

June 21, 2021

The Honorable Tim Scott  
United States Senate  
104 Hart Senate Office Building  
Washington, DC 20510

The Honorable Mark Warner  
United States Senate  
703 Hart Senate Office Building  
Washington, DC 20510

Dear Senators Scott and Warner:

The undersigned organizations strongly support your reintroduction of the “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.

Increasing access to virtual diabetes prevention services is critically important to the health and wellbeing of our nation’s seniors. Virtual diabetes prevention models can offer flexibility to engage in sessions at a time most convenient, can increase accessibility by eliminating barriers to care such as childcare and transportation that we know disproportionately affect minority and low-income communities, and include virtual tools for continuous goal setting and tracking.

Roughly one in three Americans, or [88 million people](#), have prediabetes, which if left uncontrolled, can lead to Type 2 diabetes which may result in serious health conditions such as heart disease, stroke, blindness, kidney failure and nerve damage. Just this week, [New England Journal of Medicine](#) reported that after a decade of improved diabetes control (1999—2010), diabetes prevention and control has now stalled or declined. We also cannot ignore that diabetes disproportionately afflicts racial and ethnic minorities. For example, [according](#) to the Centers for Disease Control and Prevention (CDC), diabetes affects 16.8 percent of Black adults, 16 percent of Asian adults, and 17.9 percent of Latino adults, compared to just 10 percent of White adults. Meanwhile, CMS’ own evaluation report from April states that the vast majority of current users of the in-person only DPP are white (77%). We note that some of the inequity is a result of the current MDPP model expansion project having built-in disincentives to serving vulnerable populations that must be address through the rulemaking process. Additionally, the model has a high-risk supplier model that makes it challenging for small community-based organizations that serve vulnerable populations to enroll as suppliers. Finally, and importantly, the current model does not allow for virtual suppliers. Adding virtual suppliers -- as this bill does -- should dramatically expand access to these important services for these important populations.

The combined impacts of the COVID-19 Public Health Emergency and the increasing burden of diabetes prevalence in the United States demands an informed and robust strategy that not only increases access to diabetes prevention services, but does so in a way to help ensure all Americans have the ability to participate in the program. Virtual DPP models can help ensure more of America’s seniors and dual-eligibles can utilize the Diabetes Prevention Program.

We applaud your ongoing commitment to increase access to the vital care patients need to prevent or delay the development of diabetes and ensure Americans, even those living in rural or medically underserved communities, have additional access to this critical program.

Sincerely,

Alliance for Connected Care  
American Diabetes Association  
American Kidney Fund  
American Telemedicine Association  
Banner | Aetna  
Children with Diabetes  
Connected Health Initiative  
Diabetes Leadership Council  
Diabetes Patient Advocacy Coalition  
DiabetesMine  
eHealth Initiative  
Health Innovation Alliance  
Healthcare Leadership Council  
HealthyWomen  
Lupus and Allied Diseases Association, Inc.  
National Kidney Foundation  
Noom, Inc.  
Omada Health  
Patient & Provider Advocates for Telehealth  
Preventive Cardiovascular Nurses Association  
Rimidi  
Teladoc Health  
The diaTribe Foundation  
Vision Health Advocacy Coalition  
WW (formerly Weight Watchers)  
YMCA of the USA