



# 2017 Advocacy Priorities

## The **vision** of the DAA is:

To influence change in the US health care system to improve diabetes prevention, detection and care and to speed the development of pathways to cures for diabetes.

## The **mission** of the DAA is:

To unite and align key diabetes stakeholders and the larger diabetes community around key diabetes-related policy and legislative efforts in order to elevate diabetes on the national agenda.

## Prevention

### Disparities/Social Determinants of Health

### Access to Evidence-based Interventions

- Medical nutrition therapy
- Medicare Diabetes Prevention Program (MDPP)
- National Diabetes Prevention Program (NDPP)

### Economic Value of Prevention

## Detection

### Screening

- Prediabetes
- Type 2 diabetes
- Gestational

## Care

### Access to Evidence-based Diabetes Management

- Continuous glucose monitoring (CGM) systems
- Diabetes self-management training (DSMT)
- Access to podiatrists

### Improved Coordination of Federal Diabetes Resources & Initiatives

### Optimal Outcomes for Diabetes Patients

- Quality measures
- High-quality and affordable insurance



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## Disparities/Social Determinants of Health

Social, economic and environmental factors can influence a person's health. For people with diabetes and/or those at-risk for developing the disease, efforts to address health disparities and social determinants of health have the potential to improve health outcomes.

## Preventing Diabetes in Medicare Act

The legislation allows Medicare to reimburse registered dietitians and other qualified nutrition professionals to provide medical nutrition therapy (MNT) to patients at risk of diabetes or with prediabetes, in addition to patients with diabetes and kidney disease as currently covered.

## Medicare Diabetes Prevention Program

The Department of Health and Human Services announced in March 2016 that Medicare would cover diabetes prevention programs for eligible beneficiaries beginning January 2018. Successful implementation of this benefit is critical to ensure seniors at-risk for developing type 2 diabetes understand the benefit and participate in this evidence-based program which is estimated to save over \$2,600 per beneficiary over 15 months.

## National Diabetes Prevention Program

The National Diabetes Prevention Program (National DPP) is an evidence-based lifestyle change program for preventing type 2 diabetes led by the Centers for Disease Control and Prevention (CDC). Federal funding supports access to and expansion of the program to some of the more than 86 million Americans with prediabetes.

## Preventive Health Savings Act

The legislation would create a more accurate budget scoring system for legislation dealing with preventive health services. The legislation would allow the Congressional Budget Office (CBO) to collect data past the current ten year window since savings for preventive services often occur outside the conventional budget window.

## Screening

Improving screening rates and reducing the number of people with undiagnosed prediabetes, type 2 diabetes, and gestational diabetes is paramount in our effort to change the trajectory of the diabetes epidemic in the United States. Of particular interest, in October 2015 the U.S. Preventive Services Task Force (USPSTF) released a final guideline on screening for abnormal blood glucose and type 2 diabetes. The guideline recommends screening in adults aged 40 to 70 years who are overweight or obese, among other risk factors, and says clinicians should offer or refer patients with abnormal glucose to intensive behavioral lifestyle interventions. Under the ACA, private health insurers are required to cover the screening and participation in diabetes prevention programs at no cost to the patient. Disseminating information and helping to implement this final guideline is a priority.

## Medicare Coverage of Continuous Glucose Monitoring (CGM) Systems

In January 2017, the Centers for Medicare and Medicaid Services (CMS) announced the determination of a benefit category and coverage for continuous glucose monitoring (CGM) systems by Medicare. Ensuring eligible Medicare beneficiaries have access to CGM systems and that the benefit is implemented successfully is a priority.

## Diabetes Self-Management Training (DSMT) / Access to Quality Diabetes Education Act

Despite the fact that diabetes self-management training (DSMT) is a covered benefit under the Medicare program, only 5% of Medicare beneficiaries with newly diagnosed diabetes participate in this evidence-based service. The Centers for Medicare and Medicaid Services (CMS) recognizes the significant underutilization of DSMT and is committed to reducing barriers contributing to the underutilization of the benefit. In addition to regulatory reforms, legislation is also crucial to expand access to diabetes self-management training (DSMT) so older adults with diabetes can prevent costly complications by designating qualified and credentialed diabetes educators as Medicare providers of DSMT. When previously scored, CBO estimated the legislation would have an unscorable, de minimis impact on the federal budget.

## Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians Act

The legislation would recognize podiatrists as physicians in order to cover their services under the Medicaid program and clarify and improve coordination of care in Medicare's Therapeutic Shoe Program for patients with diabetes.

## National Clinical Care Commission Act (H.R. 309)

The legislation creates a commission comprised of private sector experts, including health care professionals and patient advocates, and representatives from the federal agencies. The goal of the commission is to improve the implementation and coordination of federal clinical care initiatives for patients with complex metabolic or autoimmune disease, diabetes, or complications caused by such diseases. The legislation has no budget impact.

## Quality Measures

Measuring the quality of care for people with diabetes can provide useful information on how the health care system performs and ultimately help improve care for people with chronic diseases like diabetes. While dozens of diabetes quality measures have been developed, a major gap exists in that current measures do not address prediabetes/diabetes screening and referral to diabetes prevention programs. Advancing quality measures tied to screening and prevention is essential to ensuring that people with diabetes and those at-risk receive optimal care.

## High-Quality and Affordable Insurance

People with diabetes and those at-risk for developing diabetes have benefited from reforms in the Affordable Care Act. As policymakers look to reform the health insurance market and the health care system, the needs of people with chronic diseases like diabetes and people at-risk for developing the disease must be a priority to ensure that high-quality and affordable insurance is available and accessible.

## Members of the Diabetes Advocacy Alliance™

The current members of the DAA include:

Academy of Nutrition and Dietetics  
American Association of Clinical Endocrinologists  
American Association of Diabetes Educators  
American Clinical Laboratory Association  
American Diabetes Association

American Medical Association  
American Optometric Association  
American Podiatric Medical Association  
Diabetes Hands Foundation  
Endocrine Society

Healthcare Leadership Council  
National Association of Chain Drug Stores  
National Association of Chronic Disease Directors  
National Community Pharmacists Association  
National Council on Aging  
National Kidney Foundation

Novo Nordisk Inc.  
Omada Health  
Pediatric Endocrine Society  
VSP® Vision Care  
Weight Watchers International, Inc.  
YMCA of the USA

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