

October 2, 2024

Representative Jason Smith (R-MO)
Chairman
House Ways & Means Committee

Representative Richard Neal (D-MA)
Ranking Member
House Ways & Means Committee

Representative Vern Buchanan (R-FL)
Chairman
Ways & Means Health Subcommittee

Representative Lloyd Doggett (D-TX)
Ranking Member
Ways & Means Health Subcommittee

Re: *Chronic Disease Prevention and Treatment*

Dear Chairmen Smith and Buchanan and Ranking Members Neal and Doggett,

The Association of Diabetes Care & Education Specialists (ADCES) thanks you for holding the Ways & Means Health Subcommittee Hearing “Chronic Disease Prevention and Treatment” on September 18, 2024. We also appreciate the opportunity to provide written comments for the hearing record on these issues.

ADCES is an interdisciplinary professional membership organization dedicated to improving prediabetes, diabetes, and cardiometabolic care through innovative education, management, and support. With more than 12,000 professional members including nurses, dietitians, pharmacists, and others, ADCES has a vast and diverse network of practitioners working to optimize care and reduce complications. ADCES supports an integrated care model that lowers the cost of care, improves experiences, and helps its members lead so better outcomes follow.

The subcommittee and its panel of witnesses highlighted many salient challenges faced by this country in addressing chronic disease including diabetes and obesity. Mentioned during the hearing were diabetes self-management training, medical nutrition therapy, and the Diabetes Prevention Program, which are evidence-based services that can prevent or treat diabetes. All are currently covered by Medicare, but in ways that significantly limit beneficiaries access to them despite their low cost and high efficacy. Below are recommendations to the committee on how to support access to chronic disease prevention and treatment in Medicare through investment in these upstream programs.

Diabetes Self-Management Training

In her testimony, Dr. Rinaldo noted that her health plan’s C-SNP offers free diabetes self-management training as one strategy for increasing access to preventive services. Diabetes self-management training is a service that “[gives] people with diabetes the knowledge, skills, and confidence to accept responsibility for their self-management. This includes collaborating with

their health care team, making informed decisions, solving problems, developing personal goals and action plans, and coping with emotions and life stresses”.¹ A part of the ADA standards of care for diabetes,² DSMT (also referred to as diabetes self-management education and support), has decades of evidence supporting its effectiveness.³ The 2022 National Standards for Diabetes Self-Management Education and Support⁴ found that:

“Numerous studies have proven the benefits of DSMES, which include improved clinical outcomes and quality of life, while reducing hospitalizations and healthcare costs.^{5,6,7,8,9,10} Engagement in DSMES services lowers hemoglobin A1C (A1C) by at least 0.6%, as much as many diabetes medications—however with no side effects.⁵ Greater A1C reductions have been associated with more than 10 h of DSMES services.⁵”

Of note is that traditional Medicare is required to charge beneficiaries a 20% copay for this service because it is considered “treatment” and not “prevention” despite its role in preventing many downstream complications from diabetes. This is one contributing factor to fewer than 5% of Medicare beneficiaries with diabetes utilizing DSMT in the first year after diagnosis.¹¹

The **Expanding Access to Diabetes Self-Management Training Act** (DSMT Act, [H.R. 3842](#)) from Reps. Schrier, Bilirakis, and DeGette, would address this and other challenges with the benefit to improve beneficiary access. The DSMT Act was amended and passed in fall 2023 by the [Energy & Commerce Health Subcommittee](#) (unanimous voice vote) and [Full Committee](#) (44-0). The amended version of the bill would expand who can refer for the service and make it easier for beneficiaries to use the hours available, but the provision to eliminate cost-sharing was unfortunately not advanced. In acknowledgement of the cost-saving potential of DSMT, the amended version of the bill was scored by the Congressional Budget Office as costing +/- \$500,000 over 10 years.

ADCES encourages the committee to support the DSMT Act’s inclusion in any end-of-year health care package.

Medical Nutrition Therapy

The importance of Medical Nutrition Therapy (MNT) access was also discussed at the hearing. MNT is the benefit that allows access to nutrition counseling from registered dietitians to help beneficiaries manage their health through medically tailored nutrition recommendations. Currently, Medicare only covers MNT for beneficiaries with diagnosed diabetes or kidney disease. This means that beneficiaries with prediabetes, obesity, heart disease, high blood pressure, and other chronic diseases have little to no access to a registered dietitian unless they can afford to see one and pay completely out of pocket. This is a serious health equity concern given the higher rates of these metabolic diseases among racial and ethnic minorities and lower income populations in the US, which was noted by many members of the subcommittee and witnesses.

The **Medical Nutrition Therapy Act** ([H.R. 6407](#)) would help Medicare beneficiaries improve their food choices and nutrition status by creating coverage for MNT for an array of chronic diseases and conditions and giving the Secretary the authority to add additional diseases and conditions in the

future based on clinical guidelines. Despite numerous hearings discussing the importance of nutrition in improving the health of American's, this legislation has yet to directly be the subject of a hearing or markup. ADCES encourages the subcommittee to include the MNT Act in their next legislative hearing or markup so that the members can learn more about this effective, low-cost preventive service.

