

April 21, 2020

The Honorable Mitch McConnell
Majority Leader
United States Senate
S-226, United States Capitol
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
H-232, United States Capitol
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
United States Senate
S-255, United States Capitol
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
H-204, United States Capitol
Washington, DC 20515

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell, and Minority Leader Schumer,

Thank you for your ongoing work to protect Americans and provide relief during the ongoing coronavirus (COVID-19) pandemic. As you know, according to the Centers for Disease Control and Prevention (CDC), individuals with underlying health conditions, such as diabetes, are at increased risk for poor outcomes from COVID-19. As Congress continues to address the COVID-19 pandemic, the undersigned members of the Diabetes Advocacy Alliance (DAA) ask that you consider the elevated risk for people with diabetes combined with the impact that physical distancing policies have on their ability to manage their disease to enact policies that will help ensure the health and safety of people with and at risk for diabetes.

The DAA is a coalition of twenty-four 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 we confront an unprecedented national health crisis, it is more important than ever to enact policies to protect the health of at-risk populations.

As you may know, over 34 million Americans have diabetes and an additional 88 million adults are at risk of developing the disease. Diabetes requires ongoing care, including self-management and working with a team of health care providers. As individuals and families shelter in their homes to help flatten the curve of COVID-19, those with and at risk for diabetes need support to manage their health and stay safe in this time. Thank you for your consideration of the following policies as you continue to address the COVID-19 pandemic.

Diabetes Self-Management Training (DSMT)

Diabetes is a complex disease that requires ongoing self-management by patients, including making numerous decisions throughout the day, as part of their management and treatment regimen. DSMT is an evidence-based service that teaches people with diabetes how to effectively self-manage their diabetes and cope with the disease. It also teaches individuals healthy eating habits, promotes activity, and prevention of dangerous complications. Studies have found that DSMT is associated with improved diabetes knowledge and self-care behaviors, lower hemoglobin A1c, lower weight, improved quality of life, healthy coping and reduced health care costs.

Nearly half of all adults over age 65 have diabetes, so it is essential to ensure access to DSMT to seniors in their homes. **Congress can improve access by requiring Medicare coverage of DSMT provided by registered nurses and pharmacists via telehealth for the duration of the public health emergency. Additionally, Congress should ensure Medicare coverage of DSMT programs provided one-on-one to Medicare beneficiaries virtually or by phone for those who do not have access to the internet or a computer. Last, for calendar year 2020 and through the duration of the public health emergency Congress should waive the Medicare requirement that the initial 10 hours of DSMT be furnished within a continuous 12-month period.** Currently, Medicare beneficiaries are unable to participate in DSMT group trainings and are losing valuable time in utilizing their full DSMT benefit within the calendar year, especially given the uncertainty of how long this pandemic will last.

Medicare Diabetes Prevention Program

As you may know, many seniors are at increased risk for diabetes. Research has shown that with lifestyle changes resulting in 5-7 percent weight loss, seniors can reduce their risk for diabetes by 71 percent. The federal government recognized the importance of diabetes prevention for seniors when it established the Medicare Diabetes Prevention Program (MDPP), allowing Medicare reimbursement for CDC-recognized diabetes prevention programs for seniors at risk for type 2 diabetes.

As our nation practices physical distancing and many sites that had previously hosted MDPP programs either close or repurpose, at-risk seniors have lost access to these important community programs. We commend CMS for its recent steps that allow current MDPP suppliers to expand the use of virtual sessions (both make-up, and replacement for regular sessions), and for eliminating the once-per-lifetime benefit restriction. These critical changes will help seniors improve their health and lower their risk for diabetes under the current circumstances.

But further action is needed to ensure that seniors who have not already started an MDPP are able to lower their risk before it is too late. **Congress should ensure that all CDC-recognized Virtual Diabetes Prevention Program providers with preliminary or full recognition be eligible for MDPP at least during this public health emergency. Additionally, Congress should require CMS to allow new cohorts to begin the program without a first in-person session.**

Again, thank you for your leadership and action during this unprecedented time in our nation's history. We are grateful for your consideration of these issues and look forward to working with you to support people with and at risk for diabetes during the COVID-19 pandemic and beyond. If you have questions, please feel free to contact one of the DAA co-chairs Meghan Riley at mriley@diabetes.org; Karin Gillespie at kgil@novonordisk.com; or Stephanie Kutler at skutler@endo-society.org.

