

Changing Diabetes: One Bill at a Time

Diabetes is dramatically underfunded when it comes to government spending. At the Centers for Disease Control and Prevention (CDC), cancer and HIV/AIDS are funded at a rate five and 10 times higher, respectively, than diabetes, yet diabetes surpasses both diseases in prevalence. Legislation would help make diabetes a higher priority among federal agencies, increase the investment in research and prevention, improve access to care and resources for screening and diagnosis, reduce health disparities, and improve coverage and benefits for people with diabetes.

The statistics around diabetes are staggering. While cancer and HIV may seem more prevalent due to the funding, resources and attention they receive, diabetes is actually the more common chronic disease in the U.S. with nearly 24 million Americans—7.8 percent of the population—suffering from the disease. In the next 25 years, the number of Americans living with diabetes will nearly double, increasing from 23.7 million in 2009 to 44.1 million in 2034. It is predicted that about one in every three persons born in 2000 will develop diabetes in his or her lifetime.

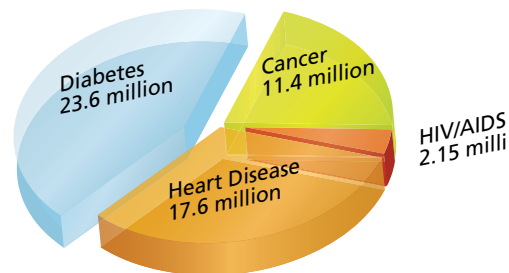
So how can diabetes be stopped? Early detection and prevention are critical to reversing the trajectory of this epidemic. Studies have shown that people at risk for developing diabetes can in fact prevent or delay the onset of the disease. At the same time, new and better treatments are available that can help people with diabetes delay or avoid altogether the serious and deadly complications that can arise from diabetes.

With targeted and thoughtful diabetes-related policy and legislation, millions of Americans can benefit from increased diabetes research, appropriate screening, disease prevention, access to care, and appropriate treatment. Novo

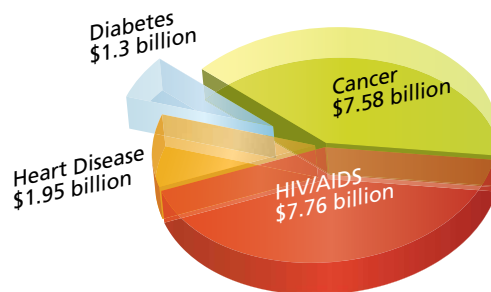
Nordisk is leading the effort to elevate diabetes on the national agenda and working with patient advocacy groups and diabetes healthcare providers to influence public policy to improve prevention, detection, treatment, and care for people living with diabetes. Michael Mawby, Chief Government Affairs Officer for Novo Nordisk, discusses Novo Nordisk’s current work on Capitol Hill to improve the lives of people living with diabetes and the importance of these ongoing advocacy efforts.

Chronic Disease: A Comparison of Prevalence and Estimated Spending on Prevention

Prevalence



Identified Government Spending



*Prevalence and estimated spending analyzed for cancer, diabetes, heart disease and HIV/AIDS only. Heart disease is heart disease/stroke in breakout of funding for CDC. Identified spending includes NIH, CDC, IHS and Ryan White (for HIV/AIDS only) funding estimates. Diabetes spending includes \$300 million special diabetes funding through the Public Health Service Act for type 1 diabetes and Indians.

Sources: FY2011 Congressional Justification, Centers for Disease Control and Prevention and Indian Health Services; National Institute of Health <http://report.nih.gov/rcdd/categories/>; Ryan White legislation

Q: Why is legislation necessary to combat the growing diabetes epidemic in the U.S. today?

A: Diabetes impacts millions of people annually, with 1.6 million new cases of the disease diagnosed each year—an incidence rate that outpaces other chronic diseases. Nonetheless, it is dramatically underfunded when it comes to government spending. The federal government has dedicated significant funding and resources to diseases like cancer and HIV/AIDS—cancer receives five times more research dollars than diabetes and HIV/AIDS receives 2.7 times more research dollars than diabetes. Both diseases have seen drops in mortality rates. Diabetes, on the other hand, exceeds both of these diseases in terms of prevalence, and the diabetes mortality rate continues to climb. Yet it is significantly underfunded relative to this burden. Unfortunately, diabetes doesn't get the attention it deserves from our leaders. But we can work toward this through appropriate legislation. The development, passage and enactment of legislation can help make diabetes a higher priority among federal agencies; increase the investment in research and prevention; improve access to care and resources for screening and diagnosis; reduce health disparities; and improve coverage and benefits for people with diabetes. Simply put, it is our best chance at defeating diabetes.

Q: What measures of the Patient Protection and Affordable Care Act are related to the prevention, treatment and care for diabetes?

A: The Patient Protection and Affordable Care Act, signed by President Obama on March 23, 2010, includes language that is identical to the Diabetes Prevention Act of 2009, which would establish, run, monitor and evaluate community prevention programs based on the groundbreaking clinical trial, the Diabetes Prevention Program (DPP). The DPP found that individuals diagnosed with pre-diabetes who engage in moderate lifestyle changes can reduce their chances of developing Type 2 diabetes by 58 percent. Research has shown that these positive results can be replicated in a community setting for far less cost than the original clinically-based DPP. We will still need to secure the funding necessary to establish this program, which

could be a groundbreaking achievement in the national efforts to prevent diabetes.

Q: What provisions of the Catalyst to Better Diabetes Act exist in the Patient Protection and Affordable Care Act?

A: There are three (out of five) provisions from the Catalyst to Better Diabetes Act that are in the Patient Protection and Affordable Care Act. Specifically:

1. There is language directing the CDC to issue a biennial National Diabetes Report Card as a way to regularly report to the American people on progress being made in the fight against diabetes. We believe this will serve the purpose of improving the diabetes data sets we use to track the disease and its complications as well as serve to shine a light on the growing problem and keep the public—and policymakers—eyes on the prize.
2. There is language directing the CDC to assist states in improving statistical data tracking on death certificates to provide a clearer picture of the impact of diabetes. This is important because diabetes is perennially underreported as a cause of mortality.
3. There is language that directs the Institute of Medicine to issue a report within two years of enactment on the state of diabetes education in American medical schools. We hope this will bring attention to the fact that part of the reason that diabetes is so poorly controlled in the U.S. is that physicians get very little training on how to deal with the needs of these patients during medical school - and proceed to enter practices that are literally being overrun by patients with diabetes.

Finally, there is important language in the Patient Protection and Affordable Care Act that would authorize the Centers for Medicare and Medicaid Services (CMS) to modify the current Medicare coverage for dietary counseling services such that the benefit could be offered for both beneficiaries with diabetes or renal disease and beneficiaries with pre-diabetes. This important provision may ultimately help reduce diabetes-related expenditures in Medicare by providing people with pre-diabetes the knowledge they need to prevent the progression to diabetes.