National Clinical Care Commission Report to Congress (January 2022)

Key Recommendations Aligned with DAA Strategic Priorities (For follow-up to the DAA and Congressional Diabetes Caucus co-sponsored DAA Hill briefing on July 13, 2022, entitled "A Call to Action: Rising to Meet the Challenge of the Diabetes Epidemic.")

NCCC Report Recommendations	Actions Needed
Rec. 3.1 on p. 23: NCCC recommends the creation of the Office of National Diabetes Policy (ONDP) to develop and implement a national diabetes strategy that leverages and coordinates work across federal agencies and departments to positively change the social and environmental conditions that are promoting the type 2 diabetes epidemic. NCCC further recommends that the ONDP be established at a level above the U.S. Department of Health and Human Services (HHS) and be provided with funding to facilitate its effectiveness and accountability.	Advocate with White House.
Rec 4.1 on p. 32: NCCC recommends that the USDA SNAP program be enhanced to both reduce food insecurity and improve nutrition sufficiency, both of which will help prevent type 2 diabetes and diabetes complications.	Increase funding as specified.
Rec. 4.4 on page 40: NCCC recommends that all relevant federal agencies promote the consumption of water and reduce the consumption of sugar-sweetened beverages in the U.S. population.	Advocate across federal agencies.
Rec. 5.1 on p. 61: NCCC recommends increasing support to CDC for its campaign to raise awareness of prediabetes and promote enrollment in the National DPP lifestyle change program.	Increase funding for CDC for National DPP promotion.
Rec. 5.2 on p. 63: NCCC recommends that CMS provide coverage for the A1c test when used to screen for prediabetes.	Encourage CMS to make this change through a National Coverage Decision.
Rec. 5.3 on p. 64: NCCC recommends that all federal agencies that directly deliver or influence the delivery of medical care should implement the 2019 American Medical Association-proposed prediabetes quality measures related to screening for abnormal blood glucose, intervention for prediabetes, and retesting of abnormal blood glucose in patients with prediabetes.	Advocate with HHS/CMS.

Rec. 5.6 on p.66: NCCC recommends that Congress promote coverage for all proven-effective modes of delivery (for example, in-person, online, and distance learning [telehealth]) for evidence-based interventions that produce successful participant outcomes that meet or exceed those of the National DPP quality standards.	Co-sponsor and support the **PREVENT DIABETES Act** (H.R. 2807, S. 2173)
Rec. 5.7 on p.67: NCCC recommends that the Medicare Diabetes Prevention Program (MDPP) be approved as a permanent covered benefit (not only a model expansion service) and that coverage of MDPP be expanded to include virtual delivery. Furthermore, the "once in a lifetime" limit on participation in the MDPP should be removed.	Advocate with CMS and CMMI to address these recommendations. Co-sponsor and support the **PREVENT DIABETES Act** (H.R. 2807, S. 2173)
Rec. 5.8 on p.68: NCCC recommends that CDC continue its efforts to streamline the National DPP recognition process while maintaining quality, and that CMS streamline its payment process for the MDPP. Differences in program eligibility, delivery modalities, and duration between the National DPP (led by CDC) and the MDPP (led by CMS) should also be eliminated or, at a minimum, reduced.	Advocate with CDC and CMS for the specified changes.
Rec. 5.9 on p. 69: NCCC recommends that funding be provided to support the testing of new payment models that allow for greater upfront payments and more equitable risk-sharing between CMS and MDPP program delivery organizations. In addition, there should be an increase in payment levels to MDPP program delivery organizations to make MDPP programs financially sustainable.	Advocate with CMS for the specified changes.
Rec. 5.10 on p. 70: NCCC recommends that financial incentives be provided for state Medicaid programs to cover the National DPP lifestyle change program and other evidence-based type 2 diabetes prevention interventions that produce successful participant outcomes that meet or exceed those of the National DPP quality standards. This should include coverage of all proven modes of delivery (that is, in-person, online, and distance learning or telehealth) that produce successful participant outcomes.	Support financial incentives for state Medicaid programs as indicated.
Rec. 5.11 on p. 71: NCCC recommends for the Special Diabetes Program for Indians (SDPI) in five-year increments so that evidenced-based tribal diabetes prevention programs have the resources to (1) sustain the effort to combat diabetes and its complications; (2) develop additional culturally appropriate, high-impact type 2 diabetes prevention interventions; and (3) evaluate outcomes. NCCC also recommends an increase in SDPI funding to address inflation costs, which have consumed more than 34% of the program's resources since 2004, the last year Congress increased funding for the Special Diabetes Program. In the future, annual increases in funding should, at a minimum, address the costs of inflation.	Support five-year increments for program renewal, as specified.

Rec. 5.13 on p.74: NCCC recommends that funding for the Special Diabetes Program be in five-year increments and adjusted for inflation.	Supported legislatively- Congress last renewed funding in Demember 2020 to provide $150 million dollars annually until 2023.
Rec. 6.1 on p. 79: NCCC recommends that CMS update the 2000 Medicare Quality Standards that govern diabetes self-management training (DSMT) and establish a process for ongoing review, updating, and revision, with broad input from persons and parties affected by these standards. **NCCC recommends the following changes in CMS regulations related to DSMT to improve access and engage more people with diabetes:** • Allow the initial 10 hours of DSMT to remain available beyond the first 12 months from diagnosis until fully utilized.237, 238 (These numbers relate to footnotes in the full report) • Allow for six additional hours (instead of two hours) of DSMT, if necessary.232, 239 • Allow MNT and DSMT to be delivered on the same day. • Eliminate copays and deductibles (cost sharing) for DSMT.240 • Expand the types of providers who can refer for DSMT (for example, podiatrists, specialists treating diabetes-related complications, and emergency medicine physicians).241-243 • Allow community-based sites to provide DSMT. • Standardize the data collection required to simplify the process and ensure consistency across DSMT programs. CMS should ensure that all relevant partners including claims adjudicators follow a consistent approach throughout the audit and oversight processes to ensure better alignment with the purpose and scope of high-quality DSMT programs of all types and sizes.	Co-sponsor and support the **Expanding Access to Diabetes Self-Management Training (DSMT) Act** (H.R. 5804, S. 2203)
Rec. 6.6 on p.92: NCCC recommends that Congress support use of virtual care modalities in the following ways: • Remove geographic and originating site restrictions so that CMS can provide access to telehealth services as appropriate. • Make permanent the ability for Federally Qualified Health Centers and Rural Health Centers to provide services by telehealth. • Make permanent the telehealth waiver for Diabetes Self-management Education and Support (DSMES)/Diabetes Self-management Training (DSMT); and Maintain coverage for audio-only visits to comply with the Executive Order on Advancing Racial Equity and Support for Underserved Communities.	Support legislative vehicles that include these recommended actions.
Rec. 6.11 on p. 101: NCCC recommends that the National Institutes of Health prioritize funding for research to identify and address factors that affect referrals to and patient uptake of DSMES such as patient-, clinician-, and systemic-level barriers, quality measures and incentives, and patient-reported outcomes and perspectives.	Advocate with NIH and appropriate agencies.