

September 8, 2021

Good afternoon,

My name is Kate Thomas, and I am speaking to you today on behalf of the Diabetes Advocacy Alliance and its 27 member organizations.

The DAA has appreciated the many opportunities that the Commission has afforded us to provide input for your deliberations and feedback to your ideas and questions. We applaud your efforts and the monumental amount of work that has been done as you work towards submitting your final report to Congress. We also applaud the impact we believe your recommendations could have on federal policy.

The DAA is pleased to see the Commission seek to better understand and address the socioeconomic and environmental factors that continue to exacerbate health disparities in this country, as well as the focus on the role social determinants of health play in improving health outcomes for people with or at risk for diabetes.

As the Commission prepares to submit its final report to Congress, the DAA stands ready to support the adoption and implementation of these policies and looks to the federal agencies around the table today to partner with us in these efforts going forward. Specifically, these include:

- Advancing policies to improve the health and well-being of people with and at risk for diabetes, and ensuring that these policies combat health disparities and SDOH, including looking to federal agencies to evaluate the impact of health disparities of each new policy related to diabetes
- Urging Congress, CMS, and CMMI to make changes to the MDPP expanded model that will help to increase utilization of the MDPP among beneficiaries and ease the burden on suppliers. We believe this can be done by fully aligning the MDPP's requirements with those of the CDC's National Diabetes Prevention Program. Changes like, making virtual programs available to beneficiaries and removing the once per lifetime limit, could greatly improve access for beneficiaries and increase suppliers.
- Allowing beneficiary access to the full continuum of care to treat obesity to reduce new cases of type 2 diabetes and to help adults sustain weight loss in the longer term, including coverage for existing medications and services that can delay or prevent the onset of type 2 diabetes and its complications.
- Prioritizing that CMS provide coverage for hemoglobin A1c testing when used to screen for prediabetes and endorsing and promoting the 2019 AMA-proposed prediabetes quality measure related to screening for abnormal blood glucose by all federal agencies that directly deliver or influence the delivery of care
- Exploring options to expand coverage for Medical Nutrition Therapy (MNT) to include individuals with prediabetes.
- Removing barriers to accessing DSMT services such as reducing the administrative burden related to providing DSMT services, addressing known beneficiary barriers to accessing this benefit, improving referrals, and updating the CMS Quality Standards.

- Recommending regulatory reforms that would allow CMS flexibility to cover innovative diabetes technologies and services.

The DAA looks forward to continuing interagency and stakeholder collaborations to improve access to care for the millions of American with diabetes, prediabetes, and obesity in this country. Thank you again for your tremendous efforts.