

## ADCES/AADE Policy Positions and Statements

### Archive for 2024 and Earlier

#### Positions

- [Consensus Statement on US Health Care Reform for People with Diabetes – 2020](#)
- [ADCES Insulin Pricing Principles – 2019](#)

#### Statements, Comments, and Letters

2024

- In a historic reversal of policy, the Centers for Medicare and Medicaid Services [proposed](#) to reinterpret existing law to create coverage of obesity medications through Medicare Part D and state Medicaid programs, effective in 2026. ADCES signed a [coalition letter](#) thanking the Biden administration for this proposal.
- Thirteen organizations that support the DSMT Act joined ADCES on letters to [House](#) Energy & Commerce and [Senate](#) Finance leadership requesting they support the inclusion of the DSMT Act in the 2024 end-of-year legislative package. ADCES also signed onto coalition letters pushing for the inclusion of the [Treat and Reduce Obesity Act](#), a [Medicare telehealth extension](#), the [PREVENT DIABETES Act](#), and strong [funding for NIDDK](#) in the 2024 end-of-year legislative package.
- The PREVENT DIABETES Act from Reps. DeGette and Bilirakis would expand access to the Medicare Diabetes Prevention Program. ADCES [signed onto letters](#) from the Diabetes Advocacy Alliance thanking the sponsors for introducing the bill.
- The House Ways and Means Health Subcommittee [held a hearing](#) on September 18, 2024, on “Investing in a Healthier America: Chronic Disease Prevention and Treatment” and solicited public comment on related issues. ADCES [submitted comments](#) on the importance of diabetes self-management training, medical nutrition therapy, the Diabetes Prevention Program, and telehealth in Medicare. ADCES also [supported comments](#) from the Diabetes Technology Access Coalition.
- In response to the calendar year 2025 Medicare Physician Fee Schedule (MPFS) [proposed rule](#), ADCES [submitted comments](#) on a variety of telehealth and payment proposals. ADCES also supported [MPFS comments from the Diabetes Advocacy Alliance](#) and [Diabetes Technology Access Coalition](#) and [signed a letter](#) asking Congress to intervene to stop planned cuts to Medicare Part B payments in 2025. Also see the [final rule](#).
- As part of the American Indian/Alaska Native Health Partners coalition, ADCES signed a [letter of support](#) for the Tribal Tax and Investment Reform Act of 2024 that would address a number of tax issues for tribes including making the student loan repayment awards and scholarships granted by the Indian Health Service tax-free to bring these awards in line with similar programs such as the National Health Services Corps.
- In response to the calendar year 2025 Medicare Outpatient Prospective Payment System (OPPS) [proposed rule](#), ADCES submitted [comments](#) supporting the agency’s proposal to align telehealth coverage rules between OPPS and the Medicare Physician Fee Schedule to allow DSMT and MNT to continue to be delivered via telehealth from the hospital outpatient department setting. ADCES also submitted [comments](#) to the final OPPS rule on outstanding questions.
- As part of a bill that would provide fiscal year 2025 funding for the Department of Health and Human Services, the House Appropriations Committee put forth a proposal to completely restructure the National Institutes of Health. ADCES joined a large coalition of other organizations on [a letter](#) opposing both the contents of the proposal and the process of it being slipped into a funding bill rather than considered by an authorizing committee through a careful process involving key

stakeholder input.

