



**Statement of Novo Nordisk
In Support of H.R.1192, the National Diabetes Clinical Care Commission Act**

**To the Subcommittee on Health
Committee on Energy and Commerce
United States House of Representatives**

Hearing on “Examining Legislation to Improve Public Health”

September 8, 2016

Thank you for giving us the opportunity to provide a statement in support of H.R. 1192, the National Diabetes Clinical Care Commission Act. Novo Nordisk applauds the House Energy and Commerce Committee for taking up this important legislation, which could help improve care for people living with diabetes.

Novo Nordisk is a healthcare company with more than 90 years of history in innovation and achievement in diabetes care. In addition to diabetes care, Novo Nordisk is a leader in obesity, hemostasis management, growth hormone therapy, and hormone therapy for women. Novo Nordisk’s business is driven by our Triple Bottom Line: a commitment to economic success, environmental soundness, and social responsibility to our employees and customers. Our global headquarters are in Denmark and our US headquarters is in Princeton, New Jersey. We conduct research and manufacturing in the US, and have over 6,000 US-based employees in all 50 states. Here in the US, Novo Nordisk is also proud to be a Co-Chair of the Diabetes Advocacy Alliance, a coalition of 20 members representing patients, professional and trade associations, other nonprofit organizations, and corporations, all united in the desire to change the way diabetes is viewed and treated in America.

We agree that it is time to look at how the Federal Government can best manage its programs and spending on diabetes, so that we can meaningfully impact the numbers of people living with these diseases, and also improve the care and quality of life for patients with chronic conditions.

The epidemic of diabetes is devastating our healthcare system and economy. Today, more than 29 million people in the U.S. are living with diabetes, and another 86 million are at high risk for the disease.ⁱ During the past 30 years, the percentage of Americans diagnosed with diabetes has more than doubled; and by 2050, one in three will be living with diabetes.ⁱⁱ In the Medicare population, the statistics are just as concerning. Over one quarter of the Medicare-eligible population (nearly 11 million seniors) have diabetes.ⁱⁱⁱ Furthermore, the longer people live with diabetes, the more likely it is they will suffer from related complications, including heart disease, blindness, lower limb amputations, and kidney failure, among others.¹ These largely preventable problems will add a human and economic burden not only to the individual and their families, but also to the federal government.

This chronic disease continues to be one of the largest healthcare threats to our nation's economy. Currently, one in three Medicare dollars is spent on people with diabetes, and the cost of diabetes has continued to increase significantly, with the true total cost of diabetes rising to \$322 billion per year in 2012, up 48 percent (\$100 billion) in just five years from \$218 billion in 2007.^{iv} For individuals, the financial burden is taking a toll. People diagnosed with diabetes have healthcare costs 2.3 times higher than if they didn't have the disease.ⁱ

We have the real potential to bend the Medicare and Medicaid cost curve if we can begin to develop effective strategies to reduce the onset of diabetes and the costly but preventable complications of the disease. Currently there are 35 different agencies that have programs or policies related to diabetes. However, they are largely uncoordinated and likely redundant. This bill would create a commission for the purpose of improving the implementation and coordination of clinical care for patients with pre-diabetes, diabetes, and the chronic diseases and conditions that result from diabetes. The Commission, representing a partnership between private sector experts and specialists in the Federal agencies most active in clinical care, will issue recommendations to Congress and to the Secretary of HHS on new approaches to improve patient care, such as getting information and resources to clinicians on best practices for delivering high quality care, and effectively deploying new treatments and technologies, such as the artificial pancreas. The bill requires no new money because the legislation specifies that the Commission meetings will be supported through existing HHS funds.

Several states have already recognized the toll of diabetes on their state budgets and have passed Diabetes Action Plans in their state to address this epidemic. We believe strongly there should be a similar response at the federal level and that is why we urge for passage of the National Diabetes Clinical Care Commission Act.

According to the Novo Nordisk Way, our contribution to society comes from having a patient-centered approach. Given this bill's potential to make a difference in the lives of millions of people with diabetes and prediabetes, we strongly support its passage and look forward to working with you as this bill progresses.

ⁱ Centers for Disease Control and Prevention. National Diabetes Statistics Report 2014. Accessed June 10, 2015.

ⁱⁱ Centers for Disease Control and Prevention. Projection of the year 2050 burden of diabetes in the US adult population: dynamic modeling of incidence, mortality, and prediabetes prevalence Report 2010. Accessed June 10, 2015.

ⁱⁱⁱ Center for Medicare and Medicaid Services, Chronic Conditions Among Medicare Beneficiaries Chartbook: 2012 Edition.

^{iv} ADA Cost of Diabetes in 2012.