March 31, 2021

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

Dear Secretary Becerra,

We applaud your stated commitment to ensure continued access to virtual care during the public health emergency (PHE), including the expansion of more than 144 telehealth services through the Centers for Medicare and Medicaid Services (CMS). In light of the ongoing and continuing challenges of COVID-19, we believe CMS should use its emergency authority to expand access to virtual diabetes prevention programs in the Medicare program. Following this immediate change, CMS should work on longer-term reforms to the Medicare Diabetes Prevention Program to make it sustainable and ensure continued beneficiary access.

Diabetes Prevention Programs (DPP) are designed specifically to help patients make lifestyle changes to prevent or delay Type 2 Diabetes manifestation and other serious health conditions that can result from the disease such as heart disease, stroke, blindness, kidney failure and nerve damage. The Centers for Disease Control and Prevention (CDC) recognizes DPP programs, regardless of delivery modality, indicating that a number of virtual programs to meet the same quality standards as those offered exclusively in-person. Virtual DPP models offer more flexibility, giving participants the opportunity to participate in sessions and engage with curriculum on an ongoing basis and at times convenient for them. However, despite strong support from Congress and diabetes advocates, CMS has declined to expand the program to include virtual suppliers of services.

The CDC has concluded, with sufficient evidence, that those living with obesity, severe obesity, and Type 2 diabetes mellitus are at increased risk of severe illness. Researchers have found that obesity increased one's likelihood of hospitalization for COVID-19 by 113 percent and chances of dying of the illness by 48 percent. According to the Kaiser Family Foundation, among people with Medicare, older Black, Hispanic, and American Indian/Alaska Native adults were nearly twice as likely to die of COVID-19 as older White adults, and hospitalization rates for Black, Hispanic, and American Indian/Alaska Native Medicare beneficiaries were at least double the rate among White beneficiaries.

Roughly one in three Americans, or 88 million people, have prediabetes, which if left uncontrolled, can lead to Type 2 diabetes. Meanwhile, it is widely acknowledged that quarantines during the PHE have resulted in increased weight gain and therefore risk of Type 2 diabetes. Furthermore, the strains of the pandemic have severely impacted in-person diabetes prevention programs – which were already financially strained – causing many Medicare beneficiaries to lose access to DPP services. In addition to critical changes designed to support these in-person providers of DPP services, CMS should expand beneficiary access to virtual suppliers. Virtual suppliers of DPP could help ensure these beneficiaries retain access to these valuable preventative services.

CMS considered, but declined to add virtual-only suppliers in the FY2021 fee schedule – citing existing Medicare program requirements that the services must be furnished in part in-person. CMS also cited the unpredictable nature of the end of emergency authorities as a reason not to expand services – at which point access to virtual services could end.

Given the ongoing and worsening prediabetes challenges facing seniors, expectations that the PHE will continue throughout 2021, and the cessation of many in-person DPP programs, we believe CMS must act immediately to preserve access to these services. We believe that the Department of Health and Human Services should immediately use its emergency authority to remove in-person requirements from Medicare DPP services for the remainder of the COVID-19 PHE. We then strongly recommend that data from this expansion be leveraged to evaluate the merits of expanding virtual MDPP services permanently. As you know, better management of prediabetes has significant potential to both help beneficiaries and prevent unnecessary future expenditures for the Medicare program.

Thank you for your consideration of this request.

(other reviewing now)