

## **S. \_\_\_\_\_, the PREVENT DIABETES Act**

*Introduced by Sens. Mark Warner (D-VA) and Tim Scott (R-SC)*

*The Promoting Responsible and Effective Virtual Experiences through Novel Technology to Deliver Improved Access and Better Engagement with Tested and Evidence-Based Strategies (PREVENT DIABETES) Act aims to strengthen the Medicare Diabetes Prevention Program (MDPP) Expanded Model by allowing the participation of CDC-recognized virtual suppliers.*

**Background:** The [MDPP Expanded Model \(EM\)](#) leverages proven interventions to prevent the onset of type 2 diabetes in Medicare beneficiaries with prediabetes. Established as part of the Physician Fee Schedule final rules for calendar years 2017 and 2018, the MDPP EM provides targeted performance- and participation-based payments to Medicare-enrolled suppliers to administer evidence-based sessions focused on sustained dietary changes, increased physical activity, and weight control strategies. Coaches conduct up to two years of structured sessions, all in accordance with a CDC-approved curriculum.

In 2016, the Chief Actuary of CMS [certified](#) that “beneficiaries participating in diabetes prevention programs have achieved success with losing weight and reducing the incidence of diabetes” and that the expansion was “expected to reduce Medicare expenditures.” According to CMS, the program at the core of the expanded model “has been shown to [reduce the incidence of diabetes by 71 percent](#) in persons age 60 years or older.”

**The Problem:** The exclusion of innovative virtual suppliers from the MDPP EM has impeded the program’s reach and created substantial access gaps, particularly for older Americans living in rural and underserved urban communities. *POLITICO* [reported](#) last year that only 202 beneficiaries had used the program in 2018, and an *American Journal of Managed Care* [study](#) published this June concluded that “inadequate MDPP access” stemmed in part from “severe shortages” of suppliers, particularly in states with large populations of Medicare beneficiaries of color. The COVID-19 pandemic has highlighted and exacerbated these access barriers, but regulatory flexibilities remain limited.

**What the PREVENT DIABETES Act would do:** In short, the bill would increase access to the MDPP EM by allowing CDC-recognized virtual suppliers to participate in the program.

**Why the PREVENT DIABETES Act is needed:** According to the CDC, 13% of American adults have diabetes, including 26.8% of those aged 65 or older. Diabetes prevalence varies substantially by race/ethnicity, affecting 16.4% of Black adults, 14.9% of Asian adults, and 14.7% of Hispanic adults, versus 11.9% of White adults. Inclusion of virtual suppliers in MDPP could help to address these disparities and improve outcomes for older Americans across the board. A [2018 study](#) that focused specifically on the provision of DPP services through virtual providers found statistically significant evidence of reduced costs and utilization pattern changes for a Medicare population.