Welcome!

- This meeting is being recorded.
- Direct any questions you have for presenters to the chat.
- Mute your microphone. Video etiquette.
- Slides are available. See link in chat.
- Meeting Resources: https://www.diabeteseducator.org/advocacy/public-policy-forum

Jan Kavookjian, PhD, MBA, FAPhA, FADCES
ADCES President
Associate Professor of Health Outcomes Research & Policy
Auburn University – Harrison School of Pharmacy
Introducing our Speakers

Baker Donelson / The Dachle Group
- Sheila Burke, MPA, RN, FAAN
- Tiffani V. Williams, JD, MPH

Obesity Action Coalition
- Joe Nadglowski, President/CEO

The Helmsley Charitable Trust
- Laurel Koester, MPH, Program Officer

Center for Health Care Strategies
- Greg Howe, Senior Program Officer

Center for Sustainable Health Care Quality and Equity (SHC); National Minority Quality Forum
- Laura Lee Hall, PhD, President of the SHC

ADCES Advocacy Overview and Legislative Training
- Kate Thomas, MA, Chief Advocacy & External Affairs Officer, ADCES

2022 Advocacy Committee
- Ann Constance, Chair
- Gayle Jennings
- Jennifer Troupe
- Leigh Bak
- Mary Davis
- Michelle Curt
- Rosanne Ainscough
- Sara (Mandy) Reece
- Suzanne Lohnes
- Tenea Martin
- Wendy Mobley-Buckstein
- Lisa Graham
- Iliana Guerra Martinez
- Janet Benefield

Thank you to our Sponsors

ADCES Advocacy Overview
Presented by:
Kate Thomas
ADCES Chief Advocacy & External Affairs Officer

Goals for Today

1. Provide an update on current advocacy topics
2. Share information and resources
3. Identify ways to get involved
4. Connect with other advocates
5. Inspire action
6. Prepare for legislator meetings (now and for the future)
ADCES Advocacy

Advancing Federal Legislation
Responding to Federal Regulations
Reimbursement And Payment
Supporting State-level Initiatives
Relationship Building
Growing Advocacy Network

ADCES Advocacy Committee

THANK YOU!
- Making Advocacy More Accessible
- Quarterly Advocacy Townhall Meeting.

Next Townhall: June 21, September 13, November 15

- Resource Development:
  - State Advocacy Priorities Survey
  - How to Get Involved with Advocacy: A Resource Guide
  - Planning a (virtual or in-person) State Capitol Day

- Opportunities for Action
  https://www.diabeteseducator.org/advocacy/state-legislation

ADCES Advocacy in 2022

Advocacy Priorities – Driving Principles

- Improving access to high quality diabetes care, including medications, devices/technology, and services for all people with diabetes.
- Promoting health equity and reducing disparities in diabetes care.
- Strengthening collaboration with the interprofessional care team.
- Increasing visibility and recognition for ADCES (organization and members) among decision-making bodies.
- Engaging ADCES members and empowering the individual DCES.

2022 Advocacy Priorities

I. Support Health Equity through Policy
II. Advance the Expanding Access to Diabetes Self-Management Training Act, Treat and Reduce Obesity Act, PREVENT Diabetes Act, and other legislation
III. Advocate for Permanent Telehealth Expansion
IV. Increased Outreach to Regulatory Agencies and Payers
V. Improving Payment and Coverage for Diabetes Care
VI. Coalition Involvement and Care Team Collaboration
VII. Member Engagement and Leadership Development
VIII. Communications & Transparency
Access and Affordability Resources

• Advocacy Priority: Access to diabetes services, medications, technology, supplies.

• Resources:
  - ADCES Access and Affordability Resources
  - ADCES: Non-Insulin Diabetes Medications Resource Guide
  - ADCES: Insulin Cost Savings Resource Guide
  - ADCES: Non-medical Switching Toolkit
  - Sponsor Resources
  - Getinsulin.org

NEW! Access & Affordability Resources

• Find low or no cost resources and services in your area: ADCES.findhelp.com (formerly Aunt Bertha)
  - Important SDOH tracking and metrics

• Cost Conversation Guide developed by ADCES and Beyond Type 1

Additional Resources – Value of the DCES Toolkit

Value of the DCES
Resources, ideas and inspiration

Learn more about the Value Toolkit: www.diabeteseducator.org/practice/value-toolkit

Key resources:
- Journals
- Articles
- Podcasts
- Charts, ex. Framework for population health management, reducing therapeutic inertia, quality improvement and cost-effective care.

