

April 9, 2024

The Honorable Diana DeGette
U.S. House of Representatives
2111 Rayburn House Office Building
Washington, DC 20515-4329

The Honorable Gus Bilirakis
U.S. House of Representatives
2306 Rayburn House Office Building
Washington, DC 20515-4329

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

Dear Representatives DeGette and Bilirakis:

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 strongly support the PREVENT DIABETES Act, which would broaden access to diabetes prevention services by aligning the Medicare Diabetes Prevention Program (MDPP) with the Centers for Disease Control and Prevention's (CDC) National Diabetes Prevention Program (DPP), make MDPP a permanent benefit in Medicare, ensure seniors can participate in the program more than once, and expand access to all CDC-recognized delivery modalities including virtual diabetes prevention platforms in the program.

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. 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.

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, which prevents Medicare beneficiaries from taking advantage of the same virtual DPP programs that have greatly expanded access to DPP services under the CDC DPRP.

Your legislation 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.

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 Diabetes Association
American Heart Association
American Medical Association
American Podiatric Medical Association
American Telemedicine Association
Association of Diabetes Care & Education Specialists
ATA Action
Butterfly Network
Connected Health Initiative
Consumer Technology Association
Diabetes Advocacy Alliance
Diabetes Leadership Council
Diabetes Patient Advocacy Coalition
Eagle Telemedicine
eMed

Endocrine Society
Fabric
Go2Care, Inc
Health Innovation Alliance
Health Recovery Solutions (HRS)
Healthcare Leadership Council
Homeward Health
National Association of Chronic Disease Directors (NACDD)
National Council on Aging
National Kidney Foundation
Nest Collaborative
Noom, Inc.
Northwell Health
Omada Health, Inc.
Ovum Health
Partnership to Advance Virtual Care (PAVC)
Philips North America
Providence
Sanford Health
Teladoc Health
The Global Telemedicine Group
University Hospitals Cleveland
WeightWatchers
YMCA of the USA