2015 US Executive Summary

PATHS

Providing Access to Healthy Solutions

Beating Type 2 Diabetes: Recommendations for Federal Policy Reform

WRITTEN BY

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"EVERY 17 SECONDS, ANOTHER AMERICAN IS DIAGNOSED WITH DIABETES AND, IF CURRENT TRENDS CONTINUE, ONE IN THREE AMERICANS WILL HAVE DIABETES BY 2050." [1]

1. John Anderson, Meghan Riley & Tekisha Dwan Everette, *How Proven Primary Prevention Can Stop Diabetes*, 30 CLINICAL DIABETES, no. 2, at 76 (Apr. 2012), available at http://clinical.diabetesjournals.org/content/30/2/76.full.pdf.

ABOUT THE AUTHORS

The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) advocates for legal, regulatory, and policy reforms to improve the health of underserved populations, with a focus on the needs of low-income people living with chronic illnesses and disabilities. CHLPI works with consumers, advocates, community-based organizations, health and social services professionals, food providers and producers, government officials, and others to expand access to high-quality healthcare and nutritious, affordable food; to reduce health disparities; to develop community advocacy capacity; and to promote more equitable and effective healthcare and food systems. CHLPI is a clinical teaching program of Harvard Law School and mentors students to become skilled, innovative, and thoughtful practitioners as well as leaders in health, public health, and food law and policy.

For the past two years, CHLPI has been deeply engaged in research and analysis on type 2 diabetes policy. This initiative is known as the PATHS Project (Providing Access to Healthy Solutions). Intensive state-based research and coalition-building culminated in two comprehensive diabetes policy reports in New Jersey and North Carolina, released in 2014. In 2015, CHLPI is focused on advocating for policy reform at the federal level. In 2016, CHLPI plans to release a report on State Best Practices with respect to enhancing access to care and opportunities for healthy lifestyles for people living with type 2 diabetes.

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Beating Type 2 Diabetes: Recommendations for Federal Policy Reform is primarily authored by Sarah Downer, Allison Condra, Krista L. White, Stephen Shaw, Anup Myneni, Marissa Leonce, and Kristen Gurley. CHLPI thanks numerous type 2 diabetes advocates for providing feedback and critique throughout the drafting process, and the CHLPI Director and Associate Director, Robert Greenwald and Emily Broad Leib, for their wisdom and guidance.

TABLE OF ACRONYMS

ACA = Affordable Care Act

ADA = American Diabetes Association

BMI = Body Mass Index

CDC = Centers for Disease Control & Prevention

CDFIs = Community Development Financial Institutions

CHLPI = Center for Health Law & Policy Innovation at Harvard Law School

CMMI = Center for Medicare & Medicaid Innovation

CMS = Centers for Medicare & Medicaid Services

DDT = Division of Diabetes Translation

DPP = Diabetes Prevention Program

DSME/T = Diabetes Self-Management Education/Training

EHBs = Essential Health Benefits

FINI = Food Insecurity Nutrition Incentive Program

F/RP Meals = Free/Reduced Price Meals

FY = Fiscal Year

HFFI = Healthy Food Financing Initiative

HIP = Healthy Incentives Pilot

HHS = Department of Health & Human Services

IOM = Institute of Medicine

National DPP = National Diabetes Prevention Program

NIDDK = National Institute of Diabetes and Digestive and Kidney Diseases

NIH = National Institute of Health

NSBP = National School Breakfast Program

NSLP = National School Lunch Program

S-FMNP = Senior Farmers Market Nutrition Program

SNAP = Supplemental Nutrition Assistance Program

SPA = State Plan Amendment

USDA = United States Department of Agriculture

WIC = Special Supplemental Nutrition Program for Women, Infants, & Children

WIC-FMNP = WIC Farmers Market Nutrition Program

YMCA = Young Men Christians Association

EXECUTIVE SUMMARY

Diabetes is the 7th leading cause of death in the United States,[2] and causes more deaths per year than breast cancer and AIDS combined.[3] Twenty-nine million Americans have diabetes (9.3% of the population), while over one in three have prediabetes (blood glucose levels that are elevated above normal but have not reached the threshold for a diabetes diagnosis).[4] The American Diabetes Association estimates that the total cost of the disease to the United States is $245 billion per year, including $176 billion in direct medical costs and $69 billion in indirect costs, which takes into account reduced productivity, inability to work due to disability, and lost productive capacity due to early death.[5] One in five overall healthcare dollars are spent caring for people with diabetes; in Medicare, one third of the program's expenses are "associated with treating diabetes and its complications."[6]

THE FEDERAL GOVERNMENT MUST ACT NOW TO STEM THE TYPE 2 DIABETES EPIDEMIC IN THE UNITED STATES.

