



January 24, 2025

United States House of Representatives  
Washington, DC 20515

Dear Representative:

On behalf of the American Diabetes Association (ADA), I would like to welcome you to Washington, D.C. for the 119<sup>th</sup> Congress. We look forward to working with you to improve the lives of your constituents living with diabetes, prediabetes and obesity.

The ADA is the nation's leading voluntary health organization fighting to end the diabetes epidemic and help people living with diabetes thrive. For 80 years, the ADA has been driving discovery and research to treat, manage and prevent diabetes while working relentlessly for a cure. We help people with diabetes thrive by fighting for their rights and developing programs, advocacy, and education designed to improve their quality of life.

Today, more than 38 million, or approximately one in nine, Americans are living with diabetes.<sup>1</sup> Additionally, every 21 seconds someone in the U.S. is diagnosed with diabetes, and every diagnosis carries the potential for serious and potentially life-threatening complications, including kidney failure, blindness and limb amputation. According to the Centers for Disease Control and Prevention (CDC), diabetes was the eighth leading cause of death in the United States in 2022.<sup>2</sup>

For many years, ADA has worked closely with Members of Congress and their staff to advance policies that help individuals, families and communities prevent and manage diabetes. As you and your staff begin the important work of the 119<sup>th</sup> Congress, we would like to share our legislative priorities with you with the hope that we can work together to advance them.

### ***Insulin Affordability***

Ensuring insulin is affordable and accessible for those who need it to live is a top priority for ADA. One in four Americans with diabetes reports rationing insulin to pay for other life essentials like rent, utilities, childcare and food.<sup>3</sup> This is why ADA has been the leading advocate for cost-sharing limits on insulin at the state and federal levels. To date, 25 states, the District of Columbia and Medicare Part D have insulin copay caps in place. While these caps have brought economic relief to people on Medicare and state-regulated health plans, federal legislation has the potential to bring economic relief to millions more. Over the past several years, ADA has worked with Republicans and Democrats to advance important changes to insulin coverage that would make the drug more affordable for individuals and families regardless of their health

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<sup>1</sup> *National Diabetes Statistics Report (2024)* Centers for Disease Control and Prevention. <https://www.cdc.gov/diabetes/php/data-research/>

<sup>2</sup> *FASTSTATS - leading causes of death (2024)* Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

<sup>3</sup> Herkert D, Vijayakumar P, Luo J, et al. *Cost-Related Insulin Underuse Among Patients With Diabetes*. *JAMA Intern Med*. 2019;179(1):112-114. doi:10.1001/jamainternmed.2018.5008

insurance. ADA supports a federal limit on the monthly out-of-pocket costs on insulin at \$35 for Americans with commercial insurance plans.

### ***Pharmacy Benefit Manager (PBM) Reform***

ADA encourages the 119th Congress to pass pharmacy benefit managers (PBM) reform. PBMs and other drug middlemen are at the center of the pharmaceutical supply chain and have virtually unparalleled power to affect drug costs, acting as intermediaries between insurers, manufacturers and pharmacies. As you know, PBMs handle benefits for health plans, whose formularies dictate which medications payers cover. PBMs negotiate prices with drug makers for products on formularies, and as part of this process, manufacturers offer rebates to PBMs in exchange for preferred formulary placement. By design, the negotiated price the PBM pays is lower than the list price. And because what the individuals pay at the pharmacy counter is based on list price, rebates frequently and artificially inflate the cost of prescription drugs to patients. There is a growing, troubling body of evidence that current incentives for PBMs favor the most high-cost drugs and may encourage the exclusion of lower-cost drugs, putting more affordable options out of reach for our community and other patients, all done without transparency. The current rebate system has an outsized impact on people with diabetes, most of whom are at a much higher risk of comorbidities and rely on multiple medications to manage their conditions.

### ***Federal Funding for Diabetes Research and Programs***

ADA urges Congress to ensure funding for diabetes research and prevention is a national priority. Robust funding for federal programs - including NIH's National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and CDC's Division of Diabetes Translation (DDT) and National Diabetes Prevention Program (National DPP) - are critical to achieving significant advancements in prevention, treatment, and ultimately a cure for diabetes. Diabetes is the nation's most expensive chronic disease, costing our economy \$413 billion annually.<sup>4</sup> Unfortunately, 1.2 million Americans are diagnosed with diabetes each year.<sup>5</sup> We must intensify our efforts to stop diabetes from impacting more families and overwhelming our economy. Through robust federal resources for prevention, treatment, and research we can stem the tide of the diabetes epidemic.

### ***Amputation Prevention***

Despite numerous medical advancements over the past decade, rates of amputations are on the rise. Every three minutes in America, a person with diabetes has a limb amputated – a rate that is 75 percent higher than it was just less than a decade ago. The ADA supports changes to the federal reimbursement policy that ensures people with diabetes have access to services, medical interventions, and proper follow-up care to prevent amputations. We urge Congress to ensure the U.S. is equipped with a health care system that prioritizes basic health screenings and clinician collaboration to improve patient health.

