



The Honorable Lynn Jenkins  
U.S. House of Representatives  
1526 Longworth HOB  
Washington, DC 20515-1602

The Honorable Diana DeGette  
U.S. House of Representatives  
2111 Rayburn HOB  
Washington, DC 20515-0601

September 12, 2017

Dear Representatives Jenkins and DeGette:

The Diabetes Advocacy Alliance (DAA) is a coalition of 22 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.

As members of the DAA, we applaud your introduction of the Preventing Diabetes in Medicare Act (H.R. 3124) to extend Medicare coverage of medical nutrition therapy (MNT) services to people with prediabetes and other risk factors for developing type 2 diabetes. Your leadership on this issue is critical to providing older adults at high risk for type 2 diabetes with the opportunity to prevent or delay onset of the disease. As leaders in diabetes prevention, detection, and care, we know that this bill will strengthen our nation's efforts to tackle the diabetes epidemic among older adults served by Medicare, who are heavily and disproportionately impacted by diabetes and prediabetes.<sup>1</sup>

As you know, under current law, Medicare pays for MNT provided by a Registered Dietitian Nutritionist and other qualified nutrition professionals only for beneficiaries with diabetes and renal diseases. Unfortunately, Medicare does not cover MNT 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. 3124 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 diabetes, an increase of 48 percent from 2007. Over 62 percent of these costs are borne by the federal government—through programs such as Medicare. In Medicare, much of the recent growth in spending is driven by diabetes.

---

<sup>1</sup> According to recently-released numbers from the Centers for Disease Control and Prevention (CDC), 12.0 million seniors (25.2% of U.S. adults age 65+) have diabetes and an additional 23.1 million seniors (48.3%) have prediabetes.

If current trends in diabetes prevalence and cost continue, passage and enactment of H.R. 3124 could make a significant difference in altering the human and economic toll of diabetes. Thank you for championing this important legislation and we look forward to working with you toward its passage.

Sincerely,

Academy of Nutrition and Dietetics  
American Association of Diabetes Educators  
American Clinical Laboratory Association  
American Diabetes Association  
American Medical Association  
American Podiatric Medical Association  
Endocrine Society  
Healthcare Leadership Council  
National Kidney Foundation  
Novo Nordisk Inc.  
Omada Health