



# 2016 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.

## Prevention

Eliminating Disparities  
in Diabetes Prevention  
Access and Care Act

Medicare Diabetes  
Prevention Act

National DPP  
• Funding

Preventing Diabetes  
in Medicare Act

Preventive Health  
Savings Act

## Detection

Gestational  
Diabetes Act

Screening  
• Implementation of type 2 guideline

## Care

Access to Quality Diabetes  
Education Act

Helping Ensure Life- and  
Limb-Saving Access to  
Podiatric Physicians Act

Medicare CGM Access Act

National Diabetes Clinical  
Care Commission Act

Needs of People with  
Diabetes in Exchanges

Optimal Outcomes for  
Diabetes Patients



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## Eliminating Disparities in Diabetes Prevention, Access and Care Act (H.R. 2651)

The legislation seeks to prevent and treat diabetes, promote and improve the care of people with diabetes, and reduce health disparities relating to diabetes within racial and ethnic minority groups including the African American, Hispanic American, Asian American, Native Hawaiian and other Pacific Islander, and American Indian and Alaskan Native communities.

## Medicare Diabetes Prevention Act (H.R. 2102/S. 1131)

The legislation expands the proven, community-based prevention program, the National Diabetes Prevention Program (National DPP), as a covered benefit under Medicare to help seniors prevent type 2 diabetes. Avalere Health estimates the legislation will save the federal government \$1.3 billion over 10 years.

## 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 86 million Americans with prediabetes.

## Preventing Diabetes in Medicare Act (H.R. 1686)

The legislation allows Medicare to reimburse registered dietitians or 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.

## Preventive Health Savings Act (H.R. 3660)

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

## Gestational Diabetes Act (H.R. 3658/S. 84)

The legislation aims to lower the incidence of gestational diabetes (GDM) and prevent women afflicted with this condition and their children from developing type 2 diabetes. The legislation invests in gestational diabetes research to enhance surveillance, prevention and treatment of the disease.

## Screening (Implementation of Type 2 Guideline)

In October 2015, the United States Preventive Services Task Force (USPSTF) released a new final guideline on screening for abnormal blood glucose and type 2 diabetes. The guideline recommends such screening as part of a cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese and says clinicians should offer or refer patients with abnormal glucose to intensive behavioral lifestyle interventions. Under the ACA, private health insurers are required to cover the screening at no cost to the patient. Disseminating and helping implement this final guideline must be a priority.

## Access to Quality Diabetes Education Act (H.R. 1726/S. 1345)

The legislation expands access to diabetes self-management training (DSMT) so older adults with diabetes can prevent costly complications by designating qualified and credentialed diabetes educators as Medicare providers of DSMT. When previously scored, CBO estimated the legislation would have an unscorable, de minimis impact on the federal budget.

## Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians Act (H.R. 1221/S. 626)

The legislation would recognize podiatrists as physicians in order to cover their services under the Medicaid program and clarify and improve coordination of care in Medicare's Therapeutic Shoe Program for patients with diabetes.

## Medicare CGM Access Act (H.R. 1427/S. 804)

The legislation provides Medicare coverage of continuous glucose monitoring (CGM) devices furnished to a CGM qualified individual.

## National Diabetes Clinical Care Commission Act (H.R. 1192/S. 586)

The legislation creates a commission comprised of private sector diabetes experts, including health care professionals and patient advocates, and representatives from the federal agencies most involved in diabetes care. The goal of the commission is to improve the implementation and coordination of federal clinical care initiatives for patients with pre-diabetes, diabetes and the chronic diseases and conditions that result from diabetes, such as cardiovascular disease, kidney disease, blindness and lower limb amputations. The legislation has no budget impact.

## Needs of People with Diabetes in Exchanges

The health insurance exchanges established under the Affordable Care Act (ACA) provide millions of Americans access to health coverage that may have been difficult to obtain prior to passage of the law. How these exchanges operate and how insurance plans offered through these exchanges meet the needs of people with diabetes is a critically important issue. Cost-sharing, network adequacy, and transparency must be priorities in implementation and evaluation of exchanges and health plans.

## Optimal Outcomes for Diabetes Patients

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. Historically, performance measures that address the quality of care for people with diabetes have been focused on measuring processes of care, rather than outcomes. Assessing and advancing a core set of measures and outcomes of interest for people with diabetes is critical to ensuring that this population is receiving optimal care.

## 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 Diabetes Association

American Medical Association  
American Optometric Association  
American Podiatric Medical Association  
Diabetes Hands Foundation  
Endocrine Society

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

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

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