



The Honorable Rodney P. Frelinghuysen, Chair  
House Appropriations Committee  
2306 Rayburn HOB  
Washington, D.C. 20515-3011

The Honorable Nita M. Lowey, Ranking Member  
House Appropriations Committee  
2365 Rayburn HOB  
Washington, D.C. 20515-3217

The Honorable Tom Cole, Chair  
House Appropriations Labor-HHS Subcommittee  
2467 Rayburn HOB  
Washington, D.C. 20515-3604

The Honorable Rosa L. DeLauro, Ranking Member  
House Appropriations Labor-HHS Subcommittee  
2413 Rayburn HOB  
Washington, D.C. 20515-0703

The Honorable Thad Cochran, Chair  
Senate Appropriations Committee  
113 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Patrick Leahy, Ranking Member  
Senate Appropriations Committee  
437 Russell Senate Office Building  
Washington, D.C. 20510

The Honorable Roy Blunt, Chair  
Senate Appropriations Labor-HHS Subcommittee  
260 Russell Senate Office Building  
Washington, D.C. 20510

The Honorable Patty Murray, Ranking Member  
Senate Appropriations Labor-HHS Subcommittee  
154 Russell Senate Office Building  
Washington, D.C. 20510

July 11, 2017

Dear Appropriators,

The Diabetes Advocacy Alliance (DAA) is a coalition of 21 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 members of the DAA, we urge you to strongly support sustained, robust funding of chronic disease prevention programs, especially those that are diabetes-related.** Nearly 30 million Americans are living with diabetes and another 86 million have prediabetes, which means they are at elevated risk of progressing to the condition in the coming years, when they will each cost the American healthcare systems thousands of dollars more every year.

It is essential that we keep in place the systems and resources to reduce the number of new diabetes cases, while also helping people with diabetes better manage their disease to reduce costly complications and further progression of the disease. In addition, diabetes is a gateway disease, increasing the risk for many other chronic conditions and diseases. By prioritizing diabetes prevention, the nation can help prevent a host of other chronic conditions while controlling costs across the health care system. For example, diabetes can lead to increased risk for cardiovascular disease, stroke, heart disease, high blood pressure or LDL cholesterol, kidney failure, lower limb amputations, depression,

dementia, hearing loss, loss of vision, gum disease, high blood pressure or LDL cholesterol, low bone density and painful peripheral neuropathy, which affects the nervous system.<sup>1</sup>

As you continue to work on the budget, appropriations, health reform legislation, and other important matters, we urge you to preserve the important funding streams which are integral to the operations of the Centers for Disease Control and Prevention (CDC) and the health of the nation as a whole. While the CDC is critically important to the health of Americans in general, our Alliance is particularly concerned about the important role it plays for people with diabetes and their families.

The CDC's **National Center for Chronic Disease Prevention and Health Promotion** coordinates efforts to prevent and control chronic diseases and their risk factors. Diabetes is a complex disease caused by myriad factors; and like many other chronic diseases, family history, age, high blood pressure, race, ethnicity, environmental factors, and genetics also play significant roles. Thus, the National Center for Chronic Disease Prevention and Health Promotion has a substantial impact on diabetes as it also works to reduce heart disease and stroke, improve nutrition, and promote physical activity—all diabetes risk factors.

We very much appreciate the continued support Congress has consistently given to this Center, including in FY 2017, and urge you to maintain the existing funding mechanisms of the Center, which provide resources and technical expertise through state health departments, national organizations, and local partner groups. Maintaining the existing funding mechanisms also allows for ongoing accountability, transparency and measurable outcomes with Congress, states, and taxpayers. However, this funding is repeatedly at risk, most notably in the proposed Administration's budget for FY 2018, which included major cuts to almost every area of the CDC, including a 20 percent cut to the National Center for Chronic Disease Prevention and Health Promotion. Additionally, the funding lines for diabetes, heart disease and stroke, nutrition, physical activity and obesity, and tobacco control are proposed to be consolidated into a \$500 million America's Health Block Grant, which would represent an approximately 17 percent cut for each of the programs in the block. Most recently, the proposed health reform measures in the Senate would have eliminated the Prevention and Public Health Fund, which underpins most of CDC's budget.<sup>2</sup> (We note that while the Prevention Fund resources are critical to the CDC's operations, the source of the funding is less important than the work it achieves. No matter what mechanism Congress chooses, it is vital that these important chronic disease programs have sustained funding and mechanisms for technical assistance necessary to stem the tide of chronic disease in this country.)

