



# 2019 Advocacy Priorities

## The **vision** of the DAA is:

To influence change in the US health care system to improve diabetes prevention, detection and care and to speed the development of pathways to cures for diabetes.

## The **mission** of the DAA is:

To unite and align key diabetes stakeholders and the larger diabetes community around key diabetes-related policy and legislative efforts in order to elevate diabetes on the national agenda.

## Overarching Principle:

The DAA seeks to protect federal investment in prediabetes and diabetes, reduce health disparities and address social determinants of health in all areas of our policy and advocacy work.

## Prevention

### Access to Evidence-based Interventions

- Medical nutrition therapy
- Medicare Diabetes Prevention Program (MDPP)
- National Diabetes Prevention Program (NDPP)

### Economic Value of Prevention

## Detection

### Access & Coverage for Screening

- Prediabetes
- Type 2 diabetes
- Gestational diabetes

## Care

### Access to Evidence-Based Diabetes Care

- Tools & technologies
- Diabetes Self-Management Training (DSMT)
- Access to providers
- Telehealth

### Improved Coordination of Federal Diabetes Resources & Initiatives

### Optimal Outcomes for Diabetes Patients

- Quality measures
- High-quality and affordable insurance



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## Preventing Diabetes in Medicare Act

The legislation allows Medicare to reimburse registered dietitians and other qualified nutrition professionals to provide medical nutrition therapy (MNT) to patients at risk of diabetes or with prediabetes, in addition to patients with diabetes and renal disease.

## Medicare Diabetes Prevention Program (MDPP)

Beginning April 1, 2018, Medicare will begin covering the diabetes prevention program for eligible Medicare beneficiaries with no cost-sharing. Successful implementation of this benefit is critical to ensure seniors at-risk for developing type 2 diabetes understand and utilize this new benefit. The MDPP is an evidence-based program estimated to save \$2,650 per beneficiary over 15 months.

## National Diabetes Prevention Program (Funding)

The National Diabetes Prevention Program (National DPP) is an evidence-based lifestyle change program for preventing type 2 diabetes led by the Centers for Disease Control and Prevention (CDC). Federal funding supports access to and expansion of the program to some of the more than 84 million Americans with prediabetes.

## Preventive Health Savings Act

The legislation would create a more accurate budget scoring system for legislation dealing with preventive health services. The legislation would allow the Congressional Budget Office (CBO) to collect data past the current ten year window since savings for preventive services often occur outside the conventional budget window.

## Access & Coverage for Screening

Improving access and coverage for diabetes screening will help reduce the number of people with undiagnosed prediabetes, type 2 diabetes, and gestational diabetes which is paramount in our effort to change the trajectory of the diabetes epidemic. Promoting a consistent interpretation of the U.S. Preventive Services Task Force (USPSTF) *Screening for Abnormal Blood Glucose and Type 2 Diabetes Mellitus* guideline and helping to implement this guideline is a priority.

## Tools & Technologies

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. People with diabetes need access to a range of tools and technologies including new innovations that help them and their caregivers monitor and manage their disease.

## Diabetes Self-Management Training (DSMT)

Despite the fact that diabetes self-management training is a covered benefit under the Medicare program, only 5% of Medicare beneficiaries with newly diagnosed diabetes participate in this evidence-based service. The Centers for Medicare and Medicaid Services (CMS) recognizes the significant underutilization of DSMT and is committed to reducing barriers contributing to the underutilization of the benefit. The DAA seeks to work with CMS to address regulatory reforms to DSMT.

## Expanding Access to DSMT Act

The legislation seeks to expand access to diabetes self-management training (DSMT) in Medicare so older adults with diabetes can prevent costly complications. The legislation addresses several barriers impacting utilization of the Medicare DSMT benefit including: extension of hours covered; removal of cost-sharing; expansion of referring provider criteria; virtual DSMT demonstration program and more.

## Access to Providers

People with diabetes rely on a team of health care professionals to assist them in managing their disease which is why access to providers is so important. Primary care physicians, endocrinologists, optometrists/ophthalmologists, podiatrists, internists, cardiologists, pharmacists, dietitians, diabetes educators and many more help people with diabetes manage their disease, prevent complications, or manage complications as they arise.

## Telehealth

Telehealth is a useful tool for providing effective management for people with diabetes and those at risk. Expanded access, coverage and use of telehealth has the potential to improve health outcomes for people with diabetes and those at risk while saving money.

## National Clinical Care Commission

Implementation of the National Clinical Care Commission, comprised of private sector experts, including health care professionals and patient advocates, and representatives from the federal agencies, will improve the implementation and coordination of federal clinical care initiatives for patients with complex metabolic or autoimmune disease, diabetes, or complications caused by such diseases.

## Quality Measures

Measuring the quality of care for people with diabetes can provide useful information on how the health care system performs and ultimately help improve care for people with chronic diseases like diabetes. While dozens of diabetes quality measures have been developed, a major gap exists in that current measures do not address prediabetes/diabetes screening and referral to diabetes prevention programs. Advancing quality measures tied to screening and prevention is essential to ensuring that people with diabetes and those at-risk receive optimal care.

## High-Quality and Affordable Insurance

People with diabetes and those at-risk for developing diabetes have benefited from reforms in the Affordable Care Act. As policymakers look to reform the health insurance market and the health care system, the needs of people with chronic diseases like diabetes and people at-risk for developing the disease must be a priority to ensure that high-quality and affordable insurance is available and accessible.

## Members of the Diabetes Advocacy Alliance™

The current members of the DAA include:

Academy of Nutrition and Dietetics  
American Association of Clinical Endocrinologists  
American Association of Diabetes Educators  
American Clinical Laboratory Association  
American College of Preventive Medicine

American Diabetes Association  
American Medical Association  
American Optometric Association  
American Podiatric Medical Association  
Diabetes Patient Advocacy Coalition

Endocrine Society  
Healthcare Leadership Council  
National Association of Chain Drug Stores  
National Association of Chronic Disease Directors  
National Community Pharmacists Association  
National Council on Aging  
National Kidney Foundation

Novo Nordisk Inc.  
Omada Health  
Pediatric Endocrine Society  
Quest Diagnostics  
VSP® Vision Care  
Weight Watchers International, Inc.  
YMCA of the USA

Updated December 2018