Sincerely,

Academy of Nutrition and Dietetics
American Diabetes Association
American Podiatric Medical Association
Association of Diabetes Care and Education Specialists
Diabetes Patient Advocacy Coalition
Endocrine Society
Healthcare Leadership Council
National Association of Chronic Disease Directors
National Council on Aging
National Kidney Foundation
Novo Nordisk Inc.
Omada Health

April 21, 2020

Administrator Seema Verma
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Administrator Verma:

Thank you for your ongoing work to ensure Americans have access to critical healthcare services during the coronavirus (COVID-19) pandemic. As the Centers for Medicare & Medicaid Services (CMS) continue to address the COVID-19 pandemic, the undersigned members of the Diabetes Advocacy Alliance (DAA) ask that you take additional measures to protect the health and safety of people with and at risk for diabetes.

The DAA is a coalition of twenty-four 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 we confront an unprecedented national health crisis, it is more important than ever to enact policies to protect the health of at-risk populations.

As you know, over 34 million Americans have diabetes and an additional 88 million adults are at risk of developing the disease. Diabetes requires ongoing care, including self-management and working with a team of health care providers. As individuals and families shelter in their homes to help flatten the curve of COVID-19, those with and at risk for diabetes need support to manage their health and stay safe in this time. Thank you for your consideration of the following policies as you continue to address the COVID-19 pandemic.

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Diabetes is a complex disease that requires ongoing self-management by patients, including making numerous decisions throughout the day, as part of their management and treatment regimen. DSMT is an evidence-based service that teaches people with diabetes how to effectively self-manage their diabetes and cope with the disease. It also teaches individuals healthy eating habits, promotes activity, and prevention of dangerous complications. Studies have found that DSMT is associated with improved diabetes knowledge and self-care behaviors, lower hemoglobin A1c, lower weight, improved quality of life, healthy coping and reduced health care costs.

Nearly half of all adults over age 65 have diabetes, so it is essential to ensure access to DSMT to seniors in their homes. **CMS can improve access for beneficiaries by allowing registered nurses and pharmacists to facilitate DSMT via telehealth for the duration of the public health emergency. Additionally, CMS should allow DSMT programs to provide one-on-one DSMT classes to Medicare beneficiaries virtually or by phone for those who do not have access to the internet or a computer. Last, for calendar year 2020 and through the duration of the public health emergency CMS should waive the requirement that the initial 10 hours of DSMT be furnished within a continuous 12-month period.** Currently, Medicare beneficiaries are unable to participate in DSMT group trainings and are losing valuable time in utilizing their full DSMT benefit within the calendar year, especially given the uncertainty of how long this pandemic will last.

Medicare Diabetes Prevention Program

The DAA appreciates CMS' efforts to prioritize diabetes prevention for seniors through the Medicare Diabetes Prevention Program (MDPP), allowing Medicare reimbursement for CDC-recognized diabetes prevention programs for seniors at risk for type 2 diabetes.

As our nation practices physical distancing and many sites that had previously hosted MDPP programs either close or repurpose, at-risk seniors have lost access to these important community programs. We commend CMS for its recent steps that allow current MDPP suppliers to expand the use of virtual sessions (both make-up, and replacement for regular sessions), and for eliminating the once-per-lifetime benefit restriction. These critical changes will help seniors improve their health and lower their risk for diabetes under the current circumstances.

But further action is needed to ensure that seniors who have not already started an MDPP are able to lower their risk before it is too late. **CMS should ensure that all CDC-recognized Virtual Diabetes Prevention Program providers with preliminary or full recognition be eligible for MDPP at least during this public health emergency. Additionally, CMS should allow new cohorts to begin the program without a first in-person session.**

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