



October 23, 2018

Dear National Clinical Care Commission members:

The Diabetes Advocacy Alliance (DAA) is writing to express our support for the establishment of the National Clinical Care Commission (Commission) and our excitement for the first convening of the Commission on October 31st, 2018. DAA members led advocacy efforts to introduce and enact the National Clinical Care Commission Act over the last five years. We strongly believe the Commission will help the nation undertake more proactive and innovative approaches to diabetes and its disease complications, which represent the most significant insulin-related metabolic or autoimmune diseases we face as a nation. We stand ready to serve as a resource to the Commission as you set out to evaluate and provide recommendations on the coordination and leveraging of federal programs related to complex metabolic or autoimmune diseases that result from insulin-related issues. As complex metabolic or autoimmune diseases that result from insulin-related issues and represent a significant disease burden to the nation, diabetes should be the focus of this Commission.

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.

The DAA includes the leading diabetes organizations in the U.S. who have come together to advocate for improved diabetes prevention, detection and care. The [DAA's priorities](#) are diverse and we urge the Commission to review them as we strongly believe they can serve as a foundation for Commission activities. The DAA's areas of focus are described below.

Diabetes Prevention

Nearly 30 million Americans have diabetes and another 84 million have prediabetes and are at high risk of developing type 2 diabetes. Prevention of type 2 diabetes is a top policy priority for the DAA because slowing the number of new cases of diabetes is vital to decreasing the human and economic burden of diabetes in America. Scientific research has demonstrated conclusively that type 2 diabetes can be prevented or delayed in adults with prediabetes through both community-based and online settings. The DAA is a long-time supporter of the Centers for Disease Control and Prevention's (CDC) National Diabetes Prevention Program (National DPP), which makes it possible for organizations to get trained and certified as CDC-recognized providers of evidence-based diabetes prevention programs. The DAA has advocated for increased federal funding for the program in addition to expanding coverage for and access to the National DPP. In addition, the DAA led advocacy efforts for Medicare coverage of diabetes prevention programs. In 2016 the Centers for Medicare and Medicaid (CMS) Office of the Actuary certified that diabetes prevention programs save money and improve health outcomes in seniors in Medicare. The Medicare Diabetes Prevention Program (MDPP),

which provides Medicare coverage of the National DPP for seniors at risk for type 2 diabetes went into effect in April 2018. The DAA is dedicated to assisting with the implementation and promotion of the new MDPP benefit.

Detection

Screening is the entry point for detection of prediabetes, type 2 diabetes, and gestational diabetes. With screening, we can: identify adults with prediabetes who could benefit from diabetes prevention programs; identify adults with undiagnosed diabetes, enabling them to begin treatment and care to help prevent the serious health complications of diabetes; and identify women with gestational diabetes to connect them with appropriate treatment and care for themselves and their baby.

The DAA has actively engaged with the U.S. Preventive Services Task Force (USPSTF) over the last eight years to advocate for improved diabetes screening guidelines. 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 USPSTF *Screening for Abnormal Blood Glucose and Type 2 Diabetes Mellitus* guideline and helping to implement this guideline is a priority for the DAA and we encourage the Commission to support a consistent interpretation of it as well.

Care

Since many of serious health complications of diabetes can be prevented with proper treatment and care, the DAA strongly supports policies improving the care of people with diabetes. It is critical that people with diabetes have access to a team of health care professionals, medications, devices, and self-management education to help them manage their diabetes successfully. To help drive optimal outcomes for people with diabetes, it also is vital that there be sufficient insurance coverage as well as sound quality measures for high-quality diabetes care.

One specific area of focus for the DAA has been related to diabetes self-management education and support (DSMES) which is known as diabetes self-management training (DSMT) in Medicare. Despite the fact that DSMT is a covered benefit under the Medicare program, only 5% of Medicare beneficiaries with newly diagnosed diabetes participate in this evidence-based service. CMS has publicly recognized the significant underutilization of DSMT and the DAA is working to implement regulatory reforms in addition to advocating for legislation to expand access to DSMT so older adults with diabetes can prevent costly complications.

In addition, the DAA worked with the broader diabetes community to successfully resolve a Medicare coverage issue related to beneficiary coverage of continuous glucose monitors (CGMs) used in conjunction with smart devices. Currently the DAA is working with these same stakeholders to identify solutions to improve CMS coverage of innovative diabetes technologies and services.

Thank you for considering the priorities of the DAA as the Commission begins its work. The DAA was heavily involved in the introduction and passage of the National Clinical Care Commission legislation and is excited for

the Commission to kick off its work. We stand ready to serve as a valuable resource for the Commission and to assist with providing additional clinical or practical expertise help facilitate critically important recommendations for new strategies to improve patient care. Should you have any questions, please feel free to contact us.

Sincerely,

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