The Center for Health Law & Policy Innovation at Harvard Law School, together with the Bristol-Myers Squibb Foundation's *Together on Diabetes* Initiative, recommends the following seven actions to reduce incidence of the disease and promote effective management of diabetes in those who have already been diagnosed:

1. Include evidence-based diabetes and prediabetes services in Essential Health Benefits to improve health and reduce costs.

We recommend that Essential Health Benefits (EHBs) include coverage of both the National Diabetes Prevention Program (National DPP) and diabetes self-management education (DSME). The Affordable Care Act (ACA) identified certain categories of healthcare services as EHBs, which must be covered by individual and small group health insurance plans as well as Medicaid for newly eligible individuals in states that expand their Medicaid programs. The ACA does not specify what services fall within EHBs, and there is currently wide variation in coverage of key diabetes services among plans. However, the ACA provides that the services included in EHBs shall be periodically updated.[7] We agree with the Institute of Medicine (IOM) that the EHB package should become "more fully evidence-based, specific, and value-promoting."[8] By incorporating these crucial diabetes prevention and management services, EHBs will become a powerful tool that makes coverage of evidence-based prediabetes and diabetes services consistent across states and helps both public and private insurers to improve health outcomes and reduce costs.

2. Include the National Diabetes Prevention Program in standard Medicare coverage with no cost-sharing and provide guidance to state Medicaid programs on covering this service through State Plan Amendments.

We recommend coverage of the National DPP lifestyle intervention for Medicare beneficiaries diagnosed with prediabetes (elevated blood glucose levels). Diabetes can be prevented or postponed. The National DPP has been shown to reduce the risk of developing diabetes among those 60 or older by 71%.[9] Projected savings from coverage of this diabetes prevention program for Medicare beneficiaries with prediabetes are approximately $1.3 billion over nine years.[10] To ensure that Medicaid beneficiaries also benefit from this program (which can reduce the risk of developing diabetes by 58% for all adults), we urge Centers for Medicare & Medicaid Services (CMS) to provide guidance to state Medicaid programs wishing to cover this service for their prediabetic beneficiaries through State Plan Amendments or other available waivers.

3. Include coverage in Medicare of medically-appropriate food as a cost-effective diabetes intervention and provide guidance to state Medicaid programs on covering this service through State Plan Amendments.

We recommend coverage of a transitional period of medically-appropriate meals for Medicare beneficiaries with diabetes who are either attempting to make a lifestyle change or have experienced an acute event related to diabetes, such as a hypoglycemic episode. People with diabetes who consume nutritionally appropriate prepared meals have been shown to have statistically significant reductions in blood glucose levels, which can translate to hundreds of dollars in healthcare savings per patient per year.[11] For individuals with serious diagnoses that impair daily function, including diabetes with complications, the provision of medically-appropriate meals has been found to reduce overall medical costs compared to a control group, as well as reduce hospitalizations, decrease the length of hospitalizations, and increase the likelihood that a patient will be discharged from a hospital to his home instead of to an acute care facility.[12] Medicare currently offers reimbursement for medically tailored meals in very limited circumstances. A transitional period of medically appropriate meals available to every Medicare beneficiary who qualifies based on established Medicare criteria will improve outcomes and reduce costs for Medicare beneficiaries with diabetes, especially for those whose disease is most poorly controlled and therefore most expensive to treat. To ensure that Medicaid beneficiaries also benefit from this program, we urge CMS to provide guidance to state Medicaid programs wishing to cover this service for their beneficiaries through State Plan Amendments or other available waivers.

