Official Statement

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The American Diabetes Association Statement on Fighting for Federal Funding for Critical Diabetes Research and Prevention Programs

The American Diabetes Association has issued the following statement as federal funding for diabetes research and public health infrastructure are at risk.

"As Congress considers federal funding priorities for FY26, the American Diabetes Association® (ADA) urges continued robust investment in life-saving diabetes research, innovation, and prevention initiatives. The ADA looks forward to continuing to work with Congress to ensure our community benefits from the critical work of federal agencies currently conducting groundbreaking medical research on behalf of people with diabetes and obesity. The ADA urges Congress to reject the proposed reorganization of NIH Institutes and Centers (IC). The ADA is concerned the elimination of National Institute of Diabetes, Digestive and Kidney Diseases (NIDDK) as an independent institute would diminish funding for diabetes research and deprioritize current training, translational research and health education efforts ultimately putting an imminent cure at risk. The ADA also urges Congress to reject the recommendation to eliminate the Centers for Disease Control and Prevention's (CDC) Diabetes Division of Translation and the Division of Nutrition, Physical Activity and Obesity and to maintain investment in these community and prevention programs which are aimed at reducing the incidence and burden of chronic disease. Thirty years of research demonstrates that Diabetes Prevention Program (DPP) works, improves health and saves health dollars. These CDC Divisions provide critical funding to state and local communities to prevent diabetes and improve nutrition to drive improved health. They have demonstrated effectiveness. Now is the time to invest more in these programs not less."

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BACKGROUND

Congress has begun the legislative process for determining annual federal funding levels for key diabetes research and prevention programs. The House and Senate Appropriations Committees held initial hearings with U.S. Department of Health and Human Services Secretary Kennedy regarding the President's proposed FY26 funding requests and proposed restructuring.

The ADA is extremely concerned by the proposed Fiscal Year (FY) 2026 discretionary budget request, which recommended cutting overall funding for the National Institutes of Health (NIH) budget by approximately 40 percent and the Centers for Disease Control and Prevention (CDC) budget by

more than half. These unprecedented reductions in funding would decimate our nation's research and public health infrastructure and undermine decades of progress and science to address and curtail diabetes. These cuts would undercut extensive and long-standing research studies to improve diabetes treatment, self-management tools, and uncover the relationship between diabetes and other conditions such as Alzheimer's and dementia and potentially derail an imminent type 1 diabetes cure.

The discretionary budget also proposed major reorganizations of these agencies. Under the proposed plan, NIH's 27 ICs would be consolidated into five entities. The National Institutes of Diabetes, Digestive and Kidney Disease (NIDDK) would be merged with two other Institutes to create a new National Institute on Body Systems Research. For over seventy years, NIDDK-supported research has led to groundbreaking diabetes prevention and management tools such as the continuous glucose monitor (CGM) and the artificial pancreas. These developments have been life-changing for millions of individuals living with diabetes throughout the U.S., and CGMs are now the standard care for adults with Type 1 diabetes.[1] The NIDDK administers the Special Statutory Funding Program for Type 1 Diabetes Research, or Special Diabetes Program (SDP) that provides crucial supplemental funding for diabetes research. Our understanding of Type 1 diabetes has been largely informed by SDP-funded research, and eliminating this vital program could set the U.S. back years in its ongoing pursuit of a cure for this disease. The Special Diabetes Program for Indians (SDPI) operated by the Indian Health Service supports important treatment and education programs for people with type 2 diabetes.

The ADA is also deeply concerned about the Administration's recent termination of various diabetes research grants including a critical, 30-year study tracking patients with diabetes and prediabetes through the Diabetes Prevention Program (DPP). The Diabetes Prevention Program Outcomes Study (DPPOS) – the largest and longest-running study on lifestyle intervention for diabetes prevention – and has been foundational to diabetes prevention research since it launched in 1996. More than 3,000 individuals at risk of developing type 2 diabetes were recruited as program participants nearly 30 years ago, and over the course of the study, we have learned that evidence-based lifestyle changes can reduce the risk of type 2 diabetes by nearly 60 percent.[2]

The discretionary budget also proposed to eliminate the CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) that oversees the operation of nine chronic disease divisions including the Division of Diabetes Translation (DDT) and Division of Nutrition, Physical Activity and Obesity (DNPAO). DDT plays a key role in conducting diabetes prevention, surveillance, and translational work. The DNPAO supports obesity prevention and treatment by providing actionable data and identifies and supports evidence-based community nutrition and obesity interventions. DNPAO has distributed over $65 million in grants to over 83 grantees in 42 states for obesity prevention and lifestyle change programs. These programs and funding are all at risk of termination.

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The ADA firmly believes that the elimination of NCCDPHP, and the nine divisions it manages, would be detrimental to the public health infrastructure, and would undermine the administration's objective to reduce chronic disease in the U.S. and address the diabetes and epidemics.

For decades, the United States' public health institutions have served as the gold standard in diabetes research and innovation. And for the 136 million Americans living with diabetes and prediabetes access to this sustained pipeline of leading research and innovation has been critical—federal investments in these agencies have driven the development of more effective treatments, early diagnostic tools and, ultimately, a potential for a cure. The investment must not stop now.

About the American Diabetes Association

The American Diabetes Association (ADA) is the nation's leading voluntary health organization fighting to end diabetes and helping people thrive. This year, the ADA celebrates 85 years of driving discovery and research to prevent, manage, treat, and ultimately cure —and we're not stopping. There are 136 million Americans living with diabetes or prediabetes. Through advocacy, program development, and education, we're fighting for them all. To learn more or to get involved, visit us at diabetes.org or call 1-800-DIABETES (800-342-2383). Join us in the fight on Facebook (American Diabetes Association), Spanish Facebook (Asociación Americana de la Diabetes), LinkedIn (American Diabetes Association), and Instagram (@AmDiabetesAssn). To learn more about how we are advocating for everyone affected by diabetes, visit us on X (@AmDiabetesAssn).

[1] Richard I.G. Holt, J. Hans DeVries, Amy Hess-Fischl, Irl B. Hirsch, M. Sue Kirkman, Tomasz Klupa, Barbara Ludwig, Kirsten Nørgaard, Jeremy Pettus, Eric Renard, Jay S. Skyler, Frank J. Snoek, Ruth S. Weinstock, Anne L. Peters; The Management of Type 1 Diabetes in Adults. A Consensus Report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). Diabetes Care 1 November 2021; 44 (11): 2589–2625. https://doi.org/10.2337/dci21-0043

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[2] The National Association of Chronic Disease Directors. (2025). “Evidence – National DPP Coverage Toolkit.” Division of Diabetes Translation at the Centers for Disease Control and Prevention. https://coveragetoolkit.org/about-national-dpp/evidence/

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