April 6, 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.

Alliance for Connected Care

Alliance for Patient Access

American Telemedicine Association

Axis Advocacy

Blue Cross Blue Shield Association

Children with Diabetes

Chronic Disease Coalition

Connected Health Initiative

Diabetes Leadership Council

Diabetes Patient Advocacy Coalition

Diabetes Policy Collaborative

eHealth Initiative

Health Innovation Alliance

Lupus and Allied Diseases Association, Inc.

National Kidney Foundation

Partnership to Advance Virtual Care

Patient & Provider Advocates for Telehealth

Attachments:

April 16, 2020 U.S. Senate letter on the need for Virtual MDPP Suppliers During the PHE
May 21, 2020 U.S. House letter on the need for Virtual MDPP Suppliers During the PHE

April 16, 2020

The Honorable Alex M. Azar II
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

The Honorable Seema Verma, M.P.H.
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Secretary Azar and Administrator Verma:

In light of the ongoing COVID-19 pandemic, we are writing to request that you build upon the steps taken in your recent interim final rule with comment period (IFC) by making CDC-recognized virtual Diabetes Prevention Program (DPP) providers eligible for reimbursement in the Medicare DPP (MDPP) expanded model. We continue to strongly support permanent eligibility for these providers, who have the potential to dramatically expand access to beneficiaries in need, and we urge you to ensure their eligibility for at least the duration of the COVID-19 public health emergency. This step would both enable access for millions of eligible beneficiaries and provide key foundational data on the effectiveness and integrity of virtual programs within the MDPP.

According to the CDC and emerging research from across the globe, older individuals and those suffering from serious medical conditions, such as diabetes, are at a higher risk of experiencing severe illness, and even death, after contracting COVID-19. While all Americans should adhere to the instructions of health professionals and practice social distancing, these directives are all the more important for at-risk populations, including those whom the MDPP aims to serve.

Even before this pandemic began to spread in the United States, many Medicare beneficiaries faced considerable access challenges that prevented them from participating in this potentially life-saving program. The COVID-19 pandemic, however, has exacerbated those gaps. In-person sessions risk life-threatening viral exposure, and yet beneficiaries cannot readily turn to virtual programs as a viable alternative, given persistent reimbursement barriers. While CMS's recent IFC took an important step forward in recognizing the value of certain types of virtual sessions from a subsection of providers, the parameters outlined in the rule create barriers to entry for many high-quality virtual providers and potential new participants, in addition to substantially

constraining options for beneficiaries currently participating in the program. In contrast with a number of other flexibilities included in the IFC and waivers released by CMS, which leverage innovative technological tools to improve access and care quality, the agency's temporary policy changes for the MDPP leave significant opportunities for further development and enhancement.

The COVID-19 public health emergency exemplifies the importance of integrating virtual health technology solutions into our healthcare system on a sustainable, long-term basis, and we will continue to work to ensure that CDC-recognized virtual providers are full participants in the MDPP expanded model. In the near term, however, we ask that you protect at-risk populations and preserve and bolster access to a proven program by allowing for robust and meaningful virtual provider reimbursement eligibility during this public health emergency.

Sincerely,

Tim Scott
United States Senator

Mark R. Warner
United States Senator

Cindy Hyde-Smith
United States Senator

Gary C. Peters
United States Senator

Roger F. Wicker
United States Senator

Jeanne Shaheen
United States Senator

Kevin Cramer
United States Senator

Tina Smith
United States Senator

Joni K. Ernst
United States Senator

Kyrsten Sinema
United States Senator

Shelley Moore Capito
United States Senator

Martha McSally
United States Senator

Congress of the United States
Washington D.C. 20515

May 21, 2020

The Honorable Alex M. Azar II
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

The Honorable Seema Verma, M.P.H.
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Secretary Azar and Administrator Verma:

In light of the ongoing COVID-19 pandemic, we are writing to request that you build upon the steps taken in your recent interim final rule with comment period (IFC) by making CDC-recognized virtual Diabetes Prevention Program (DPP) providers eligible for reimbursement in the Medicare DPP (MDPP) expanded model. We also request that you expand the scope of virtual diabetes services to include diabetes self-management training (DSMT) providers, who can effectively and safely empower Medicare beneficiaries with diabetes to take control of the disease. We continue to strongly support permanent eligibility for virtual DPP and DSMT providers, who have the potential to dramatically expand access to beneficiaries in need, and we urge you to ensure their eligibility for at least the duration of the COVID-19 public health emergency. This step would both enable access for millions of eligible beneficiaries and provide key foundational data on the effectiveness and integrity of virtual programs within the MDPP.

According to CDC and emerging research from across the globe, older individuals and those suffering from serious medical conditions, such as diabetes, are at a higher risk of experiencing severe illness, and even death, after contracting COVID-19. While all Americans should adhere to the instructions of health professionals and practice social distancing, these directives are all the more important for at-risk populations, including those whom the MDPP aims to serve.

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constraining options for beneficiaries currently participating in the program. In contrast with a number of other flexibilities included in the IFC and waivers released by CMS, the agency's temporary policy changes for the MDPP leave significant opportunities for further development and enhancement.

The COVID-19 public health emergency exemplifies the importance of integrating virtual health technology solutions into our healthcare system on a sustainable, long-term basis, and we will continue to work to ensure that CDC-recognized virtual providers are full participants in the MDPP expanded model and that virtual DSMT services can reach Medicare beneficiaries. In the near term, however, we ask that you protect at-risk diabetes populations during this unprecedented COVID-10 pandemic and preserve and bolster access to a proven program by allowing for robust and meaningful virtual provider reimbursement eligibility during this public health emergency.

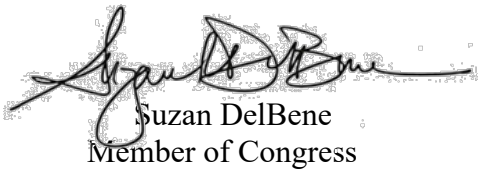
Sincerely,

Diana DeGette
Member of Congress

Tom Reed
Member of Congress

Raul Ruiz
Member of Congress

Mike Kelly
Member of Congress



Suzan DelBene
Member of Congress

Susan Brooks
Member of Congress