Additional Resources – JDRF Partnership

• Order your free sample kit of JDRF newly diagnosed resources.
  - Additional partnership opportunities at the state level.
History of OAC

The Obesity Action Coalition is a 501(c)(3) non-profit organization dedicated to educating and advocating for individuals affected by the disease of obesity. We currently have more than 75,000 members nationwide.

MISSION STATEMENT:
To elevate and empower those affected by obesity through education, advocacy and support.

OAC’s Key Pillars

As a national NPO, the OAC operates under four key pillars:

- Education
- Awareness
- Support
- Advocacy

Education/Resources

Driving Public Awareness

Through its public awareness campaigns, the OAC has engaged billions of individuals worldwide to help change the discourse of the disease of obesity, its treatments and most importantly, the people affected by it.
Support

The OAC has a vibrant, active membership community of people impacted by obesity to:

• Further the OAC’s mission and achieve organizational goals
• Connect with each other for support
• Help spread the word about the OAC to the public to further grow the organization

Advocacy

The OAC leverages patient advocacy on the state, national and global level to:

• Increase access to care
• Combat weight bias and stigma

Our Policy Priorities – Federal

The Treat and Reduce Obesity Act (S 596/HR 1577)

• Bipartisan legislation that would improve access to obesity care under Medicare. Specifically, it would:
  - Expand who can counsel for obesity beyond primary care providers
  - Eliminate the provision that prohibits coverage of FDA-approved obesity medications
  - 144 co-sponsors in the House and 19 in the Senate.
  - TROA was introduced for the first time in 2012 so we’ve been advocating approval for more than 10 years.
  - Recently included in the Health Equity and Accountability Act.
  - Biggest barriers are the continued misunderstanding of obesity and the lack of a CBO score.

Coverage of Obesity Care beyond Medicare

• Federal legislators and policy makers also hold sway over numerous other health plans.

• It’s in this arena that we’ve seen the most success.

• In March, the Office of Personnel Management (OPM – the HR department for the Federal Government) informed their insurance carriers that starting next year they must include coverage of anti-obesity medications and also expanded access to childhood obesity behavioral treatments. Beginning in 2023, Federal employees will have coverage of counseling, medications and surgery.

• VA and Tricare are also expanding their benefits, and like OPM, are assuring more medication coverage (they too previously covered counseling and surgery).

Our Policy Priorities – State

Coverage of Obesity Care for State Employees, Medicaid Recipients and Essential Benefit Plans

• State employee and Medicaid coverage of obesity care varies widely, but most plans cover bariatric surgery (49 of 51 Medicaid programs for example) and all cover some form of counseling (though could be limited to as little as 3 visits per year).

• Medication coverage is definitely more limited but we have active legislation trying to increase Medicaid coverage in several states (PA and CT) and this past legislative session saw both Georgia (starting next year) and Florida (starting in 2024) add medications to their state employee plans.

• Essential benefit work has been much more difficult and we’ve only seen one state (CO) alter their essential benefit plan under the ACA to improve obesity care (they added bariatric surgery specifically).

Anti-Discrimination Laws

• Only one state in the US, Michigan, prohibits discrimination based on size or weight (though a recent court case in Washington state provides some protection in their state based on their state disability law).

• Massachusetts legislation prohibiting discrimination (S 1127 H 1822) has been slowly making progress through their legislature.

• Goal to have legislation similar to the Massachusetts bill introduced in other states in 2023.

• Anti-discrimination laws can also be introduced at the city/county level.

