



January 26 2016

The Honorable Orrin Hatch  
Chairman  
Committee on Finance  
United States Senate

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
United States Senate

The Honorable Johnny Isakson  
Committee on Finance  
United States Senate

The Honorable Mark Warner  
Committee on Finance  
United States Senate

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson, and Senator Warner:

Thank you for the opportunity to provide comments in response to the Senate Committee on Finance's Bipartisan Chronic Care Working Group Policy Options Document. The Working Group's goal, to improve care for millions of Americans managing chronic illness, is critical. Nationwide, nearly 30 million Americans have diabetes and an additional 86 million have prediabetes—putting them at increased risk for developing type 2 diabetes. The diabetes epidemic contributes substantially to our nation's rising health care costs. The total cost of prediabetes, gestational diabetes, diagnosed and undiagnosed diabetes, and the related devastating complications reached \$322 billion in 2012. These costs will only continue to grow if we do not take action to stop the diabetes epidemic.

The Senate Finance Committee is wise to seek policy options to improve chronic care for Medicare beneficiaries. By working to prevent diabetes for individuals at the highest risk of the disease, the Committee has the opportunity to improve the health of our nation's seniors and lower health care costs at the same time. The diabetes epidemic exerts a tremendous impact on the Medicare program and this impact is currently poised to grow at an alarming rate. Already, an estimated 11.2 million Americans over age 65 (nearly 30 percent) have been diagnosed with diabetes.<sup>1</sup> Moreover, half of all Americans age 65 or older have prediabetes putting them at high risk for developing diabetes. Without intervention, including physical activity and modest weight loss, 15-30 percent of people with prediabetes will develop type 2 diabetes within five years.<sup>2</sup> Already, Medicare spends one in three dollars on people with diabetes.<sup>3</sup> If we do not enact policies to reduce the incidence of diabetes and prevent costly complications in those with the disease, these costs will continue to grow exponentially.

The American Diabetes Association thanks the Chronic Care Working Group for considering policies to address prediabetes and diabetes. We offer the following feedback for the policies under consideration.

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<sup>1</sup> Centers for Disease Control and Prevention. National diabetes statistics report, 2014. Atlanta, GA: U. S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2014.

<sup>2</sup> Centers for Disease Control and Prevention. Prediabetes: Could it be You? Available from: [www.cdc.gov/diabetes/pubs/statsreport14/prediabetes-infographic.pdf](http://www.cdc.gov/diabetes/pubs/statsreport14/prediabetes-infographic.pdf)

<sup>3</sup> Centers for Medicare and Medicaid Services. Medicare Health Support Overview. Baltimore, (MD): CMS. Available from: [https://www.cms.gov/Medicare/Medicare-General-Information/CCIP/downloads/overview\\_ketchum\\_71006.pdf](https://www.cms.gov/Medicare/Medicare-General-Information/CCIP/downloads/overview_ketchum_71006.pdf)



The Association applauds the Chronic Care Working Group for recognizing the importance of diabetes self-management training (DSMT). As noted in the report, DSMT is a covered service under Medicare Part B for beneficiaries of diabetes, and the training includes a variety of techniques to help individuals effectively self-manage the disease. The Association recommends all people with diabetes participate in DSMT to facilitate the knowledge, skills, and ability necessary for diabetes self-care both at diagnosis and thereafter. DSMT results in effective self-management and improved clinical outcomes. Studies have found DSMT is associated with improved diabetes knowledge, improved self-care behaviors, better management of blood glucose levels, lower self-reported weight, improved quality of life, healthy coping and lower costs.<sup>4</sup> Patients who participate in DSMT are more likely to follow best practice treatment recommendations, particularly among the Medicare population, and have lower Medicare and insurance claim costs.<sup>5</sup>

Diabetes education has been identified as a national health objective by the U.S. Department of Health and Human Service as there is a Healthy People 2020 goal to increase the proportion of adults with diagnosed diabetes who receive formal education. While we are pleased Medicare covers DSMT, barriers impacting the delivery of DSMT to Medicare beneficiaries exist. Utilization of this evidence-based benefit among Medicare beneficiaries is astoundingly low. Among fee for service Medicare beneficiaries age 65 and older with diagnosed diabetes, only 1.7% had a Medicare claim for DSMT in 2012.<sup>6</sup> There are many barriers to assessing this service that must be addressed through legislative and regulatory action and the Association is pursuing both paths as appropriate. One such barrier is beneficiary cost sharing as DSMT is subject to the Part B deductible and 20% coinsurance. DSMT is an essential element of cost-efficient and effective diabetes management and all beneficiaries should have access to this important preventive service. **The Association urges the Working Group to remove the beneficiary cost sharing for DSMT in order to eliminate financial barriers and improve access to this critical education benefit for seniors with diabetes.**

As the Working Group points out, while Medicare recognizes the need for critically important self-management education, beneficiaries with prediabetes do not enjoy similar coverage for lifestyle interventions shown to be effective in preventing diabetes and its complications. We thank the Working Group for considering Medicare Part B coverage for evidence-based lifestyle interventions to reduce the risk of diabetes for those at high risk for the disease. In comments submitted on June 22, 2015, the Association highlighted the National Diabetes Prevention Program (National DPP) at the Centers for Disease Control and Prevention (CDC) as a critical program for Medicare beneficiaries with prediabetes. The National DPP is an evidence-based intervention that helps prevent or delay the onset of type 2 diabetes in many cases.