- On June 27<sup>th</sup>, the House Ways & Means Committee held a legislative markup to consider several health care bills including the Treat and Reduce Obesity Act. The committee ultimately decided to advance a much narrower version of the bill than was originally introduced. ADCES joined others from the Obesity Care Advocacy Network on [a letter to committee leadership](#) supporting this amended version of TROA that will serve as a first step towards broader coverage of obesity treatments in Medicare.
- The House Energy & Commerce Committee was originally scheduled to hold a legislative markup on June 27<sup>th</sup> to consider several bills including the PREVENT DIABETES Act, which would make the Medicare Diabetes Prevention Program a permanent benefit and expand access to all delivery modalities of the program. In advance of the markup — which ultimately did not take place that day — ADCES joined the Diabetes Advocacy Alliance and others on [a letter supporting the legislation](#) ahead of the scheduled markup.
- In response to a [Request for Information](#) from CMS on data collection within Medicare Advantage, ADCES worked with the Diabetes Technology Access Coalition to [submit comments](#) on the types of data that CMS should be collecting on MA plans to better understand how they are promoting or hindering access to DSMT, MNT, diabetes technologies and other critical diabetes care services and devices.
- A biologics license application has been filed with the FDA for the first-ever once-weekly basal insulin for use by adults with Type 1 or Type 2 diabetes. In advance of [a hearing](#) by the FDA's Endocrinologic and Metabolic Drugs Advisory Committee, ADCES [submitted written testimony](#) highlighting the potential for this novel medication to reduce the burden of diabetes management.
- ADCES joined a coalition of 58 organizations in sending [a letter](#) to HHS Secretary Becerra and CMS Administrator Brooks-LaSure urging the administration to provide coverage of obesity medications under Medicare Part D and to expand access to the Medicare Part B benefit for intensive behavioral therapy for obesity.
- The Medicare Evidence Development and Coverage Advisory Committee (MEDCAC) is examining what clinical endpoints should be of interest to CMS in studies of new devices for self-management of Type 1 and insulin-dependent Type 2 diabetes in older adults. Two coalitions to which ADCES belongs submitted comments to inform MEDCAC's deliberations: The [Diabetes Technology Access Coalition](#) and the [Time in Range Coalition](#).
- The Medicare program's telehealth policies continue to operate through 2024 under temporary waivers put in place in early 2020. To ensure that telehealth DSMT can continue in Medicare post-2024, ADCES and ADA submitted a [joint letter to CMS](#) outlining regulatory changes we think are needed to avoid disruptions to care specifically in the hospital outpatient department setting.
- The National Consumers League and National Council on Aging worked with health leaders and obesity specialists to develop an [Obesity Bill of Rights](#) that calls for evidence-based screening, diagnosis and treatment to be available from a respectful, qualified interdisciplinary team. ADCES joined dozens of other organizations in endorsing the Obesity Bill of Rights.
- The US Preventive Services Task Force has released a draft updated recommendation on [High Body Mass Index in Children and Adolescents: Interventions](#). ADCES joined other members of the Diabetes Advocacy Alliance in [supporting this draft recommendation](#) overall and offering areas for improvement.
- CMS has issued its [2025 Notice of Benefit and Payment Parameters](#) regulation. Amongst many other changes, HHS plans to switch out the classification system they use to benchmark prescription drug coverage under Essential Health Benefits, which ADCES called for in our [2023 Essential Health Benefits comments](#). ADCES signed a [letter from the Diabetes Advocacy Alliance](#) supporting this

change, which we believe will improve access to anti-obesity medications in ACA Marketplace plans.

- In response to proposals to cut federal funding for research, education and social service programs, ADCES joined over 1,000 organizations in a [letter](#) urging Congressional leadership to adopt the bipartisan Senate funding framework and finish the fiscal year 2024 appropriations process.

## 2023

- As part of the Obesity Care Advocacy Network, ADCES signed onto letters to [House](#) and [Senate](#) committee leadership calling on Congress to address the obesity epidemic and pass the Treat and Reduce Obesity Act.
- ADCES submitted [initial comments](#) and a [second set of comments](#) to the CDC's ICD-10 Coordination and Maintenance Committee in support of a [recent proposal](#) to create new diagnosis codes for hypoglycemia level 1, level 2 and level 3.
- ADCES and six other national organizations submitted a [letter for the Congressional record](#) in support of the *DSMT Act's* inclusion in the [Energy & Commerce Health Subcommittee hearing Examining Policies to Improve Seniors' Access to Innovative Drugs, Medical Devices, and Technology](#).
- ADCES submitted [comments to the CDC's ICD-10 Coordination and Maintenance Committee](#) in support of a recent proposal to create new ICD-10 diagnosis codes for stages 1, 2 and 3 of Type 1 diabetes to distinguish the development of Type 1 from the development of Type 2, which is coded as prediabetes.
- In response to the calendar year 2024 Medicare Physician Fee Schedule (MPFS) [proposed rule](#), ADCES submitted [in-depth comments supporting the myriad improvements to diabetes care coverage](#) the administration was proposing and offered constructive feedback to improve the proposals further. ADCES also signed onto [MPFS comments from the Diabetes Advocacy Alliance](#). See the [Final Rule](#), which incorporated some of ADCES's suggestions.
- In response to statements from the Centers for Medicare & Medicaid Services stating that improving utilization of the Medicare DSMT benefit was a priority for the agency, ADCES submitted an [extensive list of recommended improvements](#) to streamline referral to and use of the benefit and to simplify participation and billing for suppliers.
- As part of the Amputation Prevention Alliance, ADCES joined a [letter to the sponsors of the Amputation Reduction and Compassion Act \(ARC Act\)](#) supporting the legislation and thanking them for their leadership on amputation prevention.
- As part of the Diabetes Advocacy Alliance, ADCES signed onto a [letter to House and Senate leadership](#) urging them to reauthorize and fund the Special Diabetes Program and the Special Diabetes Program for Indians in advance of its September 2023 expiration.
- In response to the introduction of the *Strengthening Medicare for Patients and Providers Act*, ADCES and a coalition of health care provider associations representing over one million clinicians sent a [letter of support to the bill's original sponsors](#) in the House.
- ADCES [responded to the Centers for Medicare & Medicaid Services' request for information](#) about updating its Essential Health Benefits regulations and guidance.
- ADCES submitted [comments to the Office of U.S. Senator Schatz \(HI\)](#) on recommended changes to the CONNECT for Health Act to ensure that Medicare DSMT programs can permanently continue to deliver services via telehealth.

