



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CMS-9982-NC
45 CFR Part 147

To whom it may concern:

The American Association of Diabetes Educators (AADE) is pleased to respond to the solicitation of comments jointly issued by CMS as well as offices within the Departments of the Treasury and Labor (CMS-9982-NC), that are intended to implement portions of the Patient Protection and Affordable Care Act (PPACA) on disclosure for group health plans and health insurance issuers of the summary of benefits and coverage (SBC) and the Uniform glossary.

AADE is a multi-disciplinary professional membership organization dedicated to advancing the practice of diabetes self-management training and education (DSMT) as integral components of health care for persons with diabetes, as well as lifestyle management for the prevention of diabetes for those at high risk. AADE represents more than 14,000 members, including nurses, dietitians, pharmacists, physicians, social workers, exercise physiologists and other members of the diabetes teaching team.

AADE applauds the goals of the proposed rule to increase transparency in the insurance market so that consumers and employers are better equipped to compare plan features and thus make an informed choice about which product to purchase.

Our comments focus in particular on the portion of the summary of benefits that would include coverage examples to show how much a consumer would pay in three common scenarios, including the cost of managing their diabetes. We encourage the "Managing Diabetes" section of the "Coverage Examples" to be expanded to include DSMT.

It is commonly recognized that diabetes prevalence is at epidemic levels, and is a serious threat to both the health and the fiscal stability of the U.S. Diabetes has a direct impact on Medicare expenditures, owing to the growing numbers of Medicare beneficiaries with diabetes. In fact, diabetes is the leading contributor to growth in inflation adjusted Medicare expenditures, exceeding even cancer and heart disease. Unfortunately, unless these trends are reversed through prevention, risk reduction for those with prediabetes, and education on effective self-management for those with diabetes, current estimates indicate that the diabetes population and its myriad associated costs are expected to double in the next 25 years.

Just as important as the Type II diabetes rates among our nation's seniors, is the serious increase in diabetes and pre-diabetes among young adults and even teenagers. There are estimated 79 million American adults aged 20 years or older with pre-diabetes, and another 25.6 million adults with diabetes.

DSMT programs improve health outcomes for individuals with diabetes and pre-diabetes and save health care expenditures. For those with pre-diabetes, the lifestyle changes such as those taught by qualified diabetes educators in a DSMT program can reverse these trends, by slowing or

eliminating altogether the progression of prediabetes into full blown diabetes. For those who already have diabetes, DSMT is arguably the single most critical -- and cost effective -- component of care in order to improve overall health outcomes and reduce the serious risks and complications of diabetes.

Despite its proven benefits, DSMT is an underutilized service, and has been recognized as such by CMS in the 2011 Physician Fee Schedule Final Rule. In an effort to increase access to care for diabetes and address underutilization, CMS included DSMT as a covered telehealth service. As well, to enhance availability of quality DSMT care in outpatient settings that extend beyond traditional hospital outpatient - based sites of service, CMS has recently enlarged the scope of approved sites for the provision of DSMT services by recognizing AADE as a national accreditation organization for accrediting entities to furnish DSMT services in an outpatient setting. We believe these recent actions by CMS points out the need enhance availability, access and general public awareness of the benefits of DSMT.

When these materials are finalized, patients will hopefully utilize the "Coverage Example" document to help better inform them of sample care options and costs to treat their diabetes or pre-diabetes. An overly generic heading of "office visits and procedures" under the Diabetes example is an inadequate descriptor that does not fully inform patients of the types of services they may likely require to address their diabetes.

For these reasons, and because of the critical importance of DSMT as part on overall diabetes regimen, we urge that an additional descriptor heading be added to the Diabetes example that includes appropriate verbiage to inform the patient of DSMT or diabetes education as a sample health care service

We appreciate the opportunity to comment on this issue and look forward to working with CMS to improve access to care for all patients with diabetes.

Sincerely,

A handwritten signature in cursive script that reads "Donna Tomky". The signature is written in black ink and is positioned above the typed name and title.

Donna Tomky, President, American Association of Diabetes Educators