• Key message here is stigmatizing or discriminating against people with obesity doesn’t help them, it makes obesity worse!
Sharing the Lived Experienced

OAC was created to give a voice to people living with obesity and as such, all of our advocacy directly includes those with the lived experience:

• Our advocacy efforts focus on humanizing the disease of obesity as somehow in making obesity bad, we’ve made the people living with it bad as well.
• Patient stories of the lived experience is the cornerstone of all of our advocacy and oftentimes, it is those stories that policymakers, legislators and/or their staff remember.
• We focus much of our time and effort on building confidence in advocates with the lived experience to be willing to share which is particularly challenging due to the stigma and bias associated with obesity.

Talking about Obesity

Talking about obesity and obesity policy can be hard because of stigma and misunderstanding, so a few tips:

• Lead with science and include the lived experience if possible.
• Make no assumptions on who you are advocating to their interest or lack of interest base on their body size.
• Challenge bias respectfully when you hear or see it. Most bias is unintentional.
• Language matters so please model person-first language.
• Remind those you are advocating to that obesity is complex, and that individual experiences and responses vary widely.

It will take a Village

Resources

• www.obesityaction.org
• www.obesitycareadvocacynetwork.org
• www.stopweightbias.com

Thank You!

Washington Public Policy Update

PRESENTED BY:
Sheila Burke, MPA, RN, FAAN
Tiffani V. Williams, JD, MPH
Baker Donelson/The Daschle Group

Washington Policy Update
AGENDA

The Impending Midterms
What’s Happening on Capitol Hill?
Republican Priorities
Democratic Priorities
DSMT Update
Q&A

Composition of the 117th Congress

*If no vacancies and all members vote

All House Seats and 35 Senate Seats Are Up for Election in 2022

The Vast Majority of US Voters Are Dissatisfied With the Way Things Are Going in America

President Biden’s Approval Ratings Have Remained Below 50% Since Mid-August 2021
Approval Ratings for the 117th Congress Have Remained Relatively Constant

Voters Are Deeply Divided on Whether They Would Prefer a Democratic or GOP Controlled Congress

What’s Happening on Capitol Hill?

FY2023 Spending Package
- Second year of “earmarks”
- Omnibus OR CR??

Ukraine Relief
- $40B in weaponry and humanitarian aid

Baby Formulary Shortage
- House introduces $28B in supplemental funding
- Senate and House invoke the Defense Production Act to access European-produced formula

Mental and Behavioral Health

Ensuring parity between behavioral and physical health care
Furthering the use of telehealth
Improving access to behavioral health care for young people
Increasing integration, coordination, and access to care
Strengthening the workforce

Republican Priorities – 2022

Democrats’ #1 Priority

Retake the House and Senate in 2023
Maintain Defense Spending
Policing Reform
Protect/Expand Rural Health Care
Opposition to Tax Increases
Restraint on China
Democrat Agenda
Build Back Better

The “Original”
- Climate Change Reforms
- Drug Pricing
- ACA Coverage
- Medicaid/CHIP
- Child Care
- Universal Pre-K
- Public Health Preparedness
- Workforce
- Maternal Health
- Health Centers
- Tax Increases

The “Skinny”
- Climate Change Reforms
- Drug Pricing
- Tax increases (deficit reduction)

Democrat Agenda
Health Care Coverage and Affordability

1. Extend ACA subsidies to those below 100% of the FPL in non-expansion states
2. Extend ACA subsidies to those above 400% of the FPL
3. Enhance ACA subsidy amounts for those currently eligible
4. Lower prescription drug costs (e.g., capping insulin prices)

Telehealth
Bipartisan and bicameral talks for telehealth expansion beyond the PHE

Expansion of PHE flexibilities for 5 months in FY2022 Appropriations Bill
- Coverage for telehealth visits, including audio-only visits, for Medicare beneficiaries regardless of whether they reside in rural or urban areas.
- Reimburse telehealth services for an expanded list of Medicare providers, including occupational therapists, physical therapists, and speech pathologists.
- Permit FQHC and RHC to serve as distant site providers.
- Permit telehealth visits to be reimbursed whether they occur in Medicare beneficiaries’ homes or in medical facilities.
- Delay implementation of a requirement that a Medicare beneficiary who receives behavioral health services have an in-person visit within six months of a virtual visit.