## 2020

- ADCES and the ADA [urged](#) CMS to allow RNs and pharmacists to furnish DSMT via telehealth during the COVID-19 pandemic.

- ADCES, ADA, and the Endocrine Society [submitted](#) a request to CMS urging action and clarification around Medicare telehealth requirements for DSMT during the COVID-19 pandemic.
- ADCES discussed the role of the diabetes care and education specialist and addresses Medicare challenges in [letter](#) to the National Clinical Care Commission.

## 2019

- AADE [responded](#) to HHS Prevention X Request for Information.
- AADE offered policy [recommendations](#) to the National Clinical Care Commission.
- AADE joined the Diabetes Advocacy Alliance in coalition [letter](#) to the National Clinical Care Commission.
- AADE submitted [commented](#) to the Centers for Medicare & Medicaid Services (CMS) in response to the Medicare Physician Fee Schedule proposed payment rule for 2020. AADE also joined the Diabetes Advocacy Alliance (DAA) in a coalition [letter](#) to CMS addressing the same rule.
- AADE joined the Diabetes Policy Collaborative (DPC) in a [letter](#) to health plans urging them to adopt new IRS guidance allowing certain types of medical care to be designated as “preventative” for individual with chronic diseases, such as diabetes. This would apply to high-deductible health plans linked to HSAs.
- AADE [addressed](#) the proposed update to the definition of health literacy in the objectives for Healthy People 2030.
- AADE joined other provider organizations, including the American Association of Clinical Endocrinologists (AACE), in a [letter](#) to UnitedHealthcare urging them to reconsider their recent insulin pump policy change affecting children ages 7 and older.
- AADE and the AADE CT Coordinating Body joined other advocates in a [letter](#) of support for CT Governor Lamont’s budget proposal to establish Medicaid coverage for the National Diabetes Prevention Program.
- [Community Statement](#) on Medicare Coverage for Medically Necessary Oral and Dental Health Therapies
- AADE [asked](#) members of Congress to support the Special Diabetes Program (SDP).
- AADE collaborated with the DAA on [commented](#) to the Senate HELP Committee on how the 116th Congress can address America’s rising healthcare costs.
- AADE worked with NY diabetes advocates to [ask](#) NY state legislators to support Governor Cuomo’s budget proposal to establish Medicaid coverage for the Diabetes Prevention Program.
- AADE joined the Diabetes Advocacy Alliance (DAA) in a [letter](#) to CMS on the expansion of the Medicare Diabetes Prevention Program, proposing modifications to improve accessibility and uptake of the program.
- AADE [commented](#) on Healthy People 2030 proposed objectives.

## 2018

- AADE joined the DAA in submitting letters to [HHS Secretary Alex Azar](#) and FDA Commission Scott Gottlieb and [CMS Administrator Seema Verma](#) to address concerns with blood glucose testing system accuracy.
- AADE took action and sent a [letter](#) to CMS after the agency [announced](#) their plans to rescind 2012 guidance prohibiting Medicare Advantage Plans from using step therapy to manage costs.

- AADE submitted [comments](#) to CMS in response to their Competitive Bidding Program (CBP) proposed rule. AADE addressed our concerns with the low pricing for diabetes testing supplies (DTS) under the CBP and the impact this has on quality, availability, and access to DTS for Medicare beneficiaries.
- AADE worked with the [DAA to submit comments](#) to the [U.S. Preventative Services Task Force \(USPSTF\)](#) to address the *Draft Research Plan for Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening*.
- AADE submitted [comments to CMS](#) in response to the Medicare Physician Fee Schedule proposed rule for 2019.
- AADE worked with the DAA to [submit comments](#) to the [U.S. Preventative Services Task Force \(USPSTF\)](#) to address the *Draft Research Plan for Diet and Physical Activity to Prevent Cardiovascular Disease in Adults with Risk Factors: Counseling*.