Special Diabetes Program

SDP

Frequently Asked Questions

Q. What is the Special Diabetes Program?

A.

The Special Diabetes Program (SDP) is a critical federal program dedicated to combatting, preventing and curing diabetes. Congress enacted the SDP in 1997 to fill a major gap in federal resources focused on curing, preventing, and treating diabetes. The SDP is funded currently at $150 million per year through FY 2014 for each of its two parts: type 1 diabetes (T1D) research at the National Institutes of Health (NIH) and diabetes treatment and prevention for American Indians and Alaska Natives through the Indian Health Service.

Q. Are we getting a return on the federal investment?

A.

Absolutely. NIH's 2011 report to Congress on SDP said, "Because of research progress over the last 2 decades, including research supported by the SDP, people with the disease are living longer and healthier lives than ever before and experiencing lower rates of disease complications." Among the many examples of the extraordinarily positive impact of SDP research on patients, SDP-funded scientists have: established the link between tighter glucose control and fewer diabetes-related complications, leading to new treatment regimens; discovered new therapies that can slow the immune attack and reduce insulin needs for over one year in newly-diagnosed patients; developed a combination drug and laser therapy which actually reverses vision loss in T1D and type 2 diabetes (T2D) patients; and they have accelerated the development of continuous glucose monitoring and artificial pancreas systems, which will help patients with diabetes better manage their blood sugar levels and reduce costly, burdensome complications. Spending $150 million per year on diabetes research through SDP to prevent the $245 billion per year (and growing) costs of the disease to the U.S. economy may be one of the best return-on-investments that the U.S. government could make.

Q. Do we still need to fund SDP? Aren't we reaching a point of diminishing returns?

A.

Quite the opposite. Now would be the worst possible time to reduce or end program funding. T1D among people under age 20 rose by 23 percent from 2001 to 2009. If unabated, the prevalence of T1D will double every generation. More importantly, ending or cutting back SDP now would mean the fruits of prior SDP investments will be delayed for years. As NIH said in the 2011 report, "The potential payoff from the investment in these large-scale long-term [SDP] studies is only beginning to be realized. These efforts have set the stage for future research progress that is expected to be fully realized in the years to come. This important line of research could not be undertaken at all, or at least not at an unprecedented scale, without the financial aid and organizational resources of the Special Diabetes Program."

Q. Why is it necessary to ensure SDP funds are renewed this year since the program does not expire until September 30, 2014?

A.

Historically, Congress has always renewed SDP a year prior to its expiration to avoid disruption to the program's long-term clinical trials and studies and to ensure that federal funds invested to date are most effectively used. Without the certainty of a multi-year funding extension, NIH must stop funding promising new research that will take several years to complete, and it will have to start shutting down or scaling back on key ongoing SDP projects. In fact, NIH has already stopped accepting applications to test new therapeutic agents in clinical trials and has stopped initiating new clinical trials for newly-diagnosed patients.

Q. The federal budget is under great pressure. Shouldn't the private sector step up instead of relying on government-funded research?

A.

The private sector plays a significant role in funding diabetes research. JDRF spends over $100 million on T1D research annually, and since its inception has poured $1.7 billion into curing, treating, and preventing T1D. Among its many research programs, JDRF is funding: efforts to develop vaccines to prevent T1D; ways to delay or prevent full-scale insulin dependence soon after onset of T1D; development of artificial pancreas technologies; development of improved forms of insulin, such as encapsulated "smart insulin" and glucose-responsive insulin; ways to regenerate and/or replace the body's insulin-producing cells; and prognostic and predictive biomarkers to better understand T1D triggers.

Q. Why can't JDRF and the private sector pick up the slack if SDP is not renewed?

A.

The Federal Government is the only entity with the capacity to fund the large-scale, long-term clinical trials and collaborative studies central to understanding the causes of T1D and testing promising new therapies. For example, through SDP, NIH has established a genetics consortia, long-term epidemiological efforts, a beta cell consortium, an animal models consortia, a clinical islet transplantation consortium, and clinical trial networks. NIH explained in the Hill report, "The Special Diabetes Program enabled the initiation of these high-impact research efforts at a scientifically optimal scale. The majority of the funds since 2001 have supported these collaborative research efforts, with a goal of promoting progress in T1D research that could not be achieved by a single laboratory." In sum, these networks "*offer exceptional opportunities to accelerate the pace of scientific discovery related to T1D*. These challenging projects require large scales, long durations, and substantial efforts to complete." Only the Federal Government can undertake such an effort.

Q. Still, with all the pressure on federal spending, why should this program be a priority?

A.

Because it will save lives and money. Our country is facing a diabetes crisis. Nearly 26 million Americans have diabetes, and that figure is expected to grow to 44 million by 2034. Alarming new research from the NIH shows that T1D among Americans under age 20 rose by 23 percent from 2001 to 2009 and T2D in the under-20 population grew over the same period by 21 percent. Left unabated, the prevalence of T1D alone would double for every future generation. Diabetes costs the U.S. economy $245 billion each year and health care costs are expected to triple in the next 25 years. The SDP is making critical strides in developing technologies that reduce complications and, as a result, healthcare costs. It is exactly the kind of program which should be supported because a small investment today holds out the promise of significant future savings in the public and private health care systems.