



July 26, 2023

The Honorable Martin Heinrich
Chairman
Joint Economic Committee
U.S. Senate
Washington, D.C. 20510

The Honorable David Schweikert
Vice Chairman
Joint Economic Committee
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Heinrich and Vice Chairman Schweikert:

The Association of Black Cardiologists (ABC) commends the Joint Economic Committee on its decision to hold a hearing on the economic impact of diabetes. Cardiovascular disease is the leading cause of death in people with diabetes, a metabolic disorder that affects more than 37 million Americans and disproportionately affects Black Americans and other minoritized groups.¹

Cardiovascular complications from diabetes, especially when diabetes is not adequately managed, include coronary artery disease, stroke, heart failure, and renal failure. Diabetes is also the leading risk factor of atherosclerosis, the most common cause of peripheral artery disease (PAD) which puts patients at a dramatically higher risk of lower extremity amputation. Progress in reducing cardiovascular-related death and disease and the enormous economic toll they exact on our communities and our health care system requires addressing the risk factors for diabetes, as well as associated complications, through prevention and access to appropriate care and treatment.

Three actions the ABC recommends that Congress can take to reduce the economic toll of diabetes and related cardiovascular disease include:

1. Ensure patients can access and afford medications to lower and manage their blood sugar, cholesterol and blood pressure;
2. Require Medicare coverage of anti-obesity medications approved by the Food and Drug Administration (FDA); and
3. Create access to screening for PAD among high-risk Medicare and Medicaid beneficiaries.

¹ American Diabetes Association. <https://www.diabetes.org/about-us/statistics/about-diabetes>

The ABC recognizes recent work by Congress to lower the cost of prescription drugs for Medicare patients by limiting the monthly cost sharing for insulin and capping out-of-pocket spending for Medicare Part D enrollees. We encourage similar bold action by Congress to address one of the leading risk factors of diabetes — obesity.

In addition to diabetes, obesity is a risk factor for other chronic diseases and conditions, including, high blood pressure, heart disease, lipid disorders, and certain cancers. Obesity is more prevalent among Black Americans, which places this group at a disproportionately higher risk for developing cardiovascular diseases. By 2030, it is estimated that 50 percent of U.S adults will have obesity, and severe obesity (BMI \geq 35) is likely to become the most common BMI category among women, Black Americans, and low-income adults.²

Today there are a number of FDA-approved anti-obesity treatments; however, many of the most effective therapies are not covered under Medicare Part D. Consequently, there is a gap in the treatment for older Americans who suffer from obesity and its associated medical consequences.

In 2013, the American Medical Association recognized obesity as a disease state with multiple pathophysiological aspects requiring a range of interventions for treatment and prevention. This important step was necessary to improve access to medically essential care for seniors living with obesity. As America ages and the obesity epidemic worsens, Part D needs to evolve to include coverage of anti-obesity medications and behavioral counseling. The ABC supports and urges passages this year of the bipartisan *Treat and Reduce Obesity Act (TROA)* recently introduced as S. 2407 which would require Medicare coverage of intensive behavioral therapy for obesity and coverage of anti-obesity medications. Failure to provide coverage of medications to treat obesity or to manage weight loss unnecessarily perpetuates health inequities suffered by Black Americans and widens the disparity in health outcomes.

PAD, a complication of diabetes, affects as many as 21 million Americans and, disproportionately, African Americans at more than twice the rate as their white counterparts. PAD develops when arteries become clogged with plaque resulting in reduced blood flow to the legs which puts patients at a dramatically higher risk of limb amputation. This is a preventable condition that is often associated with other vascular issues which increase the risk of a heart attack, stroke and kidney failure requiring dialysis.

Nearly 100,000 major leg amputations are performed every year in the United States, with more than half attributable to diabetes and PAD.³ Among Medicare beneficiaries with diabetes and PAD, four-fold differences in amputation risk are recognized between Black Americans and other

² Ward ZJ, Bleich SN, Craddock AL, Barrett JL, Giles CM, Flax C, Long MW, Gortmaker SL. Projected U.S. State-Level Prevalence of Adult Obesity and Severe Obesity. *N Engl J Med*. 2019 Dec 19;381(25):2440-2450. doi: 10.1056/NEJMsa1909301. PMID: 31851800.

³ Epidemiology and Risk of Amputation in Patients With Diabetes Mellitus and Peripheral Artery Disease. Barnes JA, Eid M, Creager M and Goodney P. <https://doi.org/10.1161/ATVBAHA.120.314595> *Arteriosclerosis, Thrombosis, and Vascular Biology*. 2020;40:1808–1817

racial/ethnic groups. Many of these amputations are preventable if individuals are aggressively screened and receive early appropriate treatment for PAD.

The human cost of amputations is significant with mortality following amputation ranging from 39–80 percent in five years — worse than most malignancies.⁴ Unnecessary amputations also create a financial burden on our health care system, more than \$10 billion annually.⁵ Many amputees do not return to work, and the ripple effect of each amputation on family members and communities creates an extraordinary financial burden to our economy as well.

To stop preventable, non-traumatic limb amputations, individuals who are at high risk for PAD must be given a fair and just opportunity to be screened and treated in accordance with evidence-based clinical guidelines. The ABC is a strong proponent of the bipartisan *Amputation Reduction and Compassion Act (ARC)* introduced in the House as H.R. 4261. The *ARC Act* would provide access to PAD screening for high-risk Medicare and Medicaid beneficiaries without cost sharing, as well as educate providers and the public about the disease and call on the Centers for Medicare and Medicaid Services to develop quality metrics that will lead to better outcomes for those diabetic patients at highest risk for amputations due to PAD. The ABC is working toward companion legislation in the Senate and has made the *ARC Act's* passage a top priority.

The core of ABC's mission is to eliminate disparities in cardiovascular disease for all people, regardless of race, ethnicity or gender, and all people should benefit fully from reduction in the frequency, duration and impact of diseases of the heart and blood vessels that is achievable with contemporary medical care. We applaud you and the entire Joint Economic Committee for examining the economic impact of diabetes and diabetes-related health complications which we hope will lead to Congress acting on *TROA* and the *ARC Act* this year.

The ABC offers itself as a resource to you. Should you have any questions, please contact ABC health and public policy advisor Camille Bonta at (202) 320-3658 or cbonta@summithealthconsulting.com.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Onwuanyi', with a long horizontal line extending from the end of the signature.

Anekwe E. Onwuanyi, MD
President
Association of Black Cardiologists

⁴ Beyaz, S., Güler, Ü. Ö., & Bağır, G. Ş. (2017). Factors affecting lifespan following below-knee amputation in diabetic patients. *Acta orthopaedica et traumatologica turcica*, 51(5), 393–397. <https://doi.org/10.1016/j.aott.2017.07.001>

⁵ Yost, M. Cost-Benefit Analysis of Critical Limb Ischemia in the Era of the Affordable Care Act. *Endovascular Today*, May 2014.