



September 9, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services,
Department of Health and Human Services
Attention: CMS-1809-P
P.O. Box 8016,
Baltimore, MD 21244-8016

RE: CMS-1809-P

Dear Administrator Brooks-LaSure:

The undersigned member organizations of the Diabetes Advocacy Alliance (DAA) are pleased to submit comments to the Centers for Medicare & Medicaid Services (CMS) regarding proposed rule: *Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs, including the Hospital Inpatient Quality Reporting Program; etc.* proposed rule (CMS-1809-P) as published in the *Federal Register* on July 22, 2024 (the "proposed rule").

The DAA is diverse in scope, with our members representing patient, professional and trade associations, other non-profit organizations, and corporations, all united to change the way diabetes is viewed and treated in America. Since 2010, the DAA has worked with legislators and policymakers to increase awareness of, and action on, the diabetes epidemic.

DAA members share a common goal of elevating diabetes on the national agenda so we may ultimately defeat this treatable, but deadly chronic disease. We are committed to advancing person-centered policies, practical models, and legislation that can improve the health and well-being of people with diabetes and prediabetes. An essential component to our goal is combating health disparities and addressing social determinants of health. Our advocacy to policymakers highlights key strategies to prevent, detect and manage diabetes and care for those affected by it. Our educational outreach also illustrates the health equity implications of existing or new policies, regulations, and legislation, and provides alternatives to address the drivers of these inequities.

Diabetes Self-Management Training and Medical Nutrition Therapy

The undersigned members of the DAA appreciate that CMS, in the CY 2025 OPPTS proposed rule, continues to recognize the critical importance of Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT) as well-established, evidence-based services that help people with

diabetes better manage their blood glucose levels to prevent or lessen the impact of long-term complications of diabetes and improve their quality of life.

We also appreciate that CMS is updating its policies for DSMT and MNT services provided to Medicare beneficiaries in their homes by hospital staff to maintain alignment across payment systems. It has been helpful that CMS has recognized the importance of ongoing access for both MNT and DSMT, regardless of delivery in a professional setting or an institutional outpatient department. By allowing institutional providers to continue billing for DSMT and MNT services as they did during the COVID-19 Public Health Emergency (PHE) through the end of this calendar year, CMS is ensuring uninterrupted access to these critical services.

We appreciate and support that CMS is proposing to align payment for DSMT and MNT practitioners, who are distant site practitioners for purposes of Medicare telehealth services, with CMS policies for DSMT and MNT under the PFS and continue to make payment to the hospital for these services when provided by hospital staff. By these actions, CMS is supporting better access and improving health equity because beneficiaries can continue to receive cost-effective DSMT and MNT services in the hospital outpatient department (HOPD) setting when these services are provided via telehealth. This decision will provide consistency for both Medicare beneficiaries and providers.

We request one point of clarification in the final rule related to this section. In the proposed rule, CMS states:

*“To the extent that therapists and DSMT and MNT practitioners continue to be distant site practitioners for purposes of Medicare telehealth services, we anticipate aligning **our policy** for these services with policies under the PFS and continuing to make payment to the hospital for these services when furnished by hospital staff.”* [Emphasis ours]

We request that the final rule be specific as to which “policy” CMS is referring to and exactly what changes are proposed to be made as these details were not included in the proposed rule.

Conclusion

The undersigned members of the DAA greatly appreciate this opportunity to comment on the proposed rule and provide comments in support of DSMT and MNT services. We share a goal with CMS: innovative services and programs for Medicare beneficiaries that address prevention of diabetes and improve treatment and care of diabetes to stabilize health in a cost-effective, health equitable manner. We stand ready to provide more information if requested and would be available for consultation as it relates to your questions or our comments. To contact the DAA about this matter, please connect with Hannah Martin with the Association of Diabetes Care & Education Specialists (hmartin@adces.org), Carly Leon with the Academy of Nutrition and Dietetics (cleon@eatright.org), or Laura Friedman with the American Diabetes Association (lfriedman@diabetes.org).

Sincerely,

Academy of Nutrition and Dietetics
American Diabetes Association
Association of Diabetes Care & Education Specialists
Noom, Inc.