The Honorable Susan Collins, Chair
The Honorable Jeanne Shaheen, Chair

June 22, 2017

Dear Diabetes Caucus Leaders:

As Congress continues to grapple with health care reform, the Diabetes Advocacy Alliance (DAA) urges you to keep the needs of people with diabetes and prediabetes at the forefront of your decision-making. As the largest caucus in Congress, you are well-positioned to be a powerful and positive voice in this debate for people with diabetes, their families, and caregivers.

As you well know, the diabetes epidemic is on an upward trajectory that requires the attention of policymakers to change the way we prevent, detect, and treat the disease. Nearly 30 million Americans have diabetes and an additional 86 million adults are at risk of developing the disease. By 2050, it is estimated that one out of every three Americans will have diabetes. In addition, the total annual cost of this public health emergency has skyrocketed to $322 billion.

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.

The DAA has developed the attached principles to guide this discussion and promote awareness of how people with diabetes will be impacted by health care reform. We understand that the parameters and nature of the debate have changed considerably over the course of the year, but we feel that these principles are evergreen and remain relevant.

We are primarily concerned that the legislation, which is currently under consideration by the Senate, would undermine the ability of those with diabetes and prediabetes to access necessary, high quality treatments that can help them prevent or manage their disease. For example, according to the Congressional Budget Office (CBO), the American Health Care Act (AHCA) would leave 23 million more people uninsured in 2026 compared to current law. High-quality and affordable health coverage is essential for people living with diabetes so they can effectively manage their disease, reduce their risk for severe and costly diabetes complications, and improve their quality of life. The Medicaid portion of this proposed legislation is also of concern to us. For low income families without access to employer coverage or the ability to buy insurance in the private individual market, we believe Medicaid should continue to provide stable and continuous coverage.

In addition, we wish to underscore the need to maintain coverage provisions that enable patients with diabetes to access the preventive and treatment care they need. This has implications for the proposed “continuous coverage” provisions, which we fear will make it harder for those with chronic conditions like diabetes to regain coverage if they lose it for any reason. Additionally, we believe the current high-risk pool proposals will also be insufficient to guarantee access to coverage. People with diabetes and other chronic diseases should not be discriminated against based on their disease. Widespread support

exists for preserving the ban on pre-existing condition exclusions and prohibitions on individuals from being denied coverage or charged more based on their health. The DAA strongly urges that any health reform plan under consideration preserves the elimination of preexisting condition exclusions, without exception, and prohibits plans from denying coverage or charging more based on health status.

We know that if people have the tools and access to qualified professional and evidenced based programs to prevent diabetes or better-manage their disease and avoid costly hospitalizations and complications, they will lower costs to the government in the long run. For example, active prevention for those at elevated risk for type 2 diabetes has demonstrated effective clinical results, as well as return on investment. Within Medicare, the evaluation of a diabetes prevention demonstration project completed last year and certified by the Centers for Medicare and Medicaid Services (CMS) Office of the Actuary, showed a $2,650 savings per beneficiary in just 15 months. Additionally, it is estimated that Medicare saves $135 per member per month when beneficiaries with diabetes receive diabetes self-management training (DSMT). Applied broadly, these types of interventions have the potential to reduce healthcare spending for both public and private payers.

Finally, we are also concerned about the lack of transparency in this process. It remains unclear what proposals and provisions from the House passed bill are being considered and negotiated by the Senate. It is also unfortunate that there have been no hearings or markups held in the committees of jurisdiction on the proposed Senate substitute to the AHCA. We urge the Senate to hold hearings on the legislation that is being considered. We also ask that the Senate provide us with sufficient time to review and offer input to the legislation before it is voted on.

In your position as leaders of the Senate Diabetes Caucus, we encourage you to continue to advocate on behalf of people with diabetes. We urge you to refer to the attached principles when evaluating current and future proposals to reform the health system, and we stand ready to be a resource to you and your colleagues as you continue this very important debate.

Sincerely,

The undersigned members of the DAA:

Academy of Nutrition and Dietetics
American Association of Diabetes Educators
American Diabetes Association
American Podiatric Medical Association
Endocrine Society
National Council on Aging
National Kidney Foundation
Novo Nordisk
Pediatric Endocrine Society

Cc: Speaker of the House
House Majority Leadership
House Minority Leadership
Senate Majority Leadership

Senate Minority Leadership
House Diabetes Caucus Leadership:
- The Honorable Tom Reed, Chair
- The Honorable Diana DeGette, Chair
- The Honorable Susan Brooks, Vice Chair
- The Honorable Lynn Jenkins, Vice Chair
- The Honorable Raul Ruiz, Vice Chair
- The Honorable Suzan DelBene, Vice Chair

Diabetes Advocacy Alliance Health Care Principles

Guaranteed access to high-quality, adequate and affordable health coverage is essential for people living with diabetes so they can effectively manage their disease, reduce their risk for severe and costly diabetes complications, and improve their quality of life.

Nearly 30 million Americans have diabetes and an additional 86 million adults are at risk of developing the disease. By 2050, it is estimated that one out of every three Americans will have diabetes. In addition, the annual cost of this public health emergency has skyrocketed to $322 billion.[1] Diabetes is a complex disease requiring ongoing self-management by patients and regular care and management provided by health care professionals.

