

Preventing Diabetes in Medicare Act: Commonly Asked Questions from Capitol Hill Staff

Q: What will the Preventing Diabetes in Medicare Act do?

A: Currently, Medicare covers screening for type 2 diabetes, and will cover medical nutrition therapy (MNT) for beneficiaries with diabetes or renal disease. H.R. 1686/S. 3082 would allow Medicare to cover MNT for individuals with prediabetes, or at risk for diabetes.

MNT that is provided by an RDN is important in preventing or delaying the rate of development of diabetes complications among the Medicare population, leading to improved health outcomes for older adults and reduced costs to Medicare.

Q: What is medical nutrition therapy?

A: Medical nutrition therapy (MNT) is defined as the use of specific nutrition services to treat an illness, injury, or condition through assessing the nutritional status of the client and treatment, which includes nutrition therapy, counseling, and the use of specialized nutrition supplements. The four key phases for effective MNT are:

- 1) An *assessment* of the patient's nutrition and diabetes self-management knowledge and skills;
- 2) Identification and negotiation of individually designed nutrition *goals*;
- 3) Nutrition *intervention* involving both meal planning and educational materials carefully matched to the patient's needs; and
- 4) *Evaluation* of outcomes and ongoing monitoring.

Q: How many people in my state have diabetes and/or prediabetes?

A: A table showing the number of people with diabetes and prediabetes in each state is available in the PPW Toolkit. Not all states have data on prediabetes, as indicated in the table. District-level data is available at the Center for Disease Control and Prevention's website, <http://www.cdc.gov/diabetes/atlas/countydata/atlas.html>. It would be useful to print off the information for Hill visits.

Q: Does this bill expand the types of providers who are eligible to bill Medicare?

A: No, the bill does not expand eligible providers to bill Medicare. Medicare currently covers registered dietitian nutritionists, and other qualified providers, to provide MNT. This is not changed in H.R. 1686/S. 3082.

Q: CMS recently announced that diabetes prevention programs would be covered by Medicare. Why is this bill necessary?

A: It is important to distinguish between the National Diabetes Prevention Program (NDPP) and medical nutrition therapy. The NDPP is based on a clinical trial from the National Institutes of Health, which is now being scaled up through the Centers for Disease Control and Prevention (CDC). The NDPP offers group counseling over a 16 week period for people at risk of diabetes.

In contrast, MNT provided by RDNs is an individualized intensive intervention that has proven to prevent diabetes in people at risk.¹ Due to the severity of comorbid diseases and disability associated with diabetes, it is imperative to address diabetes using every evidence-based tool at our disposal. MNT is an evidence-based, effective intervention to prevent or delay diabetes in people with prediabetes.

Q: Does the bill have a CBO score, or how much this bill will cost?

A: The Congressional Budget Office (CBO) is a nonpartisan agency that provides cost-estimates (the “score”) on proposed legislation to Members of Congress. CBO has not scored the Preventing Diabetes in Medicare Act. However, the Institute of Medicine has recognized medical nutrition therapy as a valuable and efficient use of Medicare resources since 1997², and a recent article published in JAND demonstrates the cost-effectiveness of MNT to prevent diabetes.³ CMS has also recognized that preventing diabetes is beneficial and cost-effective.⁴ These articles would be great to review before your meeting.

¹ 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.* Nov;114(11):1739-48.

² Institute of Medicine: The Role of Nutrition in Maintaining Health in the Nation’s Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population. Washington, DC, National Academy Press, 2000, p.118–131.

³ Anderson, JM (2012). Achievable cost saving and cost-effective thresholds for diabetes prevention lifestyle interventions in people aged 65 and older. *J Acad Nutr Diet.* Vol 112(11):1747- 54.

⁴ Health and Human Services Press Release. Independent Experts Confirm that Diabetes Prevention Model Supported by the Affordable Care Act Saves Money and Improves Health. March 23, 2016. Available at: <http://www.hhs.gov/about/news/2016/03/23/independent-experts-confirm-diabetes-prevention-model-supported-affordable-care-act-saves-money.html>.