BEATING TYPE 2 DIABETES: RECOMMENDATIONS FOR FEDERAL POLICY REFORM

OCTOBER 21, 2015
Overview

• Center for Health Law & Policy Innovation (CHLPI)’s work on type 2 diabetes \( \rightarrow \) Together on Diabetes Initiative

• The role for federal policy in combatting type 2 diabetes

• 7 key policy recommendations

• How to be part of creating change

• Upcoming events and publications on type 2 diabetes
**Center for Health Law and Policy Innovation**

*Training center for the next generation of health and food lawyers, law and policy reform think tank, advocacy leadership development and law reform advising program*

**Health Law**
- Access to health care for low-income populations
- Preventive health care & chronic disease management

**Food Law**
- Access to healthy food
- Sustainable food systems

**Type 2 Diabetes Policy**
PATHS: PROVIDING ACCESS TO HEALTHY SOLUTIONS

- State-level policy reports in New Jersey and North Carolina
- Technical assistance in key issue areas:
  - Integration of Community Health Workers into care teams
  - Impact of cost-sharing on utilization of DSME
  - Analysis of innovative models of care in Medicaid
  - Support for local Diabetes Action Councils on food policy
- Federal recommendations and Federal Policy Roundtables
TYPE 2 DIABETES – STATE OF THE NATION

27 million people with type 2 diabetes
7th leading cause of death
8 million don’t know they have diabetes
Increases the risk of:
- Heart disease
- Stroke
- Blindness
- Kidney failure
- Lower-limb amputations
- Depression
- Pregnancy complication
- Certain types of cancer

Age Adjusted Prevalence of Diagnosed Diabetes Among US Adults 2013

Diabetes

- Missing data
- 4.5%–5.9%
- 7.5%–8.9%
- <4.5%
- 6.0%–7.4%
- ≥9.0%

If current trends continue, one in three Americans will have diabetes by 2050.

**Beating Type 2 Diabetes: Policy Framework**

1. Coverage of key services by insurance providers
2. Funding for research on diabetes treatment, prevention, and models of diabetes care
3. Broader environmental context of diabetes with a focus on food
1. Include Evidence-Based Diabetes and Prediabetes Services in Essential Health Benefits

- The Affordable Care Act requires certain health plans to cover 10 broadly defined Essential Health Benefits (EHBs)
- EHBs in each state are based on state-selected benchmark plans
- ACA provides that Secretary of HHS should periodically update definition of EHBs
- February 2015, HHS issued the Notice of Benefit and Payment Parameters rule

### Essential Health Benefits

| 1. | Ambulatory Patient Services |
| 2. | Emergency Services |
| 3. | Hospitalization |
| 4. | Maternity and Newborn Care |
| 5. | Mental health and substance use disorder services |
| 6. | Prescription drugs |
| 7. | Rehabilitative and Habilitative Services |
| 8. | Laboratory Services |
| 9. | Preventive and Wellness |
| 10. | Pediatric Oral and Vision |
The National Diabetes Prevention Program is a lifestyle intervention aimed at preventing Type 2 diabetes.

- National Diabetes Prevention Program has been shown to bring about a 58% reduction in diabetes incidence.

- Diabetes Self-Management Education (DSME) is aimed at preparing people with diabetes to manage the disease on their own and halt its progression.

- Diabetes Self-Management Education is shown to lower blood glucose, which reduces complications from and severity of diabetes.
• HHS → Enhance the definition of EHBs to include services NDPP and DSME
2. Include the National Diabetes Prevention Program in Standard Medicare Coverage with No Cost-Sharing and Provide Guidance to State Medicaid Programs Encouraging Coverage of This Service

- Medicare does not currently cover the National DPP

- The National DPP is an option for state Medicaid programs

Source: American Diabetes Association, 2011.
Actions:

1. **Congress** should pass the Medicare Diabetes Prevention Act or similar legislation.

