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May 22, 2009

The Honorable Max Baucus
Chairman, Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Charles Grassley
Ranking Member, Senate Finance Committee
135 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Baucus and Senator Grassley:

The National Changing Diabetes® Program (NCDP) commends the Senate Finance Committee's commitment to reforming the U.S. health care system to improve access to affordable, high quality coverage. We, too, share this commitment to change and thank you for the opportunity to comment on your policy paper, "Expanding Health Care Coverage: Proposals to Provide Affordable Coverage to All Americans."

Since 2005, NCDP – a program of Novo Nordisk, Inc. – has served as a catalyst, convener and aligner by bringing together innovators in diabetes education, treatment and policy. Our vision is to improve the lives of people affected by this disease by creating change in the U.S. health care system and moving it toward an ideal diabetes environment that fully supports all aspects of diabetes prevention, treatment and care.

NCDP consists of six Members Associations[1], who are engaged in many NCDP projects. These projects include the National Diabetes Barometer, a research initiative designed to evaluate the current state of diabetes in the United States in three critical areas: societal, economic and clinical. In addition, we recently

[1] American Diabetes Association, American Association of Diabetes Educators, American Association of Clinical Endocrinologists, American Optometric Association, American College of Physicians, American Academy of Family Physicians

commissioned a study that examines how disease-based modeling for diabetes can inform projections of federal health spending.

These are a few examples of the types of resources that inform our recommendations in this letter.

We applaud the extensive efforts the Committee has undertaken to involve non-government stakeholders in your health care reform efforts. We hope our comments are helpful in providing the Committee guidance as you proceed with legislative drafting.

KEY POINTS

We wholeheartedly support the Committee's intention of reforming the healthcare system in order to improve disease prevention and health promotion. NCDP's metric of success for health reform is seeing a reverse in the trend of rapid growth of diabetes in America. Because of its prevalence, financial and human toll, and the solid evidence that type 2 diabetes can be effectively prevented and managed, diabetes should be a flagship for testing the effectiveness of new efforts toward prevention and wellness.

Diabetes requires a national response focused on prevention. Without significant national investment in prevention now, Americans, particularly those in the Hispanic and African-American communities, will continue to needlessly develop diabetes and the economic burden of diabetes and other chronic diseases will affect our country's ability to stay competitive in the global marketplace.

Diabetes prevalence is alarming and accelerating rapidly.

- 23.6 million people have diabetes, 6.3 million of whom are undiagnosed
- An additional 57 million have pre-diabetes
- Approximately one of every three persons born in 2000 will develop diabetes in his or her lifetime. The lifetime risk of developing diabetes is even greater for ethnic minorities: nearly one in two minorities will develop diabetes.
- By 2025, an estimated 50 million people will be living with diabetes
- The most pervasive chronic diseases are linked to diabetes. For example, heart disease, depression, and asthma are all linked to diabetes.

The financial and human toll of diabetes is significant and the death rate is accelerating.

- According to a Lewin Group study commissioned by NCDP, the direct and indirect economic costs of diabetes and pre-diabetes totaled $218 billion in 2007
- This staggering amount includes $18 billion for people with undiagnosed type 2 diabetes and $25 billion for people with pre-diabetes
- One in every four Medicare dollars is spent on a person with diabetes
- Since 1987, the death rates due to heart disease, stroke and cancer have declined. During the same period, the death rate due to diabetes has increased by 45 percent

Much is known about how to prevent and treat Type 2 diabetes and how to effectively manage the disease to avoid costly complications

- The Diabetes Prevention Program (DPP), a major multicenter clinical research study, found that people at risk for developing diabetes can prevent or delay the onset of diabetes by losing a modest amount of weight through diet and exercise. DPP participants reduced their risk of developing diabetes by 58 percent during the study
- The United Kingdom Prospective Diabetes Study demonstrated that controlling blood glucose levels reduced the risk of diabetic eye disease and kidney disease for people with type 2 diabetes
- The Diabetes Control and Complications Trial (DCCT), a major clinical study funded by the National Institute of Diabetes and Digestive and Kidney Diseases, showed that keeping blood glucose levels as close to normal as possible slows the onset and progression of the eye, kidney, and nerve damage caused by diabetes

SPECIFIC RECOMMENDATIONS

SECTION IV: Role of Public Programs
Dual Eligibles
Cost Effectiveness Test

We support the ability of state Medicaid programs to use Medicare savings to meet federal budget neutrality in Section 1915(b) waiver programs to improve care for dual eligibles. A high proportion of dual eligibles have or are at risk for diabetes, and this policy change would encourage the development and expansion of critically important care coordination initiatives.

