

The Preventing Diabetes in Medicare Act (H.R. 3124/S. 1299)

About Us

Registered dietitian nutritionists work to improve the health of all Americans through access to healthful food and nutrition services. The Academy of Nutrition and Dietetics is a nonpartisan organization representing more than 100,000 registered dietitian nutritionists and dietetics technicians, registered. The Academy is the world's largest organization of food and nutrition professionals.

Support the Preventing Diabetes in Medicare Act

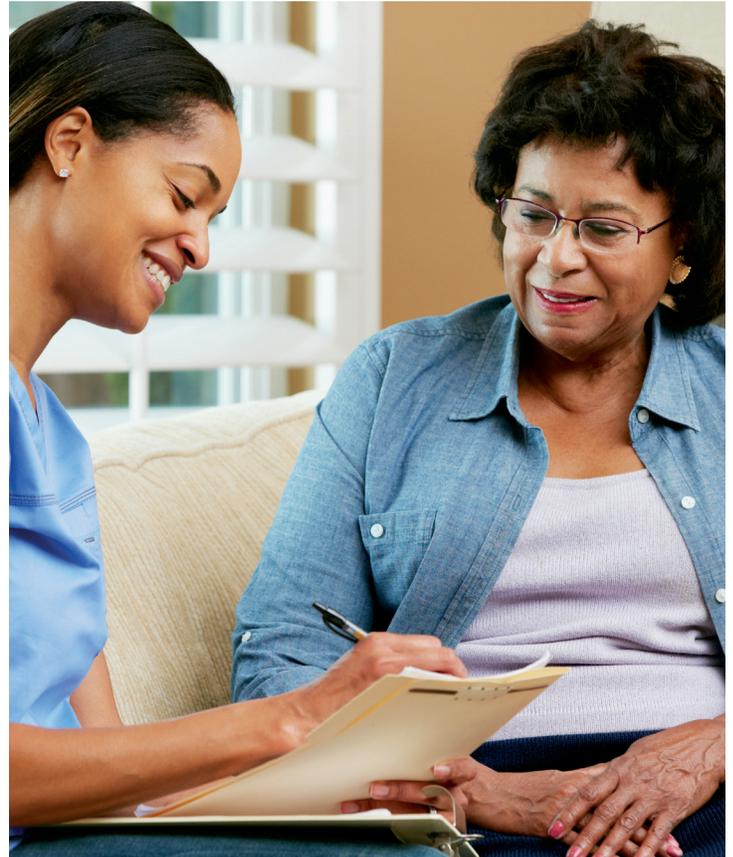
The Preventing Diabetes in Medicare Act (H.R. 1686/S. 3082) would amend the Social Security Act to extend Medicare coverage for Medical Nutrition Therapy services for people with prediabetes and risk factors for developing Type 2 diabetes. Under current law, Medicare covers MNT provided by an RDN only for beneficiaries with diabetes and renal disease. The Preventing Diabetes in Medicare Act would allow people with prediabetes to access MNT services from an RDN, giving them the necessary tools to help prevent the development of Type 2 diabetes — a very costly disease.

Medical Nutrition Therapy

Medical nutrition therapy is a nutritional diagnostic, therapy and counseling service for disease management. When provided by an RDN, MNT includes: 1) lifestyle, knowledge and skills assessment, 2) negotiation of individualized nutrition goals, 3) nutrition intervention and 4) evaluation of clinical and behavioral outcomes. To ensure an individualized therapeutic plan, MNT is conducted through one-on-one sessions with an RDN. MNT provided by an RDN is similar to one-on-one counseling provided during national trials that were found to prevent diabetes; people receiving MNT have shown successful weight loss and improved prediabetes insulin markers.^{1,2}

Diabetes in the United States

About 30.1 million people in the U.S. (almost 1 in 10) have diabetes, and approximately 84.1 million have prediabetes.³ The diabetes burden among people over 65 is staggering: among the Medicare-eligible population (9.9 million), over one-quarter had diabetes and nearly half (23.1 million) had prediabetes in 2015.³ In the U.S., diabetes is the leading cause of death of kidney failure, amputation and blindness and results in higher risk of premature death, cardiovascular disease and nerve disease.³



¹ Knowler WC, Barrett-Connor E, Fowler SE, et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med.* 2002;346(6):393-403.

² Parker AR, Byham-Gray L, Denmark R, Winkle PJ. The effect of medical nutrition therapy by a registered dietitian nutritionist in patients with prediabetes participating in a randomized controlled clinical research trial. *J Acad Nutr Diet.* 2014 Nov;114(11):1739-48.

³ Centers for Disease Control and Prevention. *National Diabetes Statistics Report: Estimates of Diabetes and its Burden in the US, 2017.* Atlanta, GA: U.S. Department of Health and Human Services; 2017.

