The Preventing Diabetes in Medicare Act (H.R. 1686/S.____)

Overview

Diabetes is a tremendously costly illness, both in terms of health outcomes and of our nation's escalating healthcare costs. Today, 29.1 million people, or 1 in 10 people in the US, have diabetes; an additional 86 million people are estimated to have prediabetes. The prevalence of diabetes is even more staggering among those eligible for Medicare. In 2012, over one-quarter of U.S. residents aged 65 years and older (11.2 million) had diabetes. 

In other words, 7 out of 10 people eligible for Medicare are affected by diabetes or prediabetes. For half of these individuals, however, diabetes could be prevented if they had access to a diet and exercise lifestyle intervention.

The Costs of Diabetes

One out of every four federal health care dollars is spent treating people with diabetes. The total cost of prediabetes and diabetes to our health care system in 2012 was estimated to be $322 billion, including $244 billion in excess medical expenditures and $78 billion in reduced national productivity. Combined, this amounts to an economic burden exceeding $1,000 for each American in 2012. The average yearly healthcare costs for a person with diabetes is $13,700, with $7,900 due to diabetes alone.

Role of Medical Nutrition Therapy to Prevent Diabetes

Medical Nutrition Therapy (MNT) is a nutritional diagnostic, therapy and counseling service for disease management. When provided by an RDN, MNT includes: 1) lifestyle, knowledge and skills assessment, 2) negotiation of individualized nutrition goals, 3) nutrition intervention, and 4) evaluation of clinical and behavioral outcomes. To ensure an individualized therapeutic plan, MNT is conducted through one-on-one sessions between an RDN and an individual. MNT provided by an RDN is similar to the one-on-one counseling provided during national trials that were found to prevent diabetes; people receiving MNT have shown successful weight loss and improved prediabetes insulin markers.

Key Takeaways:

- Over one-quarter of the Medicare-eligible population (11.2 million over age 65) has diabetes.
- The total cost of diabetes to our health care system in 2012 was estimated to be $322 billion.
- Research shows that diabetes is preventable in people exposed to diet and exercise lifestyle modification programs, particularly among people over the age of 60.
- Medical nutrition therapy provided by a registered dietitian nutritionist is an effective, evidence-based program that can result in weight loss, obesity prevention and improved prediabetes insulin markers.
- The Preventing Diabetes in Medicare Act (H.R. 1686/S.____) will allow Medicare to reimburse registered dietitian nutritionists to provide medical nutrition therapy to patients at risk of prediabetes, in addition to other covered categories.
MNT is a part of successful diet and exercise lifestyle modification. Research shows that MNT provided by a dietitian is an effective evidence-based practice that can result in weight loss, obesity prevention and improved prediabetes insulin markers which are the same essential outcomes of other diabetes prevention programs.5,6,7

Cost-Effectiveness of Diabetes Prevention

Diet and exercise lifestyle modification programs have consistently been shown to be cost-effective and even cost-saving methods for preventing and treating diabetes in participants, meaning that compared to other treatment options, such as medication, diet and exercise lifestyle modification programs gives the payer (Medicare) the best return on investment.8,9

Bottom line: Research shows diet and exercise lifestyle interventions are cost-effective or even cost-saving treatments for people with prediabetes.

Benefits of the Preventing Diabetes in Medicare Act (H.R. 1686/S.____)

The Preventing Diabetes in Medicare Act will help to prevent cases of diabetes in the Medicare population by allowing medical nutrition therapy to be provided by a registered dietitian nutritionist for individuals with prediabetes or with risk factors for diabetes. Currently, Medicare covers screening for type 2 diabetes, and medical nutrition therapy for diabetes, but not for prediabetes.

H.R. 1686 is a bi-partisan bill that was introduced in the 114th Congress by Congresswoman DeGette (D-CO) and Congressman Ed Whitfield (R-KY).

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6 Corpeleijn E. et al. (2006). Improvements in glucose tolerance and insulin sensitivity after lifestyle intervention are related to changes in serum fatty acid profile and desaturase activities: the SLIM study. Diabetologia. 49(10):2392-2401.