The National DPP originated from the successful Diabetes Prevention Program clinical trial carried out by the National Institutes of Health. The clinical trial found individuals with prediabetes can reduce their risk for type 2 diabetes by 58 percent through the program by lifestyle changes including improved nutrition, increased physical activity, and weight loss of five to seven percent.

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<sup>4</sup> Standards of Medical Care in Diabetes – 2016. Diabetes Care 2016; 39 (Suppl. 1): S25.

<sup>5</sup> Standards of Medical Care in Diabetes – 2016. Diabetes Care 2016; 39 (Suppl. 1): S25.

<sup>6</sup> Statistic from Health Indicators Warehouse. Available at: [http://www.healthindicators.gov/Indicators/Diabetes-management-benefit-use-diabetic-older-adults-percent\\_1263/Profile/ClassicData](http://www.healthindicators.gov/Indicators/Diabetes-management-benefit-use-diabetic-older-adults-percent_1263/Profile/ClassicData)



The results were even stronger for seniors. Participants over the age of 60 reduced their risk for type 2 diabetes by 71 percent. Further research at the Division of Diabetes Translation at the CDC translating the clinical trial to a community setting showed these results can be replicated in a group setting for a cost of less than \$450 per participant for the yearlong intervention. The National DPP is based on this effective, low-cost model.

The Association strongly supports the Working Group's proposed recommendation, which mirrors the bipartisan Medicare Diabetes Prevention Act (S. 1131). Not only will this policy improve seniors' health, it will also lower federal health care spending. A recent study by Avalere Health estimated that, if enacted, this legislation would save the federal government \$1.3 billion in health care costs over ten years, with savings continuing to grow beyond the ten-year window.

The YMCA of the USA is currently conducting a pilot project under the Center for Medicare and Medicaid Innovation (CMMI) to demonstrate how the National DPP can lower incidence of type 2 diabetes and reduce the cost burden of diabetes on the Medicare program. While the demonstration project is ongoing, it is yielding promising results and we understand the Department of Health and Human Services has fast tracked the actuarial analysis of the program. In December, Senators Grassley and Franken, along with House colleagues, wrote a letter to Secretary Burwell asking her to release the actuarial analysis of the YMCA's demonstration within two months. We anticipate this data will provide further verification of the effectiveness of the National DPP in seniors.

As you know, the CMMI was established to develop and test innovative healthcare models, including new approaches to payment and delivery of care. Five years later, we are beginning to see the successful results of these demonstration projects and the YMCA's work is a key example. Congress now has the opportunity to capitalize on the work started by CMMI and provide access to the National DPP for all seniors at risk for diabetes. **The Association encourages the working group to formally recommend Medicare Part B provide coverage without beneficiary cost-sharing for the National DPP established by the CDC.** Organizations wishing to deliver the National DPP are required to meet rigorous standards under [CDC's Diabetes Recognition Program](#). To be eligible for Medicare reimbursement, entities delivering the National DPP should be required to meet these established standards. We urge Part B coverage be established without beneficiary cost sharing to eliminate financial barriers to this evidence-based prevention service for people with prediabetes. In addition, we note this is a United States Preventive Services Task Force (USPSTF) recommended preventive service. Through its 2015 recommendation statement on screening for abnormal blood glucose and type 2 diabetes, the USPSTF recommends clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.

The working group also requested feedback on whether to allow entities that are not currently providers under the Medicare statute to deliver this program. **The Association strongly recommends community organizations such as non-profit organizations and departments of health, as well as current providers under Medicare, be allowed to deliver the National DPP to Medicare beneficiaries.** The National DPP is currently delivered successfully by such entities across the country. It is because the National DPP is a community-based intervention that costs remain low. By continuing to follow this model the federal government will achieve maximum



savings through Medicare coverage of the program. The community-based providers of the National DPP should be required to adhere to CDC's recognition standards.

The Association is pleased the Working Group is considering implementing this important policy that will help people with prediabetes prevent or delay progression to type 2 diabetes. However, we would like to make one scientific clarification about diabetes. The Working Group stated on page 27 of the policy options document, "Preventing the progression of prediabetes to type 1 or 2 diabetes is better for individuals and the nation's healthcare spending." While we strongly agree preventing diabetes will improve the health of our seniors and lower federal healthcare spending, the National DPP prevents progression from prediabetes to type 2 diabetes. At this time, we do not know how to prevent type 1 diabetes, but we are eager to see scientific advancements that will allow such prevention in the future.

Again, thank you for recognizing the importance of expanding access to interventions that prevent type 2 diabetes for individuals at the highest risk—those with prediabetes—and promoting diabetes self-management training for people with diabetes. We look forward to continuing to work with the Chronic Care Working Group and the Senate Finance Committee on these important issues. Should you need further information, please contact Meghan Riley, Vice President, Federal Government Affairs at [mriley@diabetes.org](mailto:mriley@diabetes.org) or (703) 253-4818.

Sincerely,

A handwritten signature in cursive script that reads "Gina Gavlak".

Gina Gavlak, RN, BSN  
Chair  
National Advocacy Committee