

January 31, 2022

The Honorable Richard Hudson  
U.S. House of Representatives  
2112 Rayburn House Office Building  
Washington, DC 20515

The Honorable Jim Banks  
U.S. House of Representatives  
1713 Longworth HOB  
Washington, DC 20515

The Honorable Tom Cole  
U.S. House of Representatives  
2207 Rayburn HOB  
Washington, DC 20515

Dear Representative Hudson, Representative Banks and Representative Cole:

On behalf of the Endocrine Society, we appreciate the opportunity to provide comments on the Healthy Future Task Force Security Subcommittee's RFI on public health. Founded in 1916, the Endocrine Society represents approximately 18,000 physicians and scientists engaged in all research and clinical aspects of hormone health, including diabetes and obesity. Our members treat people living with chronic conditions including diabetes and deal with the consequences of social determinants of health in the patients they see and in their research. Given our work on these issues, we focused our response to the Task Force's questions about chronic diseases and social determinants of health:

**Chronic diseases such as heart disease, diabetes, cancer, and Alzheimer's are the leading drivers of America's \$3.8 trillion in annual health care spending. How can CDC, and other relevant federal agencies, better address lifestyle choices that lead to chronic illness and promote prevention strategies?**

We believe it is important to first acknowledge that chronic disease is a serious threat to our nation's health and security, particularly given the COVID-19 pandemic. There are some themes you will hear from the public health community, including the Endocrine Society:

- The United States needs to adequately and consistently prioritize funding for the *prevention* of chronic diseases and conditions and the *promotion* of health and well-being.



- Without doing so, our nation will be more vulnerable to severe illness and death from infectious disease.
- The exorbitant and increasing cost of the nation’s “sick care” system is not sustainable for individuals, families, communities, employers, and policymakers.
- This challenge is *surmountable* and *reversible* with sufficient investment in upstream strategies that help make the healthy choice the easy choice.

Chronic diseases represent 7 of the 10 leading causes of death and account for 90 percent of the nation’s \$3.8 trillion in annual health care costs. In addition to annual costs for patients, chronic disease often leads to economic burden in many other ways.

Most chronic diseases, including Type 2 diabetes, can be prevented with supportive, evidence-based programs that facilitate eating well, being physically active, avoiding or quitting tobacco, avoiding excessive drinking, avoiding injury, and getting regular health screenings and vaccines.

Yet, the burden of chronic disease is growing faster than our ability to ease it, putting an increasing strain on the health care system, health care costs, productivity, educational outcomes, military readiness, and well-being. The COVID-19 pandemic has only exacerbated these challenges. Indeed, COVID-19 and chronic disease are very much intertwined—the risk of severe COVID-19 increases as a result of the presence of certain underlying medical conditions. In addition, for Type 1 diabetes, we are also seeing the unique situation that COVID-19 infection in children is leading to onset of Type 1 diabetes.

Endocrinologists are on the front lines in treating diabetes and obesity -- two of the most common chronic illnesses in the United States. The increased prevalence of diabetes and obesity is a public health crisis affecting millions of Americans in every state and congressional district. The latest (2022) [estimates](#) from the Centers for Disease Control and Prevention (CDC) are that more than 130 million adults are living with diabetes or prediabetes. Roughly one 1 out of every 9 Americans has diabetes while 1 out of every 3 adults has prediabetes. This has resulted in overwhelming increased costs for our healthcare system. Medical costs for people with diabetes are more than twice as high as for people without diabetes. The total cost of diabetes and prediabetes is estimated to be \$327 billion in the United States. Meanwhile, the CDC [estimates](#) that approximately 42.4% of adults and 19.3% of children are considered obese in the United States. One [study](#) found that obesity accounted for \$370 billion in direct costs for medical treatment.