4. Increase federal funding for diabetes prevention and research.

We recommend increasing funding to diabetes prevention and research programs, including the Centers for Disease Control & Prevention (CDC)-led National Diabetes Prevention Program (National DPP), the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), and the CDC's Division of Diabetes Translation (DDT). In recent years, appropriations to necessary programs have been reduced in the face of fiscal pressures. For example, the National DPP has not received sufficient funding to enable it to meet the goal of bringing nationwide access to CDC-certified Diabetes Prevention Programs to prediabetics individuals.[13] The NIDDK, which is the leading supporter of research into diabetes treatment and potential cures, received $75 million less in funding in 2014 than in 2010.[14] With healthcare costs related to diabetes reaching $245 billion in 2012, we cannot afford to reduce investment in crucial research and prevention efforts.[15]

5. Encourage states to develop holistic and coordinated diabetes care models through diabetes-specific CMS Innovation Awards.

We recommend that the Center for Medicare & Medicaid Innovation (CMMI) issue grants to states for diabetes-focused demonstration projects. The ACA established CMMI to promote "broad payment and practice reform in primary care."[16] CMMI awards should be used to evaluate promising innovations on a broad scale for large segments of the population, with the ultimate goal of implementing the most effective interventions and models in Medicare and Medicaid nationwide. We assert that the complexity of diabetes from both prevention and management perspectives requires awards that focus exclusively on this disease, and that states with the highest diabetes burdens be actively encouraged to develop applications to participate in diabetes-related demonstration projects.

6. Increase federal investments to support healthy food access.

We recommend expanding investment in federal programs that increase individuals' access to heathy food, as consumption of healthy food not only helps prevent the incidence of type 2 diabetes and other chronic diseases, but also mitigates the consequences of type 2 diabetes once individuals are diagnosed with the disease. 14.3% of U.S. households were food insecure in 2013,[17] and 23.5 million people nationwide live in "food deserts," or areas without ready access to fresh, healthy, affordable food.[18] Food insecurity has a direct impact on an individual's ability to prevent and manage type 2 diabetes. Federal funding through the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Assistance Program for Women, Infants & Children (WIC), and special Farmers Market Nutrition Programs have been insufficient to adequately address the need for people living with or at risk for type 2 diabetes to have access to healthy food due to low benefit levels. The reach of a new Food Insecurity Nutrition Incentive grant program, while a promising start to providing more healthy-food dollars to low-income individuals, is limited in scope. Finally, more funding should be appropriated for the Healthy Food Financing Initiative (HFFI), which aims to increase the number of healthy food retailers in underserved areas through strategic distribution of grants and loans.

7. Maintain strong federal nutrition standards for school lunch and increase school meal reimbursement rates.

We recommend that all federal nutrition regulations for school meals and competitive foods issued in relation to the Healthy, Hunger-Free Kids Act of 2010 be fully implemented and enforced.[19] Congress must maintain these rigorous federal nutrition standards during the Child Nutrition Reauthorization proceedings in 2015. Good nutrition at a young age is key to preventing development of type 2 diabetes in youth and in preventing obesity, which significantly increases the risk of developing type 2 diabetes as an adult. Type 2 diabetes is becoming increasingly prevalent in adolescents and today occurs in children as young as 10 years old.[20] Rigorous nutrition standards for school meal programs can have a significant impact on prevalence of obesity.[21] Currently, schools that serve meals meeting federal standards only receive an additional six cents per meal in reimbursement. We urge that per-meal reimbursement increase above this level in order to enable schools to design new recipes and change procedures to accommodate serving new healthy foods.

CONCLUSION

The diabetes epidemic requires urgent attention from all government entities, from Congress to federal agencies. The implementation of these recommendations will provide the 29 million people with diabetes and the 86 million people with prediabetes with access to tools they can use to live healthier lives free of type 2 diabetes or its complications. As a nation, we cannot afford to ignore the toll diabetes is taking on all segments of society, from our seniors to our youth. Ensuring access to vital prevention and treatment services while transforming our food environment through strategic funding choices will give our citizens an opportunity to take informed control of their health, and ultimately, to beat type 2 diabetes.

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