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TESTIMONY

of

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on Behalf of

American Association of Clinical Endocrinologists

before the

U.S. House of Representatives Committee on Energy & Commerce
Subcommittee on Health

September 8, 2016

Thank you Mr. Chairman. My name is Jonathan Leffert, and I am a clinical endocrinologist from Dallas, Texas and the current President-Elect of the American Association of Clinical Endocrinologists (AACE). On behalf of the 7,000 members of the AACE, I would like to thank you for this opportunity to testify about H.R. 1192, the National Diabetes Clinical Care Commission Act, which is sponsored by Representatives Pete Olson (R-TX) and Dave Loebsack (D-IA), and the necessity that this bipartisan legislation be enacted as soon as possible. The Subcommittee should be commended for addressing this devastating gateway disease and for broadening the scope of this bill by offering an amendment, should it be considered by this Subcommittee later this year, to include other metabolic and autoimmune disease, diseases resulting from insulin deficiency and insulin resistance and their complications. We appreciated the opportunity to work with our sponsors and this Subcommittee on the language for this amendment.

However, I am going to focus my comments today on diabetes, which represents a significant part of my medical practice as a clinical endocrinologist and is one of the most prevalent of the diseases that will be addressed by an amended H.R. 1192.

According to the Centers for Disease Control and Prevention (CDC), the number of Americans with diagnosed diabetes over the course of the last 35 years has increased more than five-fold, from 5.5 million Americans in 1980 to 29.1 million in 2014. The CDC estimates there are 86 million Americans with pre-diabetes, a condition known to progress to diabetes without appropriate intervention.

Diabetes is also the catalyst for many of the other diseases in these disease clusters that will be addressed by this legislation as amended, such as cardiovascular disease and chronic kidney disease**.**

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) defines diabetes as "*a complex group of diseases with a variety of causes. People with diabetes have high blood glucose, also called high blood sugar or hyperglycemia. Over time, high blood glucose damages nerves and blood vessels, leading to complications such as heart disease, stroke, kidney disease, blindness, dental disease and amputations.*

The role that diabetes plays in the onset of many other diseases and debilitating conditions cannot be understated.

- Diabetes is the leading cause of new cases of blindness among adults
- Diabetes is the leading cause of kidney failure
- 60% of all non-traumatic lower limb amputations in the U.S. occur in individuals with diabetes
- 60-70% of individuals with diabetes have neuropathies or nerve disorders

- Individuals with diagnosed diabetes have increased death rates from cardiovascular disease and higher rates of hospitalization for heart attack and stroke

Although many of the disease complications of diabetes are preventable, millions of Americans suffer the devastating consequences of disease progression, experiencing reduced quality of life, productivity and even death. Diabetes is the 7th leading cause of death in the United States.

As stewards of taxpayer funds and the federal budget, you are probably aware of the economic impact of the diabetes epidemic. The total cost of diabetes to the nation in 2012 exceeded $322 billion and 62% of this cost is borne by the U.S. government through programs like Medicare and Medicaid. By 2025, the total cost of diabetes is projected to reach $514 billion – a level comparable to the entire Medicare budget. Currently, $1 out of every $3 Medicare dollars is spent on people with diabetes.

It is not surprising that global diabetes trends are mirroring the trajectory of the disease in the United States. An estimated 422 million adults were living with diabetes in 2014, compared to 108 million in 1980. So concerning is this trend that the World Health Organization's *Global Report on Diabetes* released earlier this year called on governments around the globe to take more aggressive steps in fighting the rising number of diabetes cases worldwide.

I am sure you will agree with me that our nation cannot afford for the current diabetes prevalence and cost trends to continue. Maintaining the status quo with respect to this disease is not an option. Our country needs to better leverage the resources spent on medical research and patient care and use them more effectively to address diseases and disorders of the metabolic system, the autoimmune system and those due to insulin resistance. If not addressed, diabetes

and its disease complications have the very real potential of bankrupting the federal health programs that provide care to over 125 million Americans.

