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May 26, 2009

The Honorable Max Baucus
Chairman, Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Charles Grassley
Ranking Member, Senate Finance Committee
135 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Baucus and Senator Grassley:

The National Changing Diabetes[®] Program (NCDP) commends the Senate Finance Committee's commitment to reforming the U.S. health care system to improve access to affordable, high quality coverage. We, too, share this commitment to change and thank you for the opportunity to comment on your policy paper, "Financing Comprehensive Health Care Reform: Proposed Health System Savings and Revenue Options."

Since 2005, NCDP – a program of Novo Nordisk, Inc. – has served as a catalyst, convener and aligner by bringing together innovators in diabetes education, treatment and policy. Our vision is to improve the lives of people affected by this disease by creating change in the U.S. health care system and moving it toward an ideal diabetes environment that fully supports all aspects of diabetes prevention, treatment and care.

NCDP consists of six Members Associations¹, who are engaged in many NCDP projects. These projects include the National Diabetes Barometer, a research initiative designed to evaluate the current state of diabetes in the United States in three critical areas: societal, economic and clinical. In addition, we recently

¹ American Diabetes Association, American Association of Diabetes Educators, American Association of Clinical Endocrinologists, American Optometric Association, American College of Physicians, American Academy of Family Physicians

commissioned a study that examines how disease-based modeling for diabetes can inform projections of federal health spending.

These are a few examples of the types of resources that inform our recommendations in this letter.

We applaud the extensive efforts the Committee has undertaken to involve non-government stakeholders in your health care reform efforts. We hope our comments are helpful in providing the Committee guidance as you proceed with legislative drafting.

KEY POINTS

1. Diabetes requires a national response focused on prevention and management. Without significant national investment now, Americans, particularly those in minority communities, will continue to needlessly develop diabetes. The economic burden of diabetes, and its associated chronic diseases, will affect our country's ability to stay competitive in the global marketplace.

- Diabetes is one of the most costly diseases in the U.S. Many of the cases of Type 2 diabetes are preventable which means solving the diabetes epidemic would significantly impact the nation's health budget.
 - At \$218 billion in direct and indirect costs of diabetes and prediabetes, it rivals cancer (\$219 billion) in terms of total cost.
 - The Institute for Alternative Futures predicts that by 2025, an estimated 50 million people will be living with diabetes at a national cost estimate of \$351 billion (calculated in 2002 dollars).
- Diabetes and heart disease are inextricably linked. If diabetes were prevented or better controlled, costs of diabetes would decrease but so too would the cost of heart disease.
 - At least 65 percent of deaths among those living with Type 2 diabetes are due to cardiovascular disease, such as heart attack or stroke.
 - The most life-threatening consequences of diabetes are heart disease and stroke, which strike people with diabetes more than twice as often as they do others.
 - People with diabetes are two to four times more likely to suffer strokes and once having had a stroke, are two to four times as likely to have a recurrence.
 - Unlike many cancers, Type 2 diabetes, which accounts for about 90% to 95% of all diagnosed cases, is largely preventable which means that solving the diabetes epidemic would significantly impact the nation's health budget.

- While the death rate of diseases such as cancer and heart disease have declined since 1960, diabetes related deaths have increased significantly – despite the ability to prevent many of the type 2 diabetes cases.
 - The Diabetes Prevention Program (DPP), a major multicenter clinical research study, found that people at risk for developing diabetes can prevent or delay the onset of diabetes by losing a modest amount of weight through diet and exercise. DPP participants reduced their risk of developing diabetes by 58 percent during the study.
 - The United Kingdom Prospective Diabetes Study demonstrated that controlling blood glucose levels reduced the risk of diabetic eye disease and kidney disease for people with Type 2 diabetes.
 - Whereas deaths from stroke (-73%), heart disease (-61%), cancer (-3%) have decreased since 1960, deaths from Diabetes has increased by over 12%.

2. For Congress to act in the long-term best interest of the country, Congress should modernize the way it looks at the costs and benefits of preventive health care. To ensure a complete, long-term picture when setting policy and budget priorities the Committee should consider including language in the health reform bill that narrowly and reasonably directs the Congressional Budget Office (CBO) to provide information on the savings of preventive health, when modeled with solid data, beyond the existing ten-year scoring window.

- The current scoring process inadvertently skews Congressional decision making toward the short term. By their very nature, prevention activities have upfront costs and backend savings. Savings from prevention may substantially or fully offset the initial investment. However, prevention savings do not often fully accrue within the ten-year window CBO is required to use for scoring. This leads Congress to disfavor initiatives that, in the long view, are less expensive and certainly far better for patients.
- As you work to steer the nation's health care delivery system away from its costly bias against prevention, please consider changes to the scoring process to:
 1. Permit CBO to look beyond the ten-year window when scoring prevention activities.
 2. Support the use and development of epidemiologic models to improve estimates of the benefits.
 3. Provide additional resources for both CBO and health services research community to support long-range estimates.
- These changes to the current scoring methodology would give Congress the information necessary to make responsible decisions about the longer-term costs and benefits of preventive health.

We wholeheartedly support the Committee's intention of reforming the health care system in order to improve disease prevention and health promotion. NCDP's metric of success for health reform is seeing a reverse in the trend of rapid growth of diabetes in America.

We want to thank you both for your leadership on health care reform. We again urge the Committee to make it possible for Congress to take a long-term view of health reform. It is vital the U.S. makes this investment now. We look forward to answering any questions the Committee may have.

Sincerely,

A handwritten signature in black ink that reads "D Haza". The signature is written in a cursive, flowing style.

Dana Haza

Senior Director

National Changing Diabetes Program

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