



November 22, 2019

The Honorable Richard Neal
Chairman
Committee on Ways & Means
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
Committee on Ways & Means
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Neil and Ranking Member Brady:

The Diabetes Advocacy Alliance (DAA) appreciates the opportunity to provide comments to the House Committee on Ways & Means *Rural and Underserved Communities Health Task Force* (Task Force) request for information (RFI) on ways to improve health care outcomes within underserved communities. The DAA is a coalition of 24 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, over 30 million Americans have diabetes and an additional 84 million adults are at risk of developing the disease. In addition, the annual cost of diagnosed diabetes has skyrocketed to \$327 billion and will continue to rise unless something is done. Annual spending on this public health emergency has increased 26 percent over a five-year period. Health care spending for Americans with diabetes is 2.3 times greater than for those without diabetes. Finally, one out of every seven healthcare dollars is spent treating diabetes and its complications and Medicare spends one out of every three dollars on people with diabetes. Both the human and economic toll of this disease is devastating.

2. What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address: a) social determinants of health (particularly transportation, housing instability, food insecurity); b) multiple chronic conditions; c) broadband access; or d) the use of telehealth/telemedicine/telemonitoring?

Virtual diabetes prevention programs as well as virtual diabetes self-management training (DSMT) programs are successful models for rural and underserved communities. The DAA urges the Task Force to permit virtual programs to participate in the Medicare Diabetes Prevention Program (MDPP). Scientific research has demonstrated that type 2 diabetes can be

prevented or delayed in adults with prediabetes through both community-based and online settings. Unfortunately, Medicare currently prohibits virtual programs from participating in the MDPP despite the fact that they meet all other accreditation standards and achieve required health outcomes. Without the addition of virtual MDPP suppliers, large rural areas or underserved communities will not have reasonable access to MDPP suppliers.

The DAA also urges the Task Force to pilot virtual DSMT. DSMT is an evidence-based service that teaches people with diabetes how to effectively self-manage their diabetes. Studies have found that DSMT is associated with improved diabetes knowledge and self-care behaviors, lower hemoglobin A1c, lower self-reported weight, improved quality of life, and reduced health care costs.¹ Unfortunately, only five percent of Medicare beneficiaries with newly diagnosed diabetes used DSMT services.² For a multitude of reasons, in-person DSMT programs may be inadequate or inaccessible for certain Medicare beneficiaries and allowing Medicare to cover and reimburse virtual DSMT programs would have a positive impact on patients and uptake of the DSMT benefit.

Thank you for the opportunity to provide comments on the *Rural and Underserved Communities Health Task Force's* RFI. The DAA looks forward to engaging with the Task Force on this legislation moving forward. Should you have any questions, feel free to reach out to Amy Wotring at awot@novonordisk.com.

Sincerely,

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Endocrine Society

Karin Gillespie
DAA Co-chair
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Meghan Riley
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American Diabetes Association

¹ American Diabetes Association. Standards of Medical Care in Diabetes – 2019. Diabetes Care 2019; 42 (Suppl.1): S46.

² Strawbridge LM, Lloyd JT, Meadow A, et al. Use of medicare's diabetes self-management training benefit. Health Education Behavior 2015;42:530-8.