qualities. In 2008, she was honored with the Carolyn Peter Volunteerism Award, which was presented to her by the Governor's Committee on Employment and Rehabilitation of People with Disabilities for being a positive force in ensuring rights for people with disabilities and a role model to others.

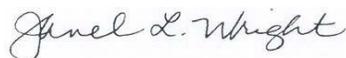
She has been given the American Diabetes Association's You Make a Difference Award to recognize her efforts in Alaska in ensuring insurance coverage for medical supplies to control and monitor diabetes. Ms. Wright has also been presented with the Justin Dart Freedom Award.

Ms. Wright received her Bachelor of Science in Economics from Allegheny College in Meadville, Pennsylvania, where she graduated Cum Laude in 1984. She received her Juris Doctorate from Ohio State University College of Law in 1987.

**Subcommittee on Labor, HHS, Education
and Related Agencies
Witness Disclosure Form**

Clause 2(g) of rule XI of the Rules of the House of Representatives requires non-governmental witnesses to disclose to the Committee the following information. A non-governmental witness is any witness appearing on behalf of himself/herself or on behalf of an organization other than a federal agency, or a state, local or tribal government.

Your Name, Business Address, and Telephone Number: Janel Wright 2945 Emory Street Anchorage, AK 99508 907-277-2945
1. Are you appearing on behalf of yourself or a non-governmental organization? Please list organization(s) you are representing. I am appearing on behalf of the American Diabetes Association
2. Have you or any organization you are representing received any Federal grants or contracts (including any subgrants or subcontracts) since October 1, 2007? Yes No I have not, but the Association has.
3. If your response to question #2 is "Yes", please list the amount and source (by agency and program) of each grant or contract, and indicate whether the recipient of such grant or contract was you or the organization(s) you are representing. 2007 \$66,036.069 Centers for Disease Control and Prevention (STEPS Program) 2008 \$35,281,34 Centers for Disease Control and Prevention (STEPS Program) 2009 \$34,164.82 Centers for Disease Control and Prevention (STEPS Program) 2010 \$27,903.00 Centers for Disease Control and Prevention



Signature:

Date: 05/06/10

Please attach a copy of this form, along with your curriculum vitae (resume) to your written testimony.