We also encourage the Committee to consider a similar change to allow sharing of savings between Medicaid and Medicare in Section 1115 waiver programs. This would help beneficiaries at no added cost to the taxpayer and may lead to significant long-term savings as the two programs work together.

SECTION VI: Options to Improve Access to Preventive Services and Encourage Health Lifestyles
Promotion of Prevention and Wellness in Medicare
Personalized Prevention Plan and Routine Wellness Visit

We enthusiastically support the option to cover personalized prevention plans and routine wellness visits in Medicare. The scope envisioned by the Committee is excellent. We emphasize the need to provide funding to educate beneficiaries and providers about any new prevention benefits that are included in health reform.

Medicare Incentives to Utilize Preventive Services and Engage in Healthy Behaviors; Coverage of Evidence-Based Preventive Services in Medicare

We strongly support the removal of cost-sharing for preventive services in Medicare, particularly medical nutrition therapy. Research has repeatedly shown how co-payments and deductibles are powerful disincentives for preventive services.

However, we share the concerns of others - most notably the American Diabetes Association (ADA) and the American Heart Association (AHA) - regarding expanding the role of the U.S. Preventive Services Task Force (USPSTF). For many reasons, broadening federal reliance on the USPSTF raises serious concerns within the diabetes community.

We urge the Committee to review carefully the ADA and AHA's excellent issue brief on the U.S. Preventive Services Task Force, a copy of which is attached. We concur with their statement that "Simply put, to cover only those preventive services that meet the current criteria used by USPSTF would limit opportunities for the prevention of costly chronic disease within the context of health care reform."

Promotion of Prevention and Wellness in Medicaid
Access to Preventive Services for Eligible Adults in Medicaid; Medicaid Incentives to Utilize Preventive Services and Encourage Healthy Behaviors

We strongly support giving state Medicaid programs incentives to offer full coverage of preventive services. This should include, however, coverage of screening, diabetes education, medical nutrition therapy, and self-care training for people with diabetes and prediabetes.

We also support giving states the option of eliminating cost-sharing for preventive services in Medicaid. Even though Medicaid co-payments are nominal, the population is poor and any disincentive to receive preventive care is harmful to beneficiaries and taxpayers.

However, for reasons articulated well in the ADA and AHA issue brief, relying on the USPSTF process will narrowly limit many preventive services in Medicaid.

Options to Prevent Chronic Disease and Encourage Healthy Lifestyles "Right Choices" Grants

We strongly support the proposal to create Right Choices grants for states. The grants should explicitly support chronic disease screening programs, including diabetes screening.

Prevention and Wellness Innovation Grants

We strongly support Prevention and Wellness Innovation Grants. The Committee lays out an excellent, thoughtful approach. We particularly support the use of these grants to promote team-based care.

Employer Wellness Credits

We strongly support the option of a tax credit for employers who offer wellness programs for employees. We also support giving the HHS Secretary, as outlined in this option, the flexibility to determine what constitutes a qualified wellness program.

SECTION VII: Long Term Care Services and Supports

Long Term Care Grants Program: Prevention and Health Promotion Grants

We support reauthorization of grants to support the delivery of evidence-based disease prevention and health promotion programs for seniors and the disabled. Incorporating prevention and health promotion education activities within state home and community-based services (HCBS) programs will help improve the health status of frail seniors and the disabled while encouraging greater use of non-institutional care. In crafting this proposal, we encourage you to explicitly include diabetes patient education and self-care training among the services supported by the grants. By empowering patients and reducing hospitalizations and nursing home admissions, diabetes education and self-care training are fully aligned with the HCBS model.

SECTION VIII: Options to Address Health Disparities

The efforts of the Committee to help eliminate health disparities are critically important. There is a moral imperative to direct more attention and resources toward prevention of diabetes and other chronic disease for every American but particular focus should be on African Americans, Hispanic Americans, Asian-Americans, American Indian and Alaska Natives. The risk of developing diabetes is even greater for these ethnic minorities: for individuals born in the year 2000, two of every five African Americans and Hispanics, and one of two Hispanic females, will develop the diabetes in their lifetime.

We want to thank you both for your leadership on health care reform. We again urge the Committee to consider infusing diabetes more overtly into its prevention initiatives and wellness programs. It is vital the U.S. makes this investment now. We look forward to answering any questions the Committee may have.

Sincerely,

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