Democrat Agenda
Other Legislative Priorities

COVID-Relief
Public Health Preparedness
China
Competition
Bills
Women’s
Reproductive Rights
Judicial Nominations

DSMT Update

“Expanding Access to DSMT Act”
- Raising awareness with House and Senate committees of jurisdiction
- Member outreach
- DAA Letter to Diabetes Caucus

Submission of DSMT report language to House Appropriations Subcommittee
Meetings with telehealth legislative leads re: telehealth flexibilities for DSMT programs

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Tiffani V. Williams
Senior Vice President & Public Policy Advisor/Of Counsel
The Daschle Group/Baker Donelson
P: 202-508-3428
E: tiffani@daschlegroup.com
Resource Paper: Expanding Medicaid Access to CGMs

- Supported by The Helmsley Charitable Trust
- Process:
  - CHCS conducted:
    - A 50-state environmental scan of the CGM coverage landscape
    - Interviews with state officials and leaders of state Medicaid programs, providers, manufacturers, researchers, and diabetes-focused organizations.
    - Research of publicly-available information about CGM
- Contents and Findings:
  - Why Access to CGMs Matter
  - The Current Medicaid Coverage Landscape
  - State Medicaid Approaches to Covering CGMs
  - Recommendations

State Approaches to Covering CGMs

- Approval process
  - Medicaid agency staff
  - External advisory boards
  - Legislature
- Decision drivers
  - Clinical evidence
  - Budget impact
  - Stakeholder input
  - Examples of other states, Medicare, and private coverage
**Recommendations – For states considering CGM coverage**

- Include CGM coverage in the state’s equity portfolio;
- Align CGM coverage with other health priorities;
- Understand the impact of CGMs on beneficiaries;
- Address budget concerns; and
- Connect with other states.

**Recommendations – For states with existing CGM coverage**

- Update diabetes measures to reflect current standards of care;
- Consider covering CGMs as a pharmacy benefit rather than a DME benefit;
- Evaluate and remove burdensome provider documentation;
- Allow providers to identify the CGM that is best for the patient;
- Include coverage for both type 1 and type 2 populations; and
- Include coverage for both children and adults.

**Recommendations – For the diabetes community (patients, providers, manufacturers, researchers, and diabetes-focused organizations)**

- Develop pilot projects to demonstrate the value of CGMs;
- Create resources for Medicaid staff;
- Evaluate data to demonstrate the value of Medicaid coverage of CGMs;
- Leverage existing stakeholder groups and external boards; and
- Engage state Medicaid leaders by sharing experiences of patients with diabetes.

**Questions?**

**Access and Affordability**

**Expanded coverage for diabetes technologies and medications**

- Medicare and Medicaid coverage policies for CGM and insulin pumps
  - Waiving clinical indications/adding flexibility
  - 4x per day fingerstick requirement
Coverage for Diabetes Technology

Follow CMS guidance (January 2018) that Omnipod should be covered under the Part D (drug benefit).

- Insulet has been able to gain pharmacy access for DASH for over 220M of the covered lives in the US and continues to add access for more covered lives.
- Omnipod is available through the 3 largest pharmacy wholesalers (McKesson, Cardinal, & Amerisource Bergen) making it possible to fill a prescription at almost any retail pharmacy location.
- Intro kits are entering market and will contain 1 month of Pods + the controller and one extra pod for training of the new user.
- Omnipod 5 Automated Insulin Delivery System is now available for prescribing and access is expanding daily.

Access and Affordability

Medicaid

- There are some plans and State Medicaid Programs that have not yet adopted Omnipod through the pharmacy, which means people with diabetes will not have access to Omnipod and current users may experience a possible disruption or discontinuation of therapy (due to lack of access).
- Some State Medicaid Programs have policies which prevent access through pharmacy, they or have not taken steps to allow access through pharmacy. (AZ, ID, FL, GA, LA, OK, UT, VA, WA)

Call to Action:

- Inform legislators in your conversations about the importance of access to ALL tools for diabetes management.
  - If CGM is being reviewed or added through pharmacy, it makes sense to consider Omnipod since Omnipod 5 works with Dexcom G6
- Use AdvocacyforAccess to assist PWDs, caregivers, and HCPs to tell their own authentic story of need for access directed towards payers.
- For questions on Medicaid or any other health plans to help with an advocacy strategy or campaign – reach out to Michelle Tori (mtori@insulet.com) and she will help connect you with the proper Insulet contact for the account.

