



March 12, 2019

The Honorable Diana DeGette
U.S. House of Representatives
Washington, DC 20515

The Honorable Tom Reed
U.S. House of Representatives
Washington, DC 20515

The Honorable Susan Collins
United States Senate
Washington, DC 20510

The Honorable Jeanne Shaheen
United States Senate
Washington, DC 20510

Dear Representatives DeGette and Reed and Senators Collins and Shaheen:

The Diabetes Advocacy Alliance (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.

As members of the DAA, we applaud your introduction of the *“Expanding Access to Diabetes Self-Management Training Act”* to improve access to Diabetes Self-Management Training (DSMT) for Medicare beneficiaries. Diabetes is a complex disease that requires ongoing self-management by patients, including making numerous decisions throughout the day, as part of their management and treatment regimen. DSMT is an evidence-based service that teaches people with diabetes how to effectively self-manage their diabetes and cope with the disease. The benefits of DSMT are undisputed. Studies have found that DSMT is associated with improved diabetes knowledge and self-care behaviors, lower hemoglobin A1c, lower weight, improved quality of life, healthy coping and reduced health care costs.¹

Unfortunately, despite its critical importance for people with diabetes and the fact that DSMT has been a covered benefit under Medicare for over 15 years, a recent study found only five percent of Medicare beneficiaries with newly diagnosed diabetes used DSMT services.² The Centers for Medicare & Medicaid Services (CMS) highlighted the “significant underutilization” of DSMT in the CY 2011 and 2017 Medicare Physician Fee Schedule proposed rules and acknowledged barriers impacting access and utilization.

¹ American Diabetes Association. Standards of Medical Care in Diabetes – 2017. *Diabetes Care* 2017;40(Suppl.1):S34.

² Strawbridge LM, Lloyd JT, Meadow A, et al. Use of medicare’s diabetes self-management training benefit. *Health Education Behavior* 2015;42:530-8.

Approximately 12 million Medicare beneficiaries have diabetes and many could benefit from participation in DSMT. Your legislation will remove barriers to DSMT for eligible beneficiaries and improve utilization of this valuable service resulting in improved health outcomes for people with diabetes and potentially lower costs. Thank you for championing this important legislation. We look forward to working with you toward its passage.

Sincerely,

Academy of Nutrition and Dietetics
American Association of Clinical Endocrinologists
American Association of Diabetes Educators
American Clinical Laboratory Association
American College of Preventive Medicine
American Diabetes Association
American Podiatric Medical Association
Diabetes Patient Advocacy Coalition
Endocrine Society
Healthcare Leadership Council
National Council on Aging
National Kidney Foundation
Novo Nordisk, Inc.
Omada Health
Pediatric Endocrine Society