As a group focused on diabetes, we appreciate the good and important work of the **Division of Diabetes Translation (DDT)**, which is within the National Center for Chronic Disease Prevention and Health

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<sup>1</sup> [http://www.diabetesadvocacyalliance.org/pdf/DAA\\_Gateway\\_Disease.pdf](http://www.diabetesadvocacyalliance.org/pdf/DAA_Gateway_Disease.pdf)

<sup>2</sup> Since its inception in FY 2010, funding appropriated to CDC from the Prevention Fund has become integral to CDC program operations. In FY 2016, the Prevention Fund accounted for over 12 percent of CDC's total program funding. This growth in the Prevention Fund at CDC was accompanied by a \$119 million reduction in Budget Authority and the elimination of PHS Evaluation Transfers (-\$352 million), making the funds even more critical. For people with diabetes, the role of the Prevention Fund is even more significant: over 37 percent of the DDT budget is currently funded by the Prevention Fund and 80 percent of the funds DDT distributes to states come from the Prevention Fund. The majority goes toward cooperative agreements such as State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (which is targeted specifically to high risk populations to address disparities); State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health; and Good Health and Wellness in Indian Country.

Promotion , and are particularly concerned about potential funding cuts for this group. DDT works toward a world free of the devastation of diabetes and works to reduce the preventable burden of diabetes through public health leadership, partnership, research, programs, and policies that translate science into practice. The division concentrates its efforts where it can achieve the greatest impact for populations with the greatest burden or risk. It conducts public health surveillance for diabetes, conducts applied translational research, and implements the National Diabetes Education Program (NDEP), a partnership designed to improve treatment and outcomes for people with diabetes, to promote early diagnosis, and to prevent the onset of diabetes.

DDT leverages its funding through public-private partnerships that support its mission at state and community levels. DDT also provides funds directly to state and local health departments to support programs and activities to prevent or delay the onset of type 2 diabetes and to improve health outcomes for people diagnosed with diabetes. Without necessary funding, DDT would not be able to continue its work. States would be most affected, since DDT distributed \$70,879,111 to states in FY16 and the vast majority of state funding for diabetes comes from DDT.

Importantly, DDT has been instrumental in the successful implementation of the National Diabetes Prevention Program (NDPP). NDPP is a lifestyle change intervention that has been shown to prevent or delay the onset of type 2 diabetes, with proven clinical results, while providing a substantial return on investment. The history of the program illustrates the best possible outcome of government investment: the original trial conducted at the National Institutes of Health (NIH) was translated to the community by a non-governmental organization and scaled up nationally by the CDC. DDT, through the Diabetes Prevention Recognition Program (DPRP), provides oversight and recognizes organizations that meet diabetes prevention program standards to ensure that efficacy and outcomes remain strong even as the program continues to innovate and grow. It has empowered many organizations in the private sector to invest in effective diabetes prevention programs. While some private insurers and employers pay for DPP delivered by CDC recognized programs, Medicare will be expanding coverage as of 1/1/18 to all eligible beneficiaries after the CMS Office of the Actuary found and certified a \$2,650 per beneficiary savings in just 15 months for those Medicare beneficiaries that participate in DPP. The Medicare expansion of DPP, crucial to cost control and improved quality of life, requires the extensive and nationwide availability of CDC recognized providers. Robust funding must be continued for the CDC can recognize effective implementation of the NDPP across the country.

We greatly appreciate Congress's support of NDPP and DPRP over the last several years. We are concerned, however that the proposals under consideration will have a devastating impact on the CDC chronic disease funding, and specifically diabetes funding, and wanted to share our strong support for these critical programs. CDC must continue to oversee and disseminate diabetes work to significantly reduce diabetes-related health care spending for both public and private payers and reduce the human toll of the disease.

Any further reduction in spending on critical prevention programs would do fundamental damage to the CDC, and significantly limit the ability of the CDC to carry out its important mission. Thus, we strongly urge you to keep this funding intact in any proposed budgetary legislation so we can continue to work together to reduce the burden of diabetes.

Sincerely,  
The undersigned DAA organizations

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 Podiatric Medical Association  
Endocrine Society  
Healthcare Leadership Council  
National Association of Chronic Disease Directors  
National Kidney Foundation  
Novo Nordisk Inc.  
Omada Health  
Pediatric Endocrine Society  
Weight Watchers International, Inc.  
YMCA of the USA

Cc: House and Senate Diabetes Caucus Co-Chairs