2. **CMS** should issue guidance to state Medicaid programs directing them on how to include NDPP in the state’s plan.
3. **Include Coverage in Medicare of Medically-Appropriate Food as a Cost-Effective Diabetes Intervention and Provide Guidance to State Medicaid Programs on Covering the Service through SPAs**

- Lack of access to healthy food → increased risk of diabetes.
- Lack of access to healthy food → increased number of hypoglycemic episodes.
- Provision of medically-tailored meals → lower blood glucose levels, reduced number of hospitalizations and E.R. visits, reduced reports of diabetes distress and depression, and increased medication adherence.

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**For the average cost of a one-night hospitalization, a person living with diabetes could receive three medically-tailored meals per day for 6 months.**
CURRENT CRITERIA FOR MEAL COVERAGE IN MEDICARE

• Medicare Parts A and B:
  • No coverage

• Medicare Advantage Plan (Medicare Part C) criteria:
  1) Service is needed due to illness
  2) Service is consistent with established medical treatment of illness
  3) Service is offered for a short duration
  4) AND if either:
     a) Immediately following surgery or inpatient hospital stay; or
     b) Chronic conditions like hypertension or diabetes if they are part of a program intended to transition enrollee to lifestyle modifications

• Medicare Special Needs Plans (SNPs) meets one of these categories:
  1) Institutionalized beneficiaries
  2) Dual eligible beneficiaries (eligible for both Medicare and Medicaid)
  3) Beneficiaries who have one of a list of severe or disabling chronic conditions, including diabetes
1. **Congress or CMS → Expand Medicare coverage of medically-tailored meals to all Medicare beneficiaries who meet established criteria.**

2. **CMS → Troubleshoot with state Medicaid programs wishing to cover this service around perceived regulatory barriers and offer guidance on developing State Plan Amendments or other waivers.**
4. INCREASE FEDERAL FUNDING FOR DIABETES PREVENTION AND RESEARCH

- Diabetes cost $245 billion in 2012 → $176 billion in direct medical costs
- By 2025 → up to $514 billion in costs (72% increase from 2010)
- Funding for the entities below supports: Innovations in identifying genetic risk, treatment, the National Diabetes Prevention Program, the cross-collaborative activities of the Division of Diabetes Translation
ACTION:

- Congress ➔ increase and/or appropriate full funding to diabetes prevention and research programs, including the National DPP, NIDDK, and DDT.
5. ENCOURAGE STATES TO DEVELOP HOLISTIC AND COORDINATED DIABETES CARE MODELS THROUGH DIABETES-SPECIFIC CMS INNOVATION AWARDS

- Lower-income and the elderly disproportionately affected by diabetes and more likely to receive Medicare and Medicaid
  - More than 1 out of 4 seniors has diabetes.
  - 1 out of 2 seniors have prediabetes.
- Diabetes is a complex disease and prevalent enough to warrant development and testing of a disease-specific innovation model.
• **CMS →** Develop an Innovation Model that exclusively focuses on prevention and treatment of diabetes.
6. **Increase Federal Investments to Support Healthy Food Access**

- Access to healthy foods → prevention and mitigation

- Access
  1. Economic → 46.5 million+ receiving SNAP
  2. Geographic → 23.5 million+ living in ‘food deserts’

- Adults with severe food insecurity → 2X risk

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<table>
<thead>
<tr>
<th>STATES WITH HIGHEST FOOD INSECURITY RATES</th>
<th>RATE OF FOOD INSECURITY</th>
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<tbody>
<tr>
<td>United States</td>
<td>14.3%</td>
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<tr>
<td>1. Mississippi</td>
<td>22.0%</td>
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<tr>
<td>2. Arkansas</td>
<td>19.9%</td>
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<td>3. Louisiana</td>
<td>17.6%</td>
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<td>4. Kentucky</td>
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<td>5. Texas</td>
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<td>7. Missouri</td>
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<tr>
<td>9. North Carolina</td>
<td>16.7%</td>
</tr>
<tr>
<td>10. Oklahoma</td>
<td>16.5%</td>
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Source: U.S. DEP’T OF AGRIC., ECON. RESEARCH SERV., HOUSEHOLD FOOD SECURITY IN THE UNITED STATES IN 2014 20 (Sept. 2015)
Federal Programs for Increasing Access to Healthy Foods

