Today, this committee will tackle the physical, economic, and emotional impact of Type 1 diabetes throughout the lifespan.

My partner on this committee, Senator Collins, who has been a champion for finding a cure for diabetes, will lead the committee today on the issue.

Type 1 diabetes is no longer a juvenile disease. Research advances have vastly extended the lives of the millions that have suffered with this devastating condition.

In fact, 85 percent of people in the U.S. living with Type 1 diabetes are adults.

But while those with Type 1 diabetes are able to live longer and fuller lives, we are also learning about new complications with the disease.

For instance, diabetes is the leading cause of end-stage renal disease (ESRD), which cost Medicare $29 billion in 2009.

Our research and federal efforts must keep pace with our changing understanding of this disease.

The same technologies that help children diagnosed with Type 1 diabetes, like the promising development of an artificial pancreas, are also crucial to the future economic wellbeing of the Medicare program because we know that they can help Type 1 diabetes sufferers avoid end-stage renal disease late in life.

Like any chronic disease, early diagnosis and consistent management means fewer problems later on.

That’s why I believe that this hearing is so important. One in three Medicare dollars currently goes towards diabetes.

And, unlike sufferers of Type 2 diabetes which we know can sometimes be reversed with lifestyle changes, individuals with Type 1 diabetes are often diagnosed early, without a cure, and left insulin-dependent for life.

As we celebrate research advances that have made a longer, fuller life possible for those suffering from this devastating disease, we need to rethink our approach to one that truly addresses Type 1 diabetes “across all ages and stages”.