

April 20, 2020

Administrator Seema Verma  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Dear Administrator Verma:

Thank you for your ongoing work to ensure Americans have access to critical healthcare services during the coronavirus (COVID-19) pandemic. As the Centers for Medicare & Medicaid Services (CMS) continue to address the COVID-19 pandemic, the undersigned members of the Diabetes Advocacy Alliance (DAA) ask that you take additional measures to protect the health and safety of people with and at risk for diabetes.

The DAA is a coalition of twenty-four 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. As we confront an unprecedented national health crisis, it is more important than ever to enact policies to protect the health of at-risk populations.

As you know, over 34 million Americans have diabetes, and an additional 88 million adults are at risk of developing the disease. Diabetes requires ongoing care, including self-management and working with a team of health care providers. As individuals and families shelter in their homes to help flatten the curve of COVID-19, those with and at risk for diabetes need support to manage their health and stay safe in this time. Thank you for your consideration of the following policies as you continue to address the COVID-19 pandemic.

### **Diabetes Self-Management Training (DSMT)**

Diabetes is a complex disease that requires ongoing self-management by patients, including making numerous decisions throughout the day, as part of their management and treatment regimen. DSMT is an evidence-based service that teaches people with diabetes how to effectively self-manage their diabetes and cope with the disease. It also teaches individuals healthy eating habits, promotes activity, and prevention of dangerous complications. Studies have found that DSMT is associated with improved diabetes knowledge and self-care behaviors, lower hemoglobin A1c, lower weight, improved quality of life, healthy coping and reduced health care costs.

Nearly half of all adults over age 65 have diabetes, so it is essential to ensure access to DSMT to seniors in their homes. **CMS can improve access for beneficiaries by allowing registered nurses and pharmacists to facilitate DSMT via telehealth for the duration of the public health emergency. Additionally, CMS should allow DSMT programs to provide one-on-one DSMT classes to Medicare beneficiaries virtually or by phone for those who do not have access to the internet or a computer. Last, for calendar year 2020 and through the duration of the public health emergency CMS should waive the requirement that the initial 10 hours of DSMT be furnished within a continuous 12-month period.** Currently, Medicare beneficiaries are unable to participate in DSMT group trainings and are losing valuable time in utilizing their full DSMT benefit within the calendar year, especially given the uncertainty of how long this pandemic will last.

### **Medicare Diabetes Prevention Program**

The DAA appreciates CMS' efforts to prioritize diabetes prevention for seniors through the Medicare Diabetes Prevention Program (MDPP), allowing Medicare reimbursement for CDC-recognized diabetes prevention programs for seniors at risk for type 2 diabetes.

As our nation practices physical distancing and many sites that had previously hosted MDPP programs either close or repurpose, at-risk seniors have lost access to these important community programs. We commend CMS for its recent steps that allow current MDPP suppliers to expand the use of virtual sessions (both make-up, and replacement for regular sessions), and for eliminating the once-per-lifetime benefit restriction. These critical changes will help seniors improve their health and lower their risk for diabetes under the current circumstances.

But further action is needed to ensure that seniors who have not already started an MDPP are able to lower their risk before it is too late. **CMS should ensure that all CDC-recognized Virtual Diabetes Prevention Program providers with preliminary or full recognition be eligible for MDPP at least during this public health emergency. Additionally, CMS should allow new cohorts to begin the program without a first in-person session.**

Again, thank you for your leadership and action during this unprecedented time in our nation's history. We are grateful for your consideration of these issues and look forward to working with you to support people with and at risk for diabetes during the COVID-19 pandemic and beyond. If you have questions, please feel free to contact one of the DAA co-chairs Meghan Riley at [mriley@diabetes.org](mailto:mriley@diabetes.org); Karin Gillespie at [kgil@novonordisk.com](mailto:kgil@novonordisk.com); or Stephanie Kutler at [skutler@endo-society.org](mailto:skutler@endo-society.org).

Sincerely,

Academy of Nutrition and Dietetics  
American Diabetes Association  
American Podiatric Medical Association

Association of Diabetes Care and Education Specialists  
Diabetes Patient Advocacy Coalition  
Endocrine Society  
Healthcare Leadership Council  
National Association of Chronic Disease Directors  
Omada Health