

February 26, 2025

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
Washington, DC 20510

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, DC 20510

The Honorable John Thune
Majority Leader
United States Senate
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
United States Senate
Washington, DC 20515

Dear Speaker Johnson, Leader Jeffries, Leader Thune, and Leader Schumer:

On behalf of the Endocrine Society, the world's largest professional organization of endocrinologists, I am writing to urge you to reauthorize the Special Diabetes Program at \$200 million per-program per-year before the program expires at the end of March. This program plays a crucial role in preventing type 2 diabetes, which is the most expensive chronic disease in the United States. SDP also funds vital research being done on type 1 diabetes.

The Special Diabetes Program (SDP) is part of a set of vital healthcare programs that are set to expire on March 31, unless Congress acts. SDP is made up of two components. The Special Diabetes Program for Type 1 advances research for type 1 diabetes at the National Institute of Diabetes and Digestive and Kidney Disorders (NIDDK) at the National Institutes of Health (NIH). The Special Diabetes Program for Indians (SDPI), which is administered by the Indian Health Service (IHS), provides treatment and education programs for people with type 2 diabetes among American Indians and Alaskan Natives (AI/AN). Funding for SDP-type 1 research has accelerated progress on an artificial pancreas, advanced therapies to reduce vision loss, and identified 50 genes that influence the risk of developing type 1 diabetes. It has also resulted in the development of a screening process for people at high risk of developing type 1 disease and for a new therapy that can meaningfully delay the onset of the disease.

SDPI has been highly successful in preventing type 2 diabetes. SDPI has funded over 400 treatment and education programs, access to nutrition services and physical activity programs for both adults and children, and its programs have improved blood glucose and LDL cholesterol levels, and reduced amputations for participants. Reauthorizing this program would ensure that we continue to advance the critical research being done on type 1 diabetes while also meeting the new Administration's goals to lower chronic disease rates.

Last December, congressional leaders reached an agreement on bipartisan healthcare legislation which would have funded SDP at \$200 million for each component of the program for two years.



Unfortunately, that legislation did not move forward, and SDP is currently operating on a short-term extension. Short-term extensions of SDP, while they can keep the program operating, are often disruptive because SDP funding requires long term planning for research and programs that can take many years to carry out. Providing a long-term reauthorization for the longest amount of time possible will ensure the continued stability of the program. We urge you to pass the bipartisan agreement that was reached in December to fund SDP at \$200 million for each component of the program for two years.

Thank you for your attention to this important issue. Should you have any questions or require additional information, please contact Rob Goldsmith, Director, Advocacy and Policy at the Endocrine Society at rgoldsmith@endocrine.org.

Sincerely,

Robert Lash, MD
Chief Medical Officer
Endocrine Society