December 20, 2019

The Honorable Alex Azar
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Azar:

The Healthcare Leadership Council (HLC) appreciates the opportunity to provide comments related to the Department of Health and Human Services (HHS) PreventionX Request for Information (RFI) on effective prevention strategies for chronic conditions including Type 2 diabetes, prediabetes, obesity, and osteoporosis.

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable high-quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, post-acute care providers, home care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach.

Diabetes

As you may know, diabetes is one of the most prevalent chronic diseases, especially among the Medicare population. More than 26 percent of Medicare beneficiaries already has diabetes, and one out of every three Medicare dollars is spent on people with diabetes. Persons with diabetes comprise a large segment of the high-need population, but Type 2 diabetes can be prevented and so can the associated costs. A multicenter clinical trial led by the National Institutes of Health shows that the Diabetes Prevention Program (DPP) reduced by 71 percent the risk of prediabetic patients over the age of 60 becoming diabetic. The Medicare demonstration program on diabetes prevention showed a savings of $2,650 per beneficiary in just 15 months. Based on these results, CMS expanded the DPP into Medicare as of April 1, 2018.

HLC urges the Center for Medicare and Medicaid Services (CMS) to ensure that all Medicare beneficiaries who are prediabetic and who could benefit from DPP have access to it, utilizing the Center for Disease Control's (CDC) National Diabetes Prevention Program criteria. The information on available programs for Medicare beneficiaries should be easily accessible on the CMS website, and CMS should undertake an education campaign to inform Medicare beneficiaries of this new benefit. Additionally, CMS should allow qualified virtual (e.g., telehealth) providers to provide DPP. Doing so would ensure that Medicare beneficiaries in rural areas or who have mobility and transportation problems are still able to participate in the program. Medicare Advantage plans should be granted sufficient flexibility to implement this. CMS should also allow MA plans to contract with any CDC recognized DPP to serve their beneficiaries. Further, the DPP should be viewed as a potential model for other community-based programs, provided that appropriate clinical evidence is collected, to address chronic diseases such as obesity and asthma.

Obesity

Additionally, obesity is a top risk factor for diabetes with roughly 90 percent of people living with Type 2 diabetes being overweight or having obesity. People who are overweight or have obesity have added pressure on their body's ability to use insulin to properly control blood sugar levels, and are therefore more likely to develop diabetes according to The Obesity Society. The number of diabetes cases among American adults increased by a third during the 1990s, and additional increases are expected. This rapid increase in the occurrence of diabetes is mostly attributed to the growing prevalence of obesity in the United States.

Obesity can be treated through dietary changes, increasing exercise and activity, behavior change, prescription weight-loss medications, and weight-loss surgery. Dietary changes can consist of cutting calories, making healthier choices, restricting certain foods, and incorporating meal replacements. Increased physical activity or exercise is an essential part of obesity treatment. Most people who are able to maintain their weight loss for more than a year get regular exercise, even simply walking. A behavior modification program can also help individuals to lose weight and keep it off. These programs include counseling and support groups.

In certain situation, prescription weight-loss medication may help. Weight-loss surgery for obesity may also be considered especially if other methods to lose weight have not worked. Weight-loss surgery limits the amount of food consumed or decreases the absorption of food and calories or both. The Affordable Care Act includes several provisions that promote preventive care including obesity-related services and coverage.

In addition to its serious health consequences, the estimated annual healthcare costs of obesity-related illness are $190 billion or nearly 21% of annual medical spending in the United States. Given the impact of obesity-related illness, research should continue into appropriate treatments and coverage. Currently the Medicare program does not cover

prescription-related treatments or coverage for varied types of qualified healthcare providers for treating obesity. The "Treat and Reduce Obesity Act" (TROA) would provide CMS with the authority to expand the Medicare benefit for intensive behavioral counseling and would also expand Medicare Part D to provide coverage of FDA-approved prescription drugs for chronic weight management.

Osteoporosis

Osteoporosis is another disease that can be prevented, thus saving lives and costs. According to the National Osteoporosis Foundation (NOF), 54 million Americans – half of all adults age 50 and older – are affected by osteoporosis, low bone density, or both. The disease is responsible for an estimated 2 million broken bones per year; these bone breaks cost patients, their families, and the healthcare system $19 billion annually.

One study shows that in the United States from 2000-2011, the number of hospitalizations for osteoporotic fractures (43 percent) exceeded those for heart attack (25 percent), stroke (26 percent) and breast cancer (6 percent). Over 50 percent of the fracture hospitalizations are for hip fractures. Up to 25 percent of hip fracture patients die within a year of their injury. By 2025, experts predict that osteoporosis will be responsible for 3 million fractures, resulting in $25.3 billion in costs.

Osteoporosis is manageable, yet nearly 80 percent of older Americans who suffer bone breaks are not tested or treated for osteoporosis. The NOF estimates that about half of osteoporosis-related repeat fractures can be prevented with appropriate treatment. While Medicare offers preventive osteoporosis screenings for qualified individuals every two years or more frequently if medically necessary, evidence suggests that the rates of screening are declining. HLC urges Medicare to encourage osteoporosis screening and provide adequate reimbursement for such services at a sustainable level.

Low bone density can be prevented from advancing to osteoporosis with diet, exercise, and medication. For example, researchers find that "net healthcare cost savings of $595.3 million per year and more than $4.76 billion cumulatively over the next seven years is potentially realizable after accounting for the cost of dietary supplementation [calcium, vitamin D, and magnesium]."

Thank you for the opportunity to provide comments on the PreventionX RFI and for considering our comments. HLC looks forward to continuing to engage with HHS as the regulatory process proceeds. If you have any questions or need additional information, please do not hesitate to contact Debbie Witchey at (202) 449-3435 or dwitchey@hlc.org

Sincerely,

Mary R. Grealy

President