Agenda

- Introductions
- The Need
- DRIVE Experience
- The Invitation
Gary A. Puckrein, PhD, Founding President and CEO

Welcome to the National Minority Quality Forum

"The National Minority Quality Forum was founded in 1998 to address the critical need for strengthening national and local efforts to use evidence-based, data-driven initiatives to guide programs to eliminate the disproportionate burden of premature death and preventable illness for racial and ethnic minorities and other special populations."

Center for Sustainable Health Care Quality and Equity

- Vision: Sustainable healthy communities in every ZIP code.
- Mission: Promote sustainable healthy communities, especially those with diverse and underserved populations, through the provision of actionable data, research, and engagement/training of clinicians and community leaders.

The SHC Team

- Laura Lee Hall, PhD, President
- Kristen Stevens Hobbs, MPH, Senior Project Manager for Quality Improvement and Equity
- Chinonso "Chinnie" Ukachuwku, MPH, Quality Improvement and Equity Project Manager
- Saria Saccacio, MD, Chief Medical Officer

Why Focus on Diabetes and Equity?

Expert Members Of The Diabetes Working Group And Equity Task Force

Diagnosed Diabetes, Race-Ethnicity, Adults Aged 18+ Years, Age-Adjusted Percentage, National

Disclaimer: This is a user-generated report. The findings and conclusions are those of the user and do not necessarily represent the views of the CDC.

www.cdc.gov/diabetes/data
Diabetes Disparities

<table>
<thead>
<tr>
<th></th>
<th>Non-Hispanic Black</th>
<th>Non-Hispanic White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of diabetes in adults</td>
<td>11.7%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Hospital admissions per 100,000 for uncontrolled diabetes</td>
<td>114.1</td>
<td>36.4</td>
</tr>
<tr>
<td>Diabetes death rates per 100,000</td>
<td>29.0</td>
<td>16.9</td>
</tr>
<tr>
<td>Hospital admissions per 100,000 for lower extremity amputations</td>
<td>80.9</td>
<td>26.8</td>
</tr>
<tr>
<td>Rate per million of ESRD due to diabetes</td>
<td>410.7</td>
<td>131.0</td>
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</tbody>
</table>


Diabetes and Complications in Young People

- T2DM increasing in youth
- Risk of complications, including microvascular disease, increased and impacted most young adults
- Complications more common among young people of color

DRIVE: Demonstrating Real Improvement in Value and Equity

A free online toolkit to support quality improvement, education, and community engagement in your location.

DRIVE Tools

- Focus on poorly controlled diabetes in people of color
- Free, virtual resource
- Patient and provider educational tools
- Resources for assessing diabetes in practice and community
- QI templates for improvement (PDSA)
- Community engagement strategies and templates
- Resources for improving medication access, adherence, and SDOH
- Communications tools (e.g., posters, enews, letters to the editor)
- QI Library

DRIVE has been implemented in more than 23 health systems and Federally Qualified Health Centers, including 104 clinics.
DRIVE PLUS: Communications and Community Engagement

- Social media products
- Opinion pieces
- Flyers
- Webinars on various platforms
- Infographics
- Weekly Updates
- Health Champion Network

Health Champions Communications Toolkit

- #DON'TWAITVACCINATE
- Total reach from the Jan and Dec webinars: 4.8M

Health Champions via Social Media
- 3600+ new Health Champion social media users joined our community.
- 18,865 Toolkit users accessed materials on average of 2 times in January and December

REACH
- 4.8M
- 18,865
- 4x

FAITH HEALTH ALLIANCE

In December, Health Champions launched the Faith Health Alliance monthly and hosted two semi-biographical events. These events reached at least 100 congregation leaders and clinic staff. Engagement on social media was strong.
Network of 10 barbers and hair stylists promoting health among clients and connection to services.

Growing network of pharmacists to provide health education in communities of color.

Healthy Heart – NOLA Project Objective: To provide diabetes self-education management courses to Black patients living with diabetes and glycemic instability from the 9th ward community. The project aimed to improve self-management of diabetes and A1c levels. Medical and pharmacy students from Tulane University and Xavier University were engaged. Community health ambassadors served as trainers.

