



June 22, 2017

Thomas E. Price, MD
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Secretary Price and Administrator Verma,

We, the undersigned members of the Diabetes Advocacy Alliance (DAA), write to underscore our support for the inclusion of the National Diabetes Prevention Program (National DPP) in Medicare. We urge you to continue the work of four successive Administrations in bringing this benefit from basic research at NIH; into the community where millions with at risk for diabetes can benefit; and, importantly, into the Medicare program, where 1 out of every 3 dollars is spent on people with diabetes.

The Diabetes Advocacy Alliance (DAA) is a policy and advocacy coalition comprised of 22 diverse members all committed to elevating diabetes on the national agenda. Our membership includes patient, professional and trade associations, other nonprofit organizations, and corporations, all united in the desire to change the way diabetes is viewed and treated in America. Our coalition seeks to improve the prevention, detection and care of diabetes.

DAA members are united in their belief that the expansion of the National DPP to Medicare beneficiaries has the potential to completely transform the trajectory of this chronic disease. Successful implementation of this benefit is a top priority for many of our member organizations, and the DAA collectively. By empowering individuals with the tools to manage and control their disease, we can help people to reach their full health potential through this program, preventing the devastating disease and disability from occurring in the first place.

As you well know, the diabetes epidemic has a tremendous reach and impact for the country, both in terms of its prevalence and associated economic costs for the federal government, particularly the Medicare program. Among adults age 65 and older, 26 percent already have diabetes. Additionally, half of all seniors have prediabetes, which puts them at high risk for developing the disease without an intervention like the National DPP. The diabetes epidemic will only continue to grow unless more is done to prevent the onset of type 2 diabetes and appropriately manage those who are already diagnosed.



Fortunately, diabetes enjoys a well-established evidence base that allows us to stem the tide of the epidemic and gain significant cost savings in the process.

Because the Diabetes Prevention Program (DPP) was so effective, the original 2001 multi-center clinical trial led by the National Institutes of Health (NIH) was concluded early by then-HHS Secretary Tommy Thompson so that all the study participants could be offered the lifestyle intervention program. The NIH trial showed that DPP reduced the risk of progression to type 2 diabetes by 58% overall and by 71% among adults aged 60 and older. Since then, through public-private efforts, the intervention has been translated to the community by the YMCA through its YMCA Diabetes Prevention Program and scaled nationally by the CDC through the National DPP. Last March, HHS announced that the results of a Medicare demonstration had been certified by the CMS Actuary and showed a \$2,650 savings per beneficiary in just 15 months. (And more recent updates have shown even greater savings.)

The announcement that the National DPP would be expanded to Medicare on January 1, 2018, was cause for celebration among all members and stakeholders of the diabetes community. For the government, it represents a genuine opportunity to serve millions who are at risk for developing type 2 diabetes while also generating substantial savings for the Medicare program.

Throughout the progression and history of the DPP—from the NIH to the community to Medicare—members of the DAA have been committed to its successful scaling and implementation. With implementation of the Medicare benefit beginning Jan 1, 2018, the DAA and its members have been working closely with officials at CMMI, CMS, and CDC to ensure the success of the program for the Medicare population. We have also held many meetings with key members of Congress and have received encouraging bipartisan support for our activities and the Department’s decision to expand the National DPP to Medicare.

Members of the DAA have seen firsthand the improved health outcomes and cost savings from DPP programs. We offer ourselves as a resource to you and your teams as you continue the timely implementation of this important benefit for America’s seniors.

Sincerely,

Undersigned members of the DAA:

Academy of Nutrition and Dietetics
American Association of Diabetes Educators
American Clinical Laboratory Association
American Diabetes Association
American Medical Association
American Podiatric Medical Association
Healthcare Leadership Council
National Association of Chronic Disease Directors
National Council on Aging
National Kidney Foundation
Novo Nordisk



Omada Health
Weight Watchers
YMCA of the USA