In recent years, millions of people with chronic diseases, including those with diabetes and individuals at risk of developing the disease, have received considerable relief and protections through health care reforms implemented at the state and federal levels. As you consider additional reforms to our health care system, the DAA recommends that the provisions and policies that have benefited people with diabetes and prediabetes be maintained.

Overarching Principles

As policymakers and healthcare stakeholders consider additional reforms to our healthcare system, the Diabetes Advocacy Alliance (DAA) will examine whether or not they meet three overarching principles.

1) Reforms must maintain and expand on the health insurance gains achieved through health care reform.
2) Proposals must ensure affordability, particularly for people with chronic diseases like diabetes who are considered “high utilizers” of health care.
3) Reforms must support high-quality care and guarantee coverage of a comprehensive set of essential health services which people with diabetes require to manage their disease

Essential Health Care Provisions

In addition to the DAA’s three overarching principles related to coverage, affordability, and quality/value, there are a number of key provisions currently in place that the DAA believes should be preserved and protected. They include the following:

[1] Dall, Timothy, Yang, Wenya, Halder, Pragna, et al. The Economic Burden of Elevated Blood Glucose Levels in 2012: Diagnosed and Undiagnosed Diabetes, Gestational Diabetes Mellitus, and Prediabetes. Diabetes Care 2014 Dec; 37(12): 3172-3179.

Preserve elimination of pre-existing condition exclusions, guarantee issue and health status rating

People with diabetes and other chronic diseases should not be discriminated against based on their disease. Widespread support exists for preserving the critically important provisions that bans preexisting condition exclusions and prohibits individuals from being denied coverage or charged more based on their health. The DAA strongly urges that any health reform plan under consideration preserve the elimination of preexisting condition exclusions and prohibit plans from denying coverage or charging more based on health status.

Continue the ban on annual and lifetime caps

People with diabetes have health expenditures 2.3 times higher than individuals without the disease. The average medical expenditure for someone with diagnosed diabetes is approximately $13,700 per year of which more than half, or $7,900, is attributed to diabetes.[2] Annual and/or lifetime caps on coverage are particularly harmful for people with chronic diseases like diabetes and must be prohibited under any health reform plan being considered.

Maintain dependent coverage to age 26

Young people with diabetes have benefited from the non-controversial provision which allows dependents under the age of 26 to remain on their parent's health insurance plan. The DAA strongly urges that this provision be continued in any health reform plan.

Prioritize prevention

Prevention of diseases like diabetes reduces chronic disease costs, improves health outcomes and reduces stress in families. Millions of Americans have access to and support prediabetes/diabetes screening and evidence-based diabetes prevention programs. Ensuring access to proven screenings and preventive services and including robust funding for prevention and public health initiatives must be a component of any health reform plan.

Prohibit discrimination in plan design

The DAA strongly believes plans should not make coverage decisions, determine reimbursement rates, establish incentive programs, or design benefits in ways that discriminate against individuals based on things such as their age, disability, or expected length of life. The DAA strongly urges that any health reform plan under consideration ensure that health plans are not allowed to discriminate through benefit design or through other factors, including but not limited to those mentioned above.

[2] American Diabetes Association. Economic Costs of Diabetes in the U.S. in 2012. Diabetes Care 2013 Apr; 36(4): 1033-1046.

Continue Medicare Part D donut hole closure

People with diabetes rely on various treatments and services, including prescription drugs, to effectively manage their disease on a daily basis. Ensuring access and limiting out-of-pocket cost-sharing burdens on our nation's seniors are crucial as we strive for improved disease management. The DAA strongly urges that any health plan under consideration continue closure of the Medicare Part D donut hole.

Medicaid

For low-income families without access to employer coverage or the ability to buy insurance in the private individual market, DAA members believe Medicaid should continue to be a safety net that provides stable and continuous coverage. Adults with diabetes are disproportionately covered by Medicaid.[3] Also, there is an increase in the number of individuals being screened for and diagnosed with diabetes in states that expanded Medicaid.[4] We are concerned by the changes to the financing structure of the Medicaid program through a per capita caps mechanism, which may not keep up with states' increased health care costs, and we oppose any proposal that would repeal the Medicaid expansion created under the ACA.

Our Pledge to People with Diabetes and at Risk for Diabetes

The DAA considers these provisions vital to protect the health and quality of life for people with diabetes and prediabetes. Favorable reforms have helped in our fight to slow the diabetes epidemic but much more can and should be done. The DAA looks forward to working with all stakeholders to ensure our healthcare system meets the needs of people with diabetes and those at risk of developing the disease and that we move forward, not backwards, in our fight against this devastating disease.

Disclaimer: Many individual DAA members may also communicate their more detailed positions and priorities directly with policymakers.

---

[3] Kaiser Commission on Medicaid and the Uninsured, The Role of Medicaid for People with Diabetes, November 2012. Available at http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383_d.pdf.

[4] Kaufman H., Chen Z., Fonseca V. and McPhaul M., "Surge in Newly Identified Diabetes Among Medicaid Patients in 2014 Within Medicaid Expansion States Under the Affordable Care Act," Diabetes Care, March 2015, http://care.diabetesjournals.org/content/early/2015/03/19/dc14-2334.full.pdf+html.