Partners: Nutrient-dense Foods:
• 8 sessions completed - 01/20 - 03/24
• 25 participants engaged
• Pre-tests and post-tests included 15 questions about session topics and 5 questions from the Patient Activation Measure (PAM) survey
• Participants’ HbA1c levels were tested pre and post
• Results
  ⚬ HbA1c Levels: 5 of 18 participants who tested both dates reduced levels
  ⚬ Pre- & post-tests: Statistically significant increase in knowledge

Progress to Date:
Plaza Del Sol - Queens, NY
Project Objective: Provided education to Hispanic and/or Latino patients within the Plaza del Sol patient population who received primary care in the prior 6 months in Queens, NY with A1c levels 8+. The sessions sought to inform patients on diabetes self-management education.

Partners: Project Complete!
• 103 Patients engaged
• 94 virtually
• 9 in-person, 1-on-1 education
• A1c 9+:
  ⚬ Pre-test Avg. = 69.3%
  ⚬ Post-test Avg. = 82.8%
• A1c 8+:
  ⚬ Pre-test Avg. = 68.42%
  ⚬ Post-test Avg. = 78.92%
• 1-on-1
  ⚬ Pre-test Avg. = 68.3%
  ⚬ Post-test Avg. = 92.7%
• HbA1c Improvement
  ⚬ Virtual Class — 36.4% of patients had a 1% or more reduction in HbA1c
  ⚬ Virtual or In-person 1-on-1 — 33.3% had a 1% or more reduction in A1c

Nutrient-dense Foods:

Questions? llhall@nmqf.org
Thank You

Legislative Training & Preparing for Congressional Meetings

PRESENTED BY:
Kate Thomas
ADCES Chief Advocacy & External Affairs Officer

How a Bill Becomes a Law

1. Start with an idea
2. Introduce – House or Senate, Send to Committee
3. Committee Action – Hearing or Markup
4. Vote to Report Bill
5. Floor Activity – Debate, Vote
6. Conference
7. Goes to President for Signature
8. Law
9. Regulatory Process

Goal: Build list of supporters (cosponsors).
What is a cosponsor?

- A senator or representative who adds his/her/their name as a supporter to a bill.

www.congress.gov and enter the bill number

Timing is everything…

- Near the end of the 117th Congress: Began on January 3, 2021; Will end on January 3, 2023
- Congressional Session = 2 years
- Midterm Elections: November 8, 2022
- In 115th Congress, 443 laws enacted out of 13,556 bills*
- In 116th Congress, 334 laws enacted out of 16,601 bills.*
- In 117th Congress, currently 127 laws enacted out of 14,601 bills*
- Hearing from constituents makes a big difference.

** Source: https://www.govtrack.us/congress/bills/statistics

Advocacy Matters

Diabetes Care and Education Specialists have a story to tell.

- Why is the policy important to you and the people with diabetes whom you serve?
- Share personal stories to illustrate your point.
- Real-life impact

- We are discussing specific legislation, but in the larger context of what is happening in this country – in terms of health equity and health disparities, access, affordability, etc.

Advocacy Lens

- Health Equity
- Access
- Awareness
- National Clinical Care Commission Report

National Clinical Care Commission Update

- Health Disparities in the Medicare Population
  - CMS Office of Minority Health has a Mapping Medicare Disparities Tool.
  - Health outcomes for disease prevalence, cost, hospitalization for 80 chronic conditions/diseases (including diabetes), ED utilization, readmission rates, etc.
  - Downloadable report
  - https://data.cms.gov/mapping-medicare-disparities

Legislation

- Expanding Access to Diabetes Self-Management Training (DSMT) Act
- Permanent Telehealth Expansion/CONNECT Act
- Treat and Reduce Obesity Act (TROA)
- PREVENT DIABETES Act
National Clinical Care Commission Update

- Final Meeting – September 8
- Report Submitted – October 1
- Commission Sunsets
- Public Release – January 2022

NCCC Final Report – Structure and Highlights

NCCC’s Recommendations Based on 3 Subcommittees:

