THE PROBLEM: Chronic disease is the single biggest health threat today. According to the U.S. Centers for Disease Control and Prevention (CDC), chronic diseases are conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both.

Chronic diseases are the leading causes of death and disability in the U.S. They also are the leading drivers of increasing health care costs. The most prevalent chronic conditions reported are hypertension, high cholesterol, and arthritis, with adults aged 65 and older accounting for the plurality of patients. Nearly 200 million people reported having a chronic disease, 65% of whom were age 65 and older. By 2030, experts predict this number to rise 246 million people with at least one chronic disease.

As an individual’s number of chronic conditions increases, a corresponding escalation in negative outcomes result, such as poor daily function, unnecessary hospitalizations, adverse drug events, duplicative tests, and conflicting medical advice. These outcomes result in higher health costs, leading to increased Medicare and Medicaid costs.

- **HYPERTENSION**: Nothing kills more Americans than heart disease and stroke, which are commonly caused by undiagnosed or mismanaged hypertension and high cholesterol. According to the CDC, more than 859,000 Americans die of heart disease or stroke every year—that’s one-third of all deaths. These diseases take an economic toll, costing our health care system $199B per year and causing $131B in lost productivity on the job.

- **ARTHRITIS**: Arthritis affects 54.4 million adults, is a leading cause of work disability in the U.S., and is a common cause of chronic pain. The total cost attributable to arthritis and related conditions was about $304B in 2013. Of this amount, nearly $140B was for medical costs and $164 billion was for indirect costs associated with lost earnings. Appropriate management is key to reducing disability and costs among those with a diagnosis of arthritis.

- **DIABETES**: More than 30 million Americans have diabetes, and another 84 million adults have prediabetes, which puts them at risk for type 2 diabetes. Diabetes, if not managed properly, can cause heart disease, kidney failure, and blindness, and costs the health care system and employers $237B each year.

- **CHRONIC PAIN**: Chronic pain, one of the most common reasons adults seek medical care, has been linked to restrictions in mobility and daily activities, dependence on opioids, anxiety, depression, and reduced quality of life. Approximately 30% of older adults experience chronic pain on a daily basis. Chronic pain contributes up to $635B each year in direct medical costs and lost productivity. Balancing the need for effective pain control while preventing medication misuse, abuse, and addiction is an integral component of pain management.

**CHRONIC DISEASE SELF-MANAGEMENT EDUCATION SAVES HEALTH CARE DOLLARS**

Expanding the reach of evidence-based Chronic Disease Self-Management Education Programs by 10% has a potential cost savings of more than $6.6 billion annually!
EVIDENCE-BASED STRATEGIES: Evidence-based Chronic Disease Self-Management Education (CDSME) Programs offer cost-effective interventions using state-of-the-art techniques to empower those with chronic conditions to take responsibility in managing their conditions, improving their health status, and reducing continued medical care and costly services. These programs, originally developed at Stanford University, have demonstrated improvement in health, self-efficacy, and psychological well-being. In addition, participants of CDSMP report increased physical activity, reduced fatigue and depressive symptoms, and better communication with health care providers. CDSME Programs help achieve the goals of the Triple Aim:

CDSME FUNDING HISTORY

- American Recovery and Reinvestment Act (ARRA) stimulus funding
  - $32.3 million over two years starting in March 2010 was provided as part of the ARRA $650M Prevention and Wellness Fund.
- Prevention and Public Health Fund (PPHF) of the Affordable Care Act.
  - $10M was allocated in FY12 from the PPHF, which succeeded the ARRA Prevention and Wellness Fund.
  - $7.1M in FY13 and $8 million per year in FY14-FY1 have been allocated from the PPHF.

These funding sources have enabled a solid infrastructure with over 14,000 community-based delivery sites and a national technical assistance center. So far, more than 550,000 individuals have participated in CDSME programs funded through ARRA and PPHF support. However, given that nearly 200 million people report having a chronic disease, the reach of these programs has been only 0.25% of the full population reach potential.

FY20 REQUEST

Restore CDSME funding to $16 million. Given that CDSME has lacked new investments for several years, we request that appropriators consider restoring CDSME funding to $16 million to expand access to evidence-based, cost-effective chronic disease self-management education programs to more older adults across the U.S.