Diet and Exercise Lifestyle Modification Programs Can Prevent Diabetes

Several recent studies have shown the effectiveness of MNT in preventing diabetes. A 2014 study in the *Journal of the Academy of Nutrition and Dietetics* shows individualized MNT is effective at decreasing hemoglobin A1c (the gold standard diabetes diagnosis marker) in prediabetic patients after 12 weeks.⁴ Additionally, studies have repeatedly shown lifestyle interventions focused on healthful eating and physical activity are more effective and less expensive than metformin, the most commonly prescribed drug for diabetes.^{5,6} Furthermore, MNT is not only beneficial for the patient, but is cost-effective and cost-saving according to a 2012 *JAND* study because it is cheaper and more individualized than other intensive lifestyle intervention programs.⁷

The Cost of Diabetes

The total cost of diabetes to our health care system in 2017 was estimated to be \$327 billion, including \$237 billion in excess medical expenditures and \$90 billion in reduced national productivity.⁸ Combined, this amounts to an economic burden exceeding \$1,000 for each American in 2017. The average yearly health care costs for a person with diabetes is \$16,750, with \$9,600 due to diabetes alone.⁸ One out of every four federal health care dollars is spent treating people with diabetes.⁸

Diet and exercise lifestyle modification programs consistently have been shown to be cost-effective and even cost-saving methods for preventing and treating diabetes in participants, meaning compared to other treatment options, such as medication, diet and exercise lifestyle modification programs gives the payer (Medicare) the best return on investment.⁹⁻¹¹

View of the Academy of Nutrition and Dietetics on the Preventing Diabetes in Medicare Act

The Academy of Nutrition and Dietetics supports the Preventing Diabetes in Medicare Act (H.R. 3124/S. 1299), and is urging members of Congress to co-sponsor and support passage of the bill. By co-sponsoring and voting for the bill, members of Congress would ensure patients with prediabetes and those with risk factors for diabetes would have access to evidence-based preventive services to prevent diabetes. The Preventing Diabetes in Medicare Act (H.R. 3124/S. 1299) is a bipartisan bill introduced in the 115th Congress by Reps. Diana DeGette (Colo.) and Lynn Jenkins (Kan.), and by Sens. Gary Peters (Mich.) and Shelley Moore Capito (W. Va.).

Key Takeaways

- Over one-quarter of the Medicare-eligible population (9.9 million over 65) has diabetes.
- The total cost of diabetes to our health care system in 2017 was estimated to be \$327 billion.
- Medical nutrition therapy (MNT) provided by a registered dietitian nutritionist (RDN) is an effective, evidence-based practice that can result in weight loss and improved blood glucose.
- The Preventing Diabetes in Medicare Act will allow Medicare to reimburse RDNs to provide MNT to patients at risk of diabetes or with prediabetes.

Estimated Diabetes Costs in the United States, 2017

Total (Direct and Indirect)
\$327 billion

Direct Medical Costs
\$237 billion

After adjusting for population age and sex differences, average medical expenditures among people with diagnosed diabetes were 2.3 times higher than people without diabetes.

Indirect Costs
\$90 billion

Disability, work loss, premature death.

⁴ Parker AR, Byham-Gray L, Denmark R, Winkle PJ. The effect of medical nutrition therapy by a registered dietitian nutritionist in patients with prediabetes participating in a randomized controlled clinical research trial. *J Acad Nutr Diet*. 2014 Nov;114(11):1739-48.

⁵ Herman WH, Hoerger TJ, Brandle M, et al. The Cost-Effectiveness of Lifestyle Modification or Metformin in Preventing Type 2 Diabetes in Adults with Impaired Glucose Tolerance. *Annals of internal medicine*. 2005;142(5):323-332.

⁶ Diabetes Prevention Program Research Group, Knowler WC, Fowler SE, et al. 10-year follow-up of diabetes incidence and weight loss in the Diabetes Prevention Program Outcomes Study. *Lancet*. 2009;374(9702):1677-1686.

⁷ Anderson JM. Achievable cost saving and cost-effective thresholds for diabetes prevention lifestyle interventions in people aged 65 years and older: a single-payer perspective. *J Acad Nutr Diet*. 2012;112(11):1747-1754.

⁸ American Diabetes Association. Economic Costs of Diabetes in the U.S. in 2017. *Diabetes Care*. 2018;41(5):917-928.

⁹ Diabetes Prevention Program Research Group. The 10-year cost-effectiveness of lifestyle intervention or metformin for diabetes prevention: An intent-to-treat analysis of the DPP/DPPOS. *Diabetes Care*. 2012;35(4):723-730.

¹⁰ Li R, Qu S, Zhang P, et al. Economic evaluation of combined diet and physical activity promotion programs to prevent type 2 diabetes among people at increased risk: A systematic review for the Community Preventive Services Task Force. *Ann Intern Med*. 2015;163(6):452-460.

¹¹ Certification of Medicare Diabetes Prevention Prog.pdf. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/Diabetes-Prevention-Certification-2016-03-14.pdf>. Accessed June 7, 2018.