Medicare Diabetes Prevention Program

Multiple witnesses also expressed support for the Diabetes Prevention Program (DPP). The DPP is one of the most well-studied prevention interventions in the country, with nearly 30 years of evidence on its effectiveness and helping people with prediabetes stop or delay their progression to type 2 diabetes through lifestyle change.¹² Since 2018, Medicare has covered the DPP through a nationwide expanded model under the Centers for Medicare and Medicaid Innovation. Despite the successes of the National DPP, the Medicare DPP has struggled due to overly complex payment and supplier enrollment requirements. The program also continues to operate under temporary status, reducing the incentive for National DPPs to invest in becoming Medicare suppliers.

The **PREVENT DIABETES Act (H.R. 7856)** from Reps. DeGette and Bilirakis seeks to increase the number of suppliers in the Medicare DPP and increase beneficiary participation by making the program permanent, removing the one-in-a-lifetime restriction on participation, and instructing Medicare to cover all modalities of DPP from programs that have received CDC Recognition. The PREVENT DIABETES Act was amended and passed by [the Energy & Commerce Health Subcommittee](#) in May and was scheduled to be marked up by the full Committee in June before the markup was cancelled. ADCES encourages the committee to support the PREVENT DIABETES Act's inclusion in any end-of-year health care package.

Permanent Telehealth in Medicare

Lastly, the importance of telehealth was brought up by both members and witnesses including Dr. Peters who shared that telehealth has significantly improved diabetes management. Our members can attest to the widespread popularity of telehealth in rural, suburban, and urban areas alike. While the shift to telehealth was not easy in the early days of the COVID-19 pandemic, clinics and health systems have made significant investments in digital platforms and workflow practices to make care available to beneficiaries well beyond the clinic walls and the continued success of many diabetes self-management training programs depends on the continuation of telehealth access for Medicare beneficiaries.

We thank the committee for reporting out a two-year extension to the Medicare telehealth flexibilities and we encourage its passage as soon as possible. We have heard from our members that waiting until late December to enact the extension will cause significant challenges as practices are hesitant to schedule telehealth visits for January until this legislation is signed into law guaranteeing payment for such services.

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Thank you again for holding this hearing and providing the opportunity for organizations to submit written comments. Please contact ADCES director of advocacy Hannah Martin should you have any questions regarding ADCES' comments.

Sincerely,



Matthew Hornberger, MBA, Chief Executive Officer



Hannah Martin, MPH, RDN, Director of Advocacy

References

- ¹ Powers MA, Bardsley JK, Cypress M, et al. Diabetes Self-management Education and Support in Adults With Type 2 Diabetes: A Consensus Report of the American Diabetes Association, the Association of Diabetes Care & Education Specialists, the Academy of Nutrition and Dietetics, the American Academy of Family Physicians, the American Academy of PAs, the American Association of Nurse Practitioners, and the American Pharmacists Association. *The Diabetes Educator* 2020;46(4):350-369.
- ² American Diabetes Association. Chapter 5. Facilitating Positive Health Behaviors and Well-Being to Improve Health Outcomes: Standards of Care in Diabetes—2023. https://diabetesjournals.org/care/article/46/Supplement_1/S68/148055/5-Facilitating-Positive-Health-Behaviors-and-Well.
- ³ Association of Diabetes Care & Education Specialists. The Value of Diabetes Education. <https://www.adces.org/dces-career/value-of-diabetes-education>.
- ⁴ Davis J, Hess Fischl A, Beck D, et al. 2022 National Standards for Diabetes Self-Management Education and Support. *Diabetes Care* 1 February 2022; 45 (2): 484–494. <https://diabetesjournals.org/care/article/45/2/484/140905/2022-National-Standards-for-Diabetes-Self>.
- ⁵ Chvala CA, Sherr D, Lipman RD. Diabetes self-management education for adults with type 2 diabetes mellitus: a systematic review of the effect on glycemic control. *Patient Educ Couns* 2016;99:926–943.
- ⁶ Strawbridge LM, Lloyd JT, Meadow A, Riley GF, Howell BL. One-year outcomes of diabetes self-management training among Medicare beneficiaries newly diagnosed with diabetes. *Med Care* 2017;55:391–397.
- ⁷ He X, Li J, Wang B, et al. Diabetes self-management education reduces risk of all-cause mortality in type 2 diabetes patients: a systematic review and meta-analysis. *Endocrine* 2017;55:712–731.
- ⁸ Pearson TL, Bardsley J, Weiner S, Kolb L. Population health: the diabetes educator's evolving role. *Diabetes Educ* 2019;45:333–348.
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- ¹⁰ Bluml BM, Kolb LE, Lipman R. Evaluating the impact of year-long, augmented diabetes self-management support. *Popul Health Manag* 2019;22:522–528.
- ¹¹ Strawbridge LM, Lloyd JT, Meadow A, Riley GF, Howell BL. Use of Medicare's diabetes self-management training benefit. *Health Educ Behav* 2015;42:530–538.
- ¹² Centers for Disease Control and Prevention. Key National DPP Milestones. <https://www.cdc.gov/diabetes-prevention/programs/milestones.html>.