Dear Chairman Blunt, Chairman Cole, Ranking Member Murray and Ranking Member DeLauro:

As the Subcommittees begin deliberations on Labor, Health and Human Services, and Education (LHHS) appropriations for Fiscal Year (FY) 2017, the undersigned organizations of the Diabetes Advocacy Alliance™ (DAA) ask you to provide $25 million in funding for the National Diabetes Prevention Program (National DPP) at the Centers for Disease Control and Prevention (CDC).

The DAA is a coalition of twenty-one diverse member organizations, representing patient, professional and trade associations, other non-profit organizations, and corporations, all united in the desire to change the way diabetes is viewed and treated in America. Since 2010, the DAA has worked to increase awareness of, and action on, the diabetes epidemic among legislators and policymakers. The organizations that comprise the DAA share a common goal of elevating diabetes on the national agenda so we may ultimately defeat diabetes.

As you may know, nearly 30 million Americans have diabetes and an additional 86 million adults are at risk of developing the disease. By 2050, it is estimated that one out of every three Americans will have diabetes. In addition, the annual cost of this public health emergency has skyrocketed to $322 billion and will continue to rise unless something is done. Both the human and economic toll of this disease is devastating.

While diabetes poses serious problems for our families, employers, insurers, and government, there is a program that can help change the trajectory of this disease. The National DPP is a public-private partnership administered by the CDC which seeks to reduce the growing problem of prediabetes and type 2 diabetes in the United States. The National DPP provides an evidence-based solution to the diabetes epidemic. The program has evolved from a successful National Institutes of Health (NIH) clinical trial which found individuals with prediabetes — those at the highest risk for the disease — can reduce their risk for type 2 diabetes by 58 percent with lifestyle intervention and modest weight loss of 5-7 percent. Seniors were even more successful,
decreasing their risk by 71 percent. Further research translating the clinical trial from a one-on-one intervention with a clinician to a community, group-based setting showed the results could be replicated for a cost of approximately $425 per participant. Hundreds of organizations nationwide now offer CDC-recognized diabetes prevention lifestyle change programs, both in-person and virtually, to individuals at risk for type 2 diabetes.

Approximately 15-30% of people with prediabetes will develop type 2 diabetes within 5 years without intervention. Additional funding for National DPP is needed to expand the program to meet the needs of the 86 million Americans with prediabetes. We urge you to provide $25 million for the National Diabetes Prevention Program in FY17 and we look forward to working with you to support this valuable, evidence-based program. If you have any questions or need additional information, please contact Amy Wotring at awot@novonordisk.com.

Sincerely,

Academy of Nutrition and Dietetics
American Association of Clinical Endocrinologists
American Association of Diabetes Educators
American Clinical Laboratory Association
American Diabetes Association
American Medical Association
American Optometric Association
American Podiatric Medical Association
Endocrine Society
Healthcare Leadership Council
National Community Pharmacists Association
National Kidney Foundation
Novo Nordisk Inc.
Omada Health
VSP Vision Care
Weight Watchers International Inc.
YMCA of the USA

www.diabetesadvocacyalliance.org