- SNAP and WIC → special farmers market programs
  - WIC Farmers Market Nutrition Program (WIC-FMNP)
  - Senior Farmers Market Nutrition Program (S-FMNP)

- SNAP → Food Insecurity and Nutrition Incentive Grant Program (FINI)
  - E.g. ‘Double Bucks’ programs

- Treasury, HHS, and USDA → Healthy Food Financing Initiative (HFFI)
  - Bring healthy food retailers into under-served communities
ACTION

1. Congress → Appropriate funds for the Healthy Food Financing Initiative and expand funding through Treasury and HHS

2. Congress → Increase mandatory and/or discretionary funding for the Food Insecurity Nutrition Incentive Grant Program in the next Farm Bill

3. Congress → Increase overall funding for the Supplemental Nutrition Assistance Program (SNAP) and the Farmers Market Nutrition Program (FMNP) for WIC recipients and seniors
7. **Maintain Strong Federal Nutrition Standards for School Lunch and Increase Reimbursement Rates**

- National School Lunch Program (NSLP) → 32 million+
- National School Breakfast Program (NSBP) → 12 million+
- Healthy, Hunger-Free Kids Act of 2010
  - Whole grains
  - At least ½ cup of fruit or vegetable at every meal
  - 1% milk
  - No trans fats
  - Guidelines for ‘competitive foods’
  - $0.06 increase in reimbursement rate for new meals
- Reauthorized every 5 years → Child Nutrition Act
  - Current standards expired in September 2015
1. Congress → Maintain strong nutrition standards in the 2015 Child Nutrition Act Reauthorization

2. Congress → Increase meal reimbursement rates

3. Congress → Maintain and enforce restrictions on competitive foods
Be Part of the Change

• Advocate for adoption of these recommendations!
  • Communicate with key Congressmembers
  • Participate in the comment process on proposed regulations
  • Steer pilot dollars to projects that strengthen the evidence on inclusion of key services in diabetes care
  • Become familiar with the healthcare landscape in your state, especially Medicaid/Medicare programs
  • Collect on-the-ground narratives that support the need for policy reform
UPCOMING EVENTS AND PUBLICATIONS

Events:

- 3rd Annual Food is Medicine Symposium at Harvard Law School → October 29, 2015 (Cambridge, MA)
  *Beating Type 2 Diabetes: Integrating Food Interventions into Healthcare*

Publications: Spring 2015

- Beating Type 2 Diabetes: State Best Practices Report
- Innovations and Insights in Medicaid Managed Care: Lessons from Oregon, Connecticut, and Minnesota
- Good Data Hygiene: Best Practices for Data Sharing Between Medical and Behavioral Services Providers
Select Publications:

- 2014 New Jersey State Report: An Analysis of New Jersey’s Opportunities to Enhance Prevention and Management of Type 2 Diabetes
- Food Banks as Partners in Health Promotion: Creating Connections for Client & Community Health
- Reconsidering Cost-Sharing for Diabetes Self-Management Education: Recommendations for Policy Reform
- Community Health Worker Credentialing: State Approaches
- Strategic Policy Advocacy Recommendations for the Appalachian Diabetes Coalition in Kentucky
Q&A FEATURE

Please submit questions via the Q&A Feature

Please submit questions to All Panelists
Thank you to our presenters and moderator:

Chris Kinabrew
Emma Clippinger
Sarah Downer
Jamille Fields
Thank you to our behind-the-scenes people:

Holly Calhoun

Joanna Hathaway
Thank you to our sponsors:
Beating Type 2 Diabetes: Recommendations for Federal Policy Reform

Thank you for joining our Web Forum!

The **Recording** and **Slides** will be available at [www.Dialogue4Health.org](http://www.Dialogue4Health.org)