

Joint Economic Committee
Opening Remarks for Hearing, “The Economic Impact of Diabetes”
July 27, 2023

Thank you, Vice Chairman Schweikert, for working with me to put together this bipartisan hearing today.

The economic impacts of diabetes on our economy and our country are significant. More than 37 million Americans—or about 1 in 10—have diabetes, while another 96 million adults have prediabetes. Diabetes is growing more prevalent with an estimated 1 in 3 Americans expected to develop the disease sometime in their lifetime.

The rising costs of diabetes are due to the high price of medications and treatments in the doctor’s office, and also lost earnings due to sickness, lower employment rates, and the cost of early retirement.

These costs are borne by the patient, by our health systems, by employers, and by entire communities.

That is where we can focus in this hearing today: identifying the direct and indirect costs of diabetes on our economy and finding bipartisan solutions that ensure we have a healthy population who can fully contribute to their communities.

Part of tackling this is making sure that all Americans have access to quality, affordable health care, no matter their means or where they live.

When patients lack access to health care, minor challenges can quickly become major ones with a lack of proper diagnosis and treatment. That’s especially true in rural and Tribal communities, where diabetes is increasingly prevalent.

Too many Americans are living with undiagnosed or untreated diabetes because they can’t afford to see a doctor, to pay for prescribed medications, or to travel the long distances required to get to a provider.

Living with undiagnosed diabetes can delay more effective treatments that prevent more extreme complications, and impact people’s ability to provide for their families.

Like most diseases, we know that Type 2 diabetes prevention, early intervention, and health education are both cost effective and lead to better health outcomes.

Beyond that, we must understand and address the upstream causes of the disease, including factors like socioeconomic status and access to nutrition.

Food insecurity is closely associated with Type 2 diabetes. When families have access to nutrition programs like SNAP and WIC, they are able to more consistently access healthy food, and we've seen associated reductions in poverty and health care expenditures.

Fortunately, medical science has also had recent breakthroughs on pharmaceutical treatment options for diabetes. I'm looking forward to hearing more about how recent breakthrough treatments have had positive outcomes for patients and have helped to change their lives for the better.

Unfortunately, however, many of those treatment options remain unaffordable for most patients.

The Inflation Reduction Act was an important step in controlling drug costs. The law established several cost-control measures like limiting insulin co-pays for Medicare beneficiaries to \$35 a month and capping annual out of pocket prescription drug costs at \$2,000 starting in 2025.

The Act also gives Medicare the ability to negotiate the price of some high-cost prescription drugs, and forces drug companies to pay a penalty when the prices they charge Medicare rise faster than inflation. These actions will all put downward pressure on drug costs while having little impact on innovation.

It is clear that the most effective treatments for diabetes require a comprehensive and holistic approach, addressing diet, lifestyle, mental health, and other societal factors alongside medical treatments.

And we've had some successes on this front, such as with the Special Diabetes Program for Indians, which Congress established in 1997.

This program provides funding for diabetes prevention and treatment services to over 300 Indian health programs across the United States and provides grantees with flexibility to design and implement diabetes interventions that address locally identified community priorities.

Through this program, we've seen youth-based outreach, the planting of community gardens, running and fitness events, and partnership programs with pharmacies that help patients manage their prescriptions.

The Special Diabetes Program for Indians has been extremely effective. Since it started, the prevalence of diabetes, end-stage renal disease, and diabetes-related eye disease among American Indians and Alaska Natives have all declined.

We need to increase the funding for this program to allow it to keep up with costs and better serve all Tribes.

And looking beyond Tribal communities, we should look to this program as a model for how we can design and implement comprehensive disease treatment and management nationwide.

I'm pleased to join my colleagues from both sides of the aisle to further explore these issues and more today in this bipartisan hearing.

I'm looking forward to hearing more today on the impacts diabetes has on our communities— from the ways we can address the upstream causes, to the role of health and nutrition programs in prevention and treatment, to the role of pharmaceutical interventions.