### ***Obesity***

There is an urgent need to address the obesity epidemic in America. Research has shown that obesity affects nearly 42 percent of the adult population and accounts for up to 53 percent of new cases of type 2 diabetes every year.<sup>6</sup> There is strong and consistent evidence that effective obesity treatment can delay the

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<sup>4</sup> Emily D. Parker, Janice Lin, Troy Mahoney, Nwanneamaka Ume, Grace Yang, Robert A. Gabbay, Nuha A. ElSayed, Raveendhara R. Bannuru; *Economic Costs of Diabetes in the U.S. in 2022*. *Diabetes Care* 2 January 2024; 47 (1): 26–43.

<https://doi.org/10.2337/dci23-0085>

<sup>5</sup> National Diabetes Statistics Report (2024) Centers for Disease Control and Prevention. <https://www.cdc.gov/diabetes/php/data-research/>

<sup>6</sup> Cameron, N.A. et al. (2021) *Quantifying the Sex-Race/Ethnicity-Specific Burden of Obesity on Incident Diabetes Mellitus in the United States, 2001 to 2016*, *Journal of the American Heart Association*, 10(4). <https://doi.org/10.1161/jaha.120.018799>

progression from prediabetes to type 2 diabetes and is highly beneficial in treating type 2 diabetes. Recognizing this connection, ADA announced the launch of a new division, the Obesity Association, in 2024 to bring greater focus on addressing the prevention, care, and treatment gap. ADA supports expanding access to evidence-based obesity treatment for individuals enrolled in federal health care programs to curtail this disease. By removing barriers to evidence-based treatment — including nutrition intervention, obesity medications and care — the health and economic consequences can be reduced and even avoided.

### **Access to Resources and Care**

Food insecurity is linked to both the development and progression of diabetes.<sup>7</sup> With 13.5 million families in the U.S. experiencing food insecurity, ensuring access to nutritious and affordable foods is critical to preventing and managing diabetes.<sup>8</sup> During pregnancy, food insecurity increases the risk for gestational diabetes.<sup>9</sup> As you consider changes to critical federal nutrition programs this year, ADA urges Congress to consider the impact that substantial cuts to vital programs like Supplemental Nutrition Assistance Program (SNAP) will have on individuals and families who rely on them, and the long-term complications and costs of leaving people with diabetes without the tools and resources needed to stay healthy.

Similarly, access to health care coverage is vital for people with diabetes. Research shows that adults with diabetes with health insurance have better glucose and cholesterol management than those without insurance.<sup>10</sup> Almost 24 percent of people with diabetes rely on Medicaid to provide access to diabetes care, medications and technology. According to an evaluation of National Health And Nutrition (NHANES), job loss or change was reported to be the most common reason for not having insurance.<sup>11</sup> With almost one-third of participants indicating that they did not have coverage because they were not eligible for Medicaid, Children's Health Insurance Program (CHIP), or other public coverage.<sup>12</sup>

Once again, welcome to the 119<sup>th</sup> Congress. We look forward to working with you on these and other important issues. Additionally, ADA would be happy to serve as a resource for you and your staff. Should you have any questions or if you would like to discuss any of these issues, please contact Catherine Ferguson, Vice President, Federal Advocacy at [cferguson@diabetes.org](mailto:cferguson@diabetes.org).

Sincerely,



Lisa Murdock  
Chief Advocacy Officer  
American Diabetes Association

<sup>7</sup> Te Vazquez J, Feng SN, Orr CJ, Berkowitz SA. Food insecurity and cardiometabolic conditions: a review of recent research. *Curr Nutr Rep* 2021;10:243–254. <https://doi.org/10.1007/s13668-021-00364-2>

<sup>8</sup> Coleman-Jensen A, Rabbitt MP, Gregory CA, Singh A. Household Food Security in the United States in 2021. Washington, DC, USDA. Accessed 22 November 2022. Available from <https://www.ers.usda.gov/publications/pub-details/?pubid=104655>

<sup>9</sup> Levi R, Bleich SN, Seligman HK. Food Insecurity and Diabetes: Overview of Intersections and Potential Dual Solutions. *Diabetes Care*. 2023 Sep 1;46(9):1599-1608. <https://doi.org/10.2337/dci23-0002>

<sup>10</sup> Casagrande SS, Park J, Herman WH, et al. Health Insurance and Diabetes. 2023 Dec 20. In: Lawrence JM, Casagrande SS, Herman WH, et al., editors. *Diabetes in America* [Internet]. Bethesda (MD): National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); 2023. <https://www.ncbi.nlm.nih.gov/books/NBK59725/>

<sup>11</sup> Lee J, Callaghan T, Ory M, Zhao H, Bolin JN. The impact of Medicaid expansion on diabetes management. *Diabetes Care*. 2020;43(5):1094-1101. doi:10.2337/dc19-1173

<sup>12</sup> Ibid. Casagrande SS, Park J, Herman WH, et al. *Health Insurance and Diabetes*. 2023 Dec 20