ENDOCRINE SOCIETY
Hormone Science to Health

May 18, 2021

Linda Harris
Designated Federal Officer
National Clinical Care Commission
U.S. Department of Health and Human Services
Office of the Assistant Secretary for Health
Office of Disease Prevention and Health Promotion
1101 Wootton Parkway, Suite 420
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Dear Dr. Harris:

On behalf of the Endocrine Society, thank you for the opportunity to provide comments to the National Clinical Care Commission on its proposed recommendations. Founded in 1916, the Endocrine Society represents approximately 18,000 physicians and scientists engaged in the treatment and research of endocrine disorders, including diabetes. The Society works to promote policies to help ensure that all individuals with diabetes and other endocrine disorders have access to high quality, specialized care that is adequate and affordable.

Below please find our thoughts on several of the recommendations proposed by the Commission. We would like to note, however, that one area the NCCC recommendations did not address is the critical issue of workforce. Endocrinologists are key providers of diabetes care, but there continues to be a shortage of trained endocrinologists to provide care to people with diabetes and there is a disturbing trend in the decreasing number of physicians pursuing endocrinology. We hope the NCCC will include this point in its final recommendations and encourage support across agencies for policies and programs that will recruit and retain endocrinologists who can provide care for people living with diabetes.

Making Medications Affordable for People with Diabetes

The Endocrine Society shares the Commission's concerns regarding the affordability of medications for people living with diabetes. We also agree with many of the proposed recommendations to lower the cost of prescription drugs. The Society has highlighted the high price of insulin as an urgent issue that must be addressed. In January, the Society released updated recommendations to address insulin access and affordability of all diabetes medications. Our position statement, published in the *Journal of Clinical Endocrinology & Metabolism*, offers a range of recommendations to lower the cost of insulin including allowing government negotiation of drug prices, increasing transparency, lowering patient cost-sharing, increasing competition through the approval of biosimilar insulin, limiting future insulin price increases to the rate of inflation, and including real-time benefit information in electronic medical records. We support the Commission's recommendation to provide the government with flexibility to negotiate lower drug prices. We also agree that there needs to be greater transparency throughout the supply chain and increased marketplace competition to improve access to biosimilars and generic drugs.

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Funding for Diabetes Research and Prevention Programs
The Society agrees with the Commission that there needs to be greater federal investments in diabetes research and prevention programs. Funding for these programs is even more critical because of the COVID-19 pandemic. Additional funding dollars are needed to better understand the connections between COVID-19 and diabetes. We were very pleased with President Biden's prioritization of diabetes research, and we support the Commission's recommendation to provide funding National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at the National Institutes of Health (NIH). As you know, NIDDK is critical for discoveries to prevent and better treat diabetes and is helping us understand the unique aspects of how COVID-19 presents and progresses in patients with diabetes. We note, however, that funding for the NIDDK has not kept pace with other NIH Institutes and we encourage the Commission to support our recommendation that the NIDDK receive a proportionate increase to the overall NIH funding level.

We also support the Commission's recommendation to promote and fund the National Diabetes Prevention Program (DPP). The DPP has successfully demonstrated that a 5-7 percent weight loss could reduce the risk of developing diabetes by 58 percent. The Society has asked Congress to provide increased funding for both NIDDK and the DPP.

Medicare Diabetes Prevention Program
The Society appreciates the Commission's recommendations to strengthen the Medicare Diabetes Prevention Program (MDPP). Utilization of MDPP has been limited and changes are needed to enhance the program. We support the Commission's recommendation to remove the "once-per-lifetime" limit on MDPP. The "once-per-lifetime" rule is a major barrier that prevents individuals from achieving the goals of MDPP. We also support efforts to expand coverage to include virtual delivery. Allowing for virtual delivery of MDPP will increase access to this important prevention program at a time when Americans want virtual access to these services.

Special Diabetes Program
The Society supports the Commission's recommendation that the Special Diabetes Program (SDP) be funded in five-year increments. SDP is a critically important program, which funds advanced research for type 1 diabetes at NIDDK and funds treatment and education programs at the Indian Health Service (IHS) for type 2 diabetes among American Indians and Alaska Natives (AI/AN). SDP was reauthorized for three years last December, which was the longest SDP extension since 2008. Frequently, SDP receives short-term extensions of less than two-years, which creates instability in the program and makes it difficult to effectively allocate research dollars.

Diabetes Self-Management Training
Diabetes Self-Management Training (DSMT) is an evidence-based service that teaches people with diabetes how to cope and manage their diabetes. DSMT is covered under Medicare but only 5% of eligible beneficiaries are utilizing this important program. We support the Commission's recommendation to make permanent the DSMT telehealth waiver granted during

the COVID-19 public health emergency. However, we believe more can be done to reduce barriers to DSMT. The Society supports extending the initial ten hours of DSMT covered under Medicare beyond the first year which would allow greater flexibility for beneficiaries to utilize the program. We also support removing the patient cost-sharing required under Medicare and broadening the definition of providers who can refer DSMT to include other providers caring for the patient. Finally, we support medical nutrition therapy, which provides specific nutritional needs for people with diabetes, to be provided on the same day as DSMT. We encourage the Commission to consider these policies to expand access to DSMT in its final recommendations.

Health Equity
We are pleased the Commission has addressed the issue of health equity in these recommendations. During the last 15 months, the COVID-19 pandemic has exposed many disparities in healthcare amongst lower income populations and communities of color. These communities also have a higher prevalence of diabetes. This has resulted in urgent challenges for people with diabetes in these communities. Health equity is a top priority of the Society and is interwoven in all our priorities. We strongly support the Commission's recommendation to ensure that agencies implementing policies related to diabetes care, including CMS, the IHS, and the Department of Veterans Affairs, consider the impact of health disparities when creating or revising new policies related to diabetes.

Quality Measurement
We appreciate the Commission's proposed recommendations regarding quality prevention measures. The Society has been a leader in this area focusing specifically on prevention of hypoglycemia. In 2019, the Society introduced the first-ever quality measures to help healthcare providers assess older adults who are at increased risk of hypoglycemia. We agree with the Commission's recommendation that measures should be developed to assess potential overtreatment and to ensure that we are assessing the risk of hypoglycemia and other treatment burdens.

Thank you for the opportunity to provide feedback on the Commissions' recommendations to help improve the lives of people living with diabetes. If you have any questions or would like additional information, please contact our Director Advocacy and Policy Rob Goldsmith at rgoldsmith@endocrine.org.

Sincerely,

Carol H. Wysham

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