The CDC’s National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) funds science-based programs that prevent chronic diseases. The Endocrine Society strongly supports the work being done at the Chronic Care Center (NCCDPHP) to prevent the onset of diabetes and obesity. The National Diabetes Prevention Program (DPP) is one program at the Center which has shown tremendous success in delaying the onset of type 2 diabetes. The DPP is an evidence-



based lifestyle intervention program which has demonstrated that a 5-7 percent weight loss could reduce the risk of developing diabetes by 58 percent. Also, the CDC's Division of Division of Nutrition, Physical Activity, and Obesity (DNPAO) aims to improve the overall health and well-being of people by providing grant funds to states and local governments to address obesity in their local communities. The Society supports these programs because of the work they are doing to prevent and better understand diabetes and obesity. ***We urge Congress to fully fund the Chronic Care Center (NCCDPHP) and these important programs, which work to reduce unhealthy behaviors across the country.***

***We also would like to call your attention to the National Clinical Care Commission (NCCC) report to Congress entitled Leveraging Federal Programs to Prevent and Control Diabetes and its Complications, which contains recommendations for improving federal diabetes prevention and treatment programs.***

**Social determinants of health are another key driver of healthcare spending. Individual behavior and social and environmental factors are estimated to account for 60% of health care costs.**

- **To what extent do federal health programs already account for and address social determinants of health?**
- **How can Congress best address the factors that influence overall health outcomes in rural, Tribal, and other underserved areas to improve health outcomes in these communities?**
- **What flexibilities or authorities are needed to promote the adoption of policies and strategies in federal health programs to address these social determinants?**
- **What innovative programs or practices, whether operated by non-governmental entities or local, State, or Tribal governments, might Congress examine for implementation on a national scale?**

There are a wide range of social and environmental factors that contribute to and result in poor health outcomes for people living with endocrine disorders. For example, issues such as food security, housing, and transportation all play a role in health. Lack of access to healthy and nutritious food can result in higher rates of obesity and diabetes. Transportation access also plays a major role in health. For example, people with chronic conditions who rely on public transportation to get to their medical provider have faced major challenges during the COVID-19 pandemic due to transportation staffing shortages and reduces schedules. We encourage the Task Force to consider these social and environmental factors when looking at this issue.

One area of innovation to consider is the role of virtual care. As you may know, telehealth plays a crucial role in ensuring that adequate healthcare is provided to rural and underserved areas. Patients who lack access to transportation and those in hard-to-reach areas have also benefited



from expanded access to virtual care. Expanded access to telehealth services will ensure that underserved populations receive the care they need. For example, a recent [GAO report](#) found that that the proportion of Medicare beneficiaries utilizing telehealth was similar across racial and ethnic groups.

In response to the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) instituted telehealth flexibilities which have allowed providers to continue delivering high quality care to patients while minimizing their exposure to COVID-19. We appreciate the flexibility that CMS has provided, and we urge Congress to consider ways to make these flexibilities permanent. Specifically, ***[we ask that Congress pass legislation directing CMS to make coverage and payment of audio-only services permanent. Coverage of audio-only services ensures increased access for patients who do not have the necessary technology needed to access virtual care. We also urge Congress to permanently relax the originating site requirements which would ensure that patients can receive telehealth from home.](#)***

Finally, the Special Diabetes Program (SDP) is an important program addressing social determinants of health. SDP is made up of two programs – the Special Diabetes Program for Type 1 Diabetes and the Special Diabetes Program for Indians (SDPI). SDP was created to advance research for type 1 diabetes and to provide treatment and education programs for type 2 diabetes amongst American Indians and Alaska Natives (AI/AN). AI/AN have the highest incidence of diabetes with more than 50% of adults who have been diagnosed. SDPI is a critically important program for rural, Tribal, and unserved communities. The program has more than 400 treatment and education programs on type 2 diabetes, which have been implemented in AI/AN communities, and has successfully reduced A1c levels, cardiovascular disease, and promoted healthy lifestyle behaviors. ***[The Society strongly supports SDP and urges you to fully reauthorize it before it expires in 2023.](#)***

We appreciate the Healthy Future Task Force’s attention to diabetes, obesity and their impact on the larger issue of chronic care in the United States. These issues are critical to the nation’s health and wellbeing. They are also the primary driver of increased costs for patients and the overall healthcare system. Support for the Chronic Care Center (NCCDPHP) is crucial in addressing these issues. We look forward to working with Congress to improve the public’s health and work towards a healthier future for all Americans. If you have any questions or require additional information, please contact Rob Goldsmith, Director of Advocacy and Policy, at [rgoldsmith@endocrine.org](mailto:rgoldsmith@endocrine.org).

Sincerely,

Carol H. Wysham, MD  
President  
Endocrine Society