- Overarching Recommendations: Office of National Diabetes Policy, Health Equity, Access
- Recommendations for Diabetes Prevention in People at High Risk: screening, quality measures, promote National DPP, MDPP – permanent benefit, all modalities, Medicaid coverage
- Recommendations for Diabetes Treatment and Complications: DSMT/DSMES, patient, practice, health system, health policy level recommendations

National Clinical Care Commission Recommendations

High-level overview (not comprehensive)

Recommend creation of an Office of National Diabetes Policy

Recommend that federal policies and programs be designed to ensure that all people at risk for and with diabetes have access to comprehensive, high-quality, and affordable health care and that no one at risk for or with diabetes who needs health care cannot get it because of cost.

Recommend that achieving health equity be a component of all federal policies and programs that affect people at risk for and with diabetes.

Recommend increased federal support for CDC to promote awareness of prediabetes and enrollment in recognized prevention programs.

Recommend CMS coverage for hemoglobin A1c testing when used to screen for prediabetes.

National Clinical Care Commission Recommendations

High-level overview (not comprehensive)

Recommend that Congress promote coverage for all modalities of CDC recognized diabetes prevention programs.

Recommend funding the Special Diabetes Program in five-year increments.

Recommend that CMS update the 2000 Medicare Quality Standards that govern diabetes self-management training (DSMT) and establish a process for ongoing review, updating, and revision, with broad input from persons and parties affected by these standards. CMS should ensure that eligibility, documentation, and reimbursement requirements are clearly defined and that they are consistently applied across all parties involved in accreditation, billing, and reimbursement, including Medicare Administrative Contractors and auditors. Updates should include a reduction in administrative burden regarding standards, documentation, and reimbursement requirements for DSMT programs.

National Clinical Care Commission Recommendations

High-level overview (not comprehensive)

Recommend CMS establish a process to regularly review eligibility requirements for diabetes device leading to appropriate coverage determinations.

Recommend that CMS develop reimbursement mechanisms for community-based diabetes education programs, as a complement to existing accredited/recognized DSMT programs, when evidence shows that these programs improve diabetes outcomes.

Recommend that steps be taken to ensure an adequate workforce and to enhance and sustain team-based care to improve outcomes for people with diabetes.

Recommendations around expanding Virtual Care/Telehealth.

Recommend that federal policies and programs remove cost barriers to ensure that insulin is affordable for all people with diabetes and that no one with diabetes who needs insulin cannot get it because of cost.

Other DSMT Recommendations

- Allow the initial 10 hours of DSMT to remain available until fully utilized.
- Allow for 6 additional hours of DSMT if necessary.
- Allow for MNT and DSMT to be provided on the same day.
- Eliminate copays and cost sharing.
- Expand the types of providers who can refer for DSMT.
- Allow community-based locations to provide DSMT.
- Recommends NIH prioritize research around DSMES uptake and referrals.
NCCC Recommendations: What’s Next?

- In-depth review and analysis of report and recommendations.
- January 27 Meeting with Assistant Secretary for Health
- Outreach and advocacy to Congress and federal agencies.
- Re-engagement around priorities, e.g., MDPP, DSMT – legislative and regulatory.
- Work with coalition partners.
- Gauging agency feedback – CMS, etc.

Expanding Access to DSMT Act (H.R. 5804, S. 2203)

- Expanding Access to DSMT Act
- Examining Barriers to Care
  - Approximately 37.3 million Americans have diabetes.
  - Over 67% of diabetes care is paid for by government insurance like Medicare.
  - Complications are costly and life threatening.
  - High rate of emergency department visits and hospitalizations.
  - DSMT – Medicare benefit since 1997.
  - Despite this, less than 5% of newly diagnosed beneficiaries access DSMT; health disparities in diabetes care.

