



November 3, 2021

Christopher Holliday, PhD, MPH, MA, FACHE
Director, Division of Diabetes Translation
National Center for Chronic Disease Prevention and Health Promotion
Centers for Diabetes Prevention and Control
1600 Clifton Road
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Dear Dr. Holliday:

On behalf of the 28 members of the Diabetes Advocacy Alliance (DAA), we congratulate you and wish the best for great success in your new role as Director of the Division of Diabetes Translation. Since its inception in 2010, the DAA has strongly advocated for federal funding for the Centers for Disease Control and Prevention (CDC), in general, and more specifically for CDC programs that advance prevention of type 2 diabetes and treatment and care for people with diabetes. Such support is an ongoing priority for the DAA, and we greatly value our history of open communication with your office, which we believe has benefitted millions of people with prediabetes and diabetes.

Several member organizations of the DAA are themselves, or represent, recognized providers of the National Diabetes Prevention Program (National DPP) and support the ongoing efforts of your office to continue to scale the National DPP. Over the years, the DAA has strongly advocated for increased funding for CDC, your division, and the National DPP. We have also advocated strongly for the Medicare Diabetes Prevention Program (MDPP) expanded model and want the model test to succeed. In a recent meeting with Centers for Medicare and Medicaid Services (CMS) Administrator Chiquita Brooks-LaSure, Deputy Director and Center for Medicare and Medicaid Innovation (CMMI) Director Liz Fowler, and other CMS senior staff, we expressed appreciation for some necessary modifications to the model described in the CY 2022 Medicare Physician Fee Schedule. However, we emphasized that there are still several serious problems that need to be addressed – problems stemming largely from lack of MDPP alignment with the National DPP. As one example, we have DAA members who are National DPP suppliers but are unable to apply to become MDPP suppliers because CMMI does not permit fully virtual diabetes prevention program providers to apply.

With continued increases in rates of obesity, we expect to see increased rates of prediabetes and diabetes and thus more need for the National DPP, the MDPP, and other evidence-based interventions that address obesity, prediabetes, and type 2 diabetes. In fact, a recent systematic review published online in *The Lancet* offers evidence to support consideration of a weight-centric clinical approach for many patients with type 2 diabetes.¹ We also note that the updated United States Preventive Services Task Force screening [recommendations](#) for prediabetes support all evidence-based treatments including the use of metformin.

In the short term, Dr. Holliday, we would like to meet with you to discuss how we might continue to support the work of the CDC, discuss concerns about the National DPP and address issues with the MDPP. Also, we believe that there will be some recommendations in the final report to Congress of the National Clinical Care Commission, expected soon, that would be worth discussing. In the long run, we would appreciate regular communication with you to gain your perspective on prediabetes and diabetes and the work of your division. The DAA has a quarterly meeting scheduled for December 8, 2021, and we would be honored if you could join us for a brief time anywhere in the window of 12:00 PM to 3:00 PM EST that might work with your schedule. We will follow up with your assistant on your availability.

Thank you for considering our request and we look forward to regularly engaging with you in support of our mutual interests in advancing diabetes prevention, diagnosis, treatment, and care.

Sincerely,



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Reference:

1 Lingway I, Sumithran P, Cohen RV, Le Roux CW. Obesity management as a primary treatment goal for type 2 diabetes: time to reframe the conversation. *The Lancet*. Published Online September 30, 2021. [https://doi.org/10.1016/S0140-6736\(21\)01919-X](https://doi.org/10.1016/S0140-6736(21)01919-X)