



September 16, 2016

The Honorable Gary Peters
United States Senate
724 Hart Office Building
Washington, DC 20510

The Honorable Shelley Moore Capito
United States Senate
172 Russell Office Building
Washington, DC 20510

The Honorable Mark Kirk
United States Senate
524 Hart Office Building
Washington, DC 20510

Dear Senator Peters, Capito and Kirk:

The undersigned members of the Diabetes Advocacy Alliance™ (DAA) would like to offer our support for S. 3082, the *Preventing Diabetes in Medicare Act*. The vision of the DAA is to influence change in the U.S. health care system to improve diabetes prevention, detection and care. We believe S. 3082 is a significant step forward in our efforts to help prevent or delay the onset of type 2 diabetes.

The DAA is a coalition of twenty-one diverse member organizations, representing patient, professional and trade associations, other non-profit organizations, and corporations, all united in the desire to change the way diabetes is viewed and treated in America. Since 2010, the DAA has worked to increase awareness of, and action on, the diabetes epidemic among legislators and policymakers. The organizations that comprise the DAA share a common goal of elevating diabetes on the national agenda so we may ultimately defeat diabetes.

As you may know, nearly 30 million Americans have diabetes and an additional 86 million adults are at risk of developing the disease. By 2050, it is estimated that one out of every three Americans will have diabetes. In addition, the annual cost of this public health emergency has skyrocketed to \$322 billion and will continue to rise unless something is done. Both the human and economic toll of this disease is devastating.

The *Preventing Diabetes in Medicare Act* will strengthen our nation's efforts to tackle the diabetes epidemic in America, especially among older adults served by Medicare, who are disproportionately impacted by diabetes and prediabetes. According to the Centers for Disease Control and Prevention (CDC), nearly 26 percent of people age 65 and older *already* have diabetes, and another 50 percent have prediabetes and are at high risk for the disease without intervention.

This legislation would extend Medicare coverage of medical nutrition therapy (MNT) services to people with prediabetes and other risk factors for developing type 2 diabetes. Under current law, Medicare pays for MNT provided by a registered dietitian nutritionist or other health professional for beneficiaries with diabetes and renal diseases, but not for beneficiaries diagnosed as having prediabetes. Nutrition therapy services have been

proven effective in preventing diabetes by providing individuals with prediabetes or risk factors for type 2 diabetes with access to the best possible nutritional care and counseling to handle their condition.

As the diabetes epidemic continues to grow, so does the need for legislation that reflects the interests of those who suffer from the disease and those who are at risk of developing it. The DAA applauds you for your efforts in sponsoring legislation that would have a significant impact on preventing or delaying new cases of diabetes.

Sincerely,

Academy of Nutrition and Dietetics

American Association of Diabetes Educators

American Diabetes Association

American Medical Association

Diabetes Hands Foundation

Endocrine Society

Healthcare Leadership Council

National Kidney Foundation

Novo Nordisk Inc.

Omada Health

Pediatric Endocrine Society

VSP Vision Care

Weight Watchers International, Inc.