

November 18, 2015

Dear Member of Congress:

The undersigned organizations are pleased to offer our support for H.R. 1686, the Preventing Diabetes in Medicare Act of 2015, which was introduced on March 27, 2015 by Representative Diana DeGette (D-CO) and Representative Ed Whitfield (R-KY). In honor of this American Diabetes Month, we ask you to co-sponsor H.R. 1686, as part of an important effort to provide older adults at high risk for type 2 diabetes with the opportunity to prevent or delay the onset of the disease.

Representing health care professionals and patients, we believe that the Preventing Diabetes in Medicare Act of 2015 will strengthen our nation's efforts to tackle the diabetes epidemic in America, especially among older adults served by Medicare, who are disproportionately impacted by diabetes and prediabetes. According to the Centers for Disease Control and Prevention (CDC), nearly 27 percent of people age 65 and older *already* have diabetes, and another 50 percent have prediabetes and are at high risk for the disease without intervention.

H.R. 1686 would extend Medicare coverage of medical nutrition therapy (MNT) services to people with prediabetes and other risk factors for developing type 2 diabetes. Under current law, Medicare pays for MNT provided by a registered dietitian nutritionist or other health professional for beneficiaries with diabetes and renal diseases, but not for beneficiaries diagnosed as having prediabetes. Nutrition therapy services have proven very effective in preventing diabetes by providing individuals with prediabetes or risk factors for type 2 diabetes with access to the best possible nutritional care and counseling to handle their condition.

H.R. 1686 would also help improve our nation's fiscal health by decreasing what we spend on treating diabetes and its often-devastating health complications. By helping people with prediabetes manage their condition, Medicare will avoid having to pay for the more expensive treatment of diabetes. In 2012, the nation spent \$322 billion on prediabetes and diabetes, an increase of 48 percent from 2007. One out of every three federal health care dollars is spent treating individuals with diabetes. Lifestyle modification programs have consistently proven to be cost-effective and in some cases, cost-savings, for preventing and treating diabetes in participants, giving Medicare (the payer) the best return on investment.

Unfortunately, the diabetes epidemic in America continues to grow. According to the CDC, as many as 1 in 3 adults could have diabetes by 2050 if current trends continue. Passage and enactment of H.R. 1686, the Preventing Diabetes in Medicare Act of 2015, would make a significant difference—altering the human and economic toll of diabetes. We again ask you to co-sponsor H.R. 1686, and to be a part of this difference.

Sincerely,

Academy of Nutrition and Dietetics
American Association of Diabetes Educators
American Diabetes Association
Community Servings

County of Santa Clara
Diabetes Hands Foundation
Endocrine Society
Food for Thought
God's Love We Deliver
Healthcare Leadership Council
Meals on Wheels of Central Indiana
Metropolitan Area Neighborhood Nutrition Alliance (MANNA)
Moveable Feast
National Association of Nutrition and Aging Services Programs (NANASP)
Open Hand Atlanta
Preventive Cardiovascular Nurses Association
Suffolk County Bureau of Public Health Nursing
Tulsa Cares
World Fit for Kids