



September 24, 2021

Chiquita Brooks-LaSure, MPP
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Brooks-LaSure:

On behalf of the Diabetes Advocacy Alliance (DAA), thank you for meeting with us on September 20, 2021. We very much appreciated the opportunity to exchange information and ideas with you and the Centers for Medicare and Medicaid Services (CMS) leadership team. This meeting showed yet again that we share many common goals in addressing health equity and improving health and wellness among Medicare and Medicaid beneficiaries who have diabetes or are at risk for developing type 2 diabetes.

Regarding the Medicare Diabetes Prevention Program (MDPP), we want to emphasize again that we deeply appreciate the proposed modifications to the expanded model that were included in the recent Medicare physician fee schedule proposed rule. The change from a two-year to a one-year program will be very helpful in allowing MDPP suppliers to focus their resources where they can be most effective in preventing patients with prediabetes from progressing to diabetes.

At the same time, the DAA remains concerned about the viability of the expanded model. Other changes are needed to increase the number of MDPP suppliers so that ultimately, many more individuals from all high-risk communities can access these important services. To that end, we wanted to follow up on the comments made during the meeting that the Innovation Center team has been stymied in making changes to the MDPP expanded model beyond those included in the CY 2022 proposed rule by advice from CMS legal counsel that CMS lacks the necessary legal authority. We appreciate that the Innovation Center sought legal counsel, as it underscores that they understand certain changes are needed for the MDPP expanded model test to succeed. That is a goal we all share. We want to do whatever we can to expand the supply and uptake of MDPP. It would help us help your team succeed if we knew exactly the legal authority (statute, regulation, CMS guidance, Actuarial Division policy, etc.) that underlies the counsel given to CMS that has limited the changes that can be made to the MDPP expanded model. With that information, the DAA would be better able to understand and creatively collaborate with CMS on how to make MDPP a success.

Thank you again for meeting with us. We look forward to hearing from you.

Sincerely,

A handwritten signature in black ink that reads "Hannah E. Martin".

Hannah Martin, MPH, RDN
DAA Co-Chair
Academy of Nutrition and Dietetics.
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A handwritten signature in black ink that reads "Kate Thomas".

Kate Thomas, MA
DAA Co-Chair
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