While there is no "cure" at present for diabetes and its devastating complications and no single solution for addressing the disease, we have many tools that can improve the quality of life for people with diabetes and its complications. Our healthcare system can and should do better for patients. Congress should not let another session go by without addressing this critical health crisis.

By passing H.R. 1192, Congress will advance legislation that provides a cost-effective approach to begin to address diabetes and the many other disease diagnoses encompassed in this legislation. Through innovation, collaboration, and application of advances in care called for in this bill, the federal government can better leverage taxpayer dollars invested in diabetes research to reduce the staggering impact of diabetes and its disease complications on health care spending. At the same time, care will be improved for the tens of millions of Americans living with diabetes.

The Commission established under this legislation will represent a partnership between the private sector experts who work with patients with diabetes on a daily basis and Federal agency representatives who are active in clinical diabetes care. The Commission will provide a venue where the expertise of specialists, primary care physicians, allied healthcare professionals and patient advocates will help our federal government partners to evaluate current programs to ensure they are meeting the goal of improving the quality of patient care delivered to people with diseases and disorders of the metabolic system, the autoimmune system and those due to insulin resistance. For example, improved coordination among agencies would make a difference in the lives of Medicare patients with Type 1 diabetes mellitus and their use of the continuous glucose

monitoring device (CGMs). CGMs detect and display real-time glucose levels in five minute intervals. This data is transmitted wirelessly, allowing individuals and those who care for them to constantly monitor glucose levels. This technology enables better blood glucose control and helps users live their life without the fear of losing consciousness from low blood sugar or enduring complications from constantly high blood sugar levels. These FDA-approved devices are indispensable for the patient with type 1 diabetes. Nearly all private insurance plans cover CGMs; however, once a patient turns 65 and enrolls in the Medicare program, coverage for the life-saving device is no longer available. A key tool in the patient's care plan "tool box" is suddenly removed, which places the patient's health and safety in jeopardy. Such short-sighted policies reflect poor communication and coordination of federal diabetes activities and a broken system that does not work for patients. Remedies to fix these issues often require an act of Congress, which places patients in an abyss and Congress in a position to do the job of the regulatory agencies that failed to work together.

The CGM example suggests that the health care system must be better-prepared for the deployment of new technologies so they are accessible to patients as they are approved by the FDA. The coming years promise new device and medication innovations, such as the artificial pancreas, which will be pivotal for patients with diabetes. Having an effective, well-organized federal response to activate these innovations will help millions of Americans with this devastating disease. This will require the government to change the status quo of agencies working in silos to a coordinated national response, driven by research experts, specialists, health care professionals and people living with diabetes.

The Commission will not only help improve patient care through better communication and coordination among federal agencies, but it will also help facilitate the dissemination of innovative clinical practices and resources resulting from federal research to the physician practice at the local level, so patients have access to high-quality, optimal care.

The Commission established under H.R. 1192 can play an important role in this effort as it provides the solution to the dual problem of cost and access in the federal government's response to patients with diabetes. We can attain this goal without allocating any new funds, as the cost of this Commission is to be paid out of the existing HHS budget. The bill language explicitly states that the cost of convening the Commission shall come from existing HHS funds.

In addition to the 220 Members of Congress who have supported H.R. 1192, including many who are members of this Committee, I would like to thank the 45 organizations representing the patients, physicians, allied health professionals, community organizations and industry, including the Juvenile Diabetes Research Fund (JDRF) and the American Diabetes Association (ADA), and the Diabetes Advocacy Alliance (DAA) who have helped to advance this legislation.

On behalf of AACE, I would like to thank the Members of this Committee for the opportunity to testify today on H.R. 1192 and I urge you to act now and move this bill forward, ensuring its passage by the U.S. House of Representatives as soon as possible. Please do not let the opportunity pass to do something to reverse the trajectory of these expensive and debilitating diseases and to improve the health and quality of life for patients with diabetes and its associated diseases and complications.