

June 25, 2024

The Honorable Cathy McMorris Rodgers
Chair
The Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Frank Pallone
Ranking Member
The Committee on Energy and Commerce
2322A Rayburn House Office Building
Washington, D.C. 20515

RE: Support for H.R. 7856, the PREVENT DIABETES Act

Dear Chair McMorris Rodgers and Ranking Member Pallone:

Thank you for your continued leadership in expanding access to care and championing innovative models that address diabetes prevention and support those Americans living with diabetes. The undersigned organizations thank you for including H.R. 7856, the PREVENT DIABETES Act, in the Subcommittee on Health's recent mark-up on May 16.

We write to you today to express support for more closely mirroring the policies included in H.R. 7856 in any future committee actions, specifically:

- Make the Medicare Diabetes Prevention Program (MDPP) a permanent benefit in Medicare.
- Expand access to all CDC-recognized delivery modalities, including "online", if not permanently then at least for five years to provide MDPP suppliers with appropriate time to operationalize and deliver high-quality services.
- Ensure seniors can participate in the program more than once by lifting the current limit.

Almost 1 in 3 adults aged 65 and older have diabetes. According to the Centers for Medicare & Medicaid Services (CMS), medical care for seniors with diabetes and its complications cost the U.S. \$205 billion in 2022, most of it paid by Medicare. According to the CDC, some 98 million Americans have prediabetes, including 27.2 million who are aged 65 and older. Without a significant course correction, those numbers will only grow.

In 2017, Medicare began covering access to the CDC's National Diabetes Prevention Program through the MDPP. The program's objective is to reduce the incidence of type 2 diabetes by providing beneficiaries with prediabetes access to an intensive program that includes long-term dietary changes, physical activity, and other behavioral changes to reduce the risk of developing type 2 diabetes. These interventions—based on a curriculum developed and approved by CDC and, importantly, furnished by organizations evaluated by CDC—were proven to work during rigorous model testing through the Center for Medicare and Medicaid Innovation (CMMI).

However, MDPP participation has been limited. As of the end of 2022, cumulative MDPP enrollment stood at 4,848 Medicare beneficiaries, which is striking considering more than half a million participate in the CDC's National DPP program when offered through their health plan or employer.

One policy impacting the success of the program is that the MDPP limits participation to once in a lifetime. We strongly believe this limit should be removed as seniors may experience events that disrupt their progress, such as an illness or loss of a loved one, that may make it difficult to complete the program. Lifestyle health is a lifetime challenge and disruptions such these should not prevent a beneficiary from completing the program more than one time.

We believe one of the most significant factors contributing to low enrollment in MDPP is the lack of alignment with the CDC Diabetes Prevention Recognition Program (DPRP) requirements, including MDPP's restrictions with respect to eligible suppliers and limiting the benefit to in-person programs. Many congressional districts lack in-person MDPP locations to serve the tens of thousands of at-risk constituents otherwise eligible for these services under Medicare. Limiting the types of eligible suppliers to exclude virtual suppliers prevents Medicare beneficiaries from taking advantage of the same virtual DPP programs that have greatly expanded access to DPP services under the CDC DPRP.

Making the MDPP a permanent benefit, removing the lifetime limit on participation, and ensuring virtual providers can participate would expand access to life-changing preventative services by taking the lessons learned from the MDPP CMMI Expanded Model and making diabetes prevention program services a permanent benefit within Medicare. Importantly, it would also allow *all* CDC fully recognized organizations and modalities of delivery—including organizations already recognized by CDC to furnish DPP services virtually—to participate while keeping important oversight, accountability, and program integrity protections in place as well as adding a new report on the progress towards program goals.

It is past time that we prevent diabetes before it occurs and thereby minimize its terrible impact on the lives of our nation's seniors and the resulting skyrocketing healthcare costs borne both by seniors and federal health programs. We lend our support to that effort and this important legislation.

Thank you for your leadership.

Respectfully,

American Heart Association
American Telemedicine Association
Association of Diabetes Care & Education Specialists
ATA Action
Connected Health Initiative

Consumer Technology Association
Diabetes Advocacy Alliance
Diabetes Leadership Council
Diabetes Patient Advocacy Coalition
Fabric
Health Innovation Alliance
Healthcare Leadership Council
National Council on Aging
Omada Health, Inc.
Partnership to Advance Virtual Care (PAVC)
Providence
Teladoc Health
WeightWatchers
YMCA of the USA