The Solution: The Expanding Access to DSMT Act

- More flexibility with initial 10 hours of DSMT
- DSMT and MNT can be provided on same day
- Remove cost-sharing requirements
- Expand the list of referring providers
- Virtual DSMT

Expanding Access to DSMT Act

- Introduced in the 115, 116, and now 117th Congresses.
- Senate version (S. 2203) reintroduced on June 24; House version (H.R. 5804) introduced on November 1.
- Goals: grassroots engagement, vehicles, score, hearing/mark-up, passage.
- Champions:
  - Senators Shaheen (D-NH) and Collins (R-ME)
  - Representative Kim Schrier (D-WA), Representatives DeGette (D-CO) and Reed (R-NY), and other members of the Congressional Diabetes Caucus
- Current co-sponsors 10 on the Senate bill, 18 on the House bill (as of 5/18/22).
- Supported by NCCC Report.

- Strategic Overview
- Improving the Medicare Benefit for DSMT – multi-pronged approach.
  - Legislative
  - Regulatory
  - NCCC, National Standards Revision for DSMES
- Changes to the Legislation
- Status Update and Future Considerations
- Coalition work
- Telehealth
More Flexibility for Initial 10 Hours of DSMT

<table>
<thead>
<tr>
<th>Current Law</th>
<th>DSMT Legislation</th>
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</table>
| Medicare covers up to 10 hours of initial training during the first 12 months and 2 additional hours each year thereafter. | Expands coverage of DSMT as follows:  
- Extends the initial 10 hours of DSMT beyond the first year, until fully utilized. |

DSMT and MNT

<table>
<thead>
<tr>
<th>Current Law</th>
<th>DSMT Legislation</th>
</tr>
</thead>
</table>
| The Secretary of HHS has the discretion to prevent DSMT and MNT services from being covered and reimbursed on the same day, which is currently the case. | Allows DSMT and MNT to be covered and reimbursed when provided on the same day.  
* MNT = Medical Nutrition Therapy |

Removes Co-pays and Cost-sharing

<table>
<thead>
<tr>
<th>Current Law</th>
<th>DSMT Legislation</th>
</tr>
</thead>
</table>
| As a Medicare Part B service, DSMT is subject to cost-sharing and deductible requirements. | Removes DSMT services from Medicare Part B cost-sharing and deductible requirements for beneficiaries.  
- This eliminates these out-of-pocket costs for Medicare beneficiaries. |

Expands the List of Referring Providers

<table>
<thead>
<tr>
<th>Current Law</th>
<th>DSMT Legislation</th>
</tr>
</thead>
</table>
| Permits only physicians and qualified non-physician practitioners treating an individual’s diabetes to order DSMT services. | Permits physicians and qualified non-physician practitioners managing an individual’s diabetes, in coordination with the treating physician or qualified non-physician practitioner* to order DSMT services.  
- This includes providers like podiatrists or emergency department providers  
* Qualified non-physician practitioners include PAs, NPs, and Clinical Nurse Specialists. |

Virtual DSMT

- Establishes a Center for Medicare Innovation demonstration program to test the impact of covering virtual DSMT under the Medicare program.  
- Virtual ≠ Telehealth.  
- Virtual refers to web-based platform (synchronous/asynchronous).  
- Telehealth refers to real-time audio and video communication.

Expanding Access to DSMT Act

By supporting this bill:

- You will allow more people the ability to access and utilize evidenced-based, life-saving DSMT and treatment options.  
- You will decrease the risks of avoidable and costly complications.  
- You will help to mitigate the risk for severe outcomes from COVID-19.  
- This bill has the potential to save money and improve access to care for people with diabetes.
Permanent Telehealth Expansion

CONNECT for Health Act (H.R. 2903, S. 1512)

Permanent Telehealth Expansion

- Temporary telehealth expansion during the COVID-19 pandemic; audio only DSMT; DSMT programs can furnish telehealth services, etc.
- PHE in effect until July; Additional extension is expected.
- Congress and the Administration are considering proposals to make telehealth changes permanent
- Legislation in the House and Senate; most recent omnibus appropriations proposal extending flexibilities for the remainder of 2022.
  - Removing originating and geographic site requirements
  - Expanding the list of eligible providers
  - Expanding telehealth in FQHCs and RHCs
  - Coverage for audio-only
  - Data collection

Telehealth “Asks”

- Extend the temporary CMS telehealth flexibilities that allow DSMT programs to furnish and bill for DSMT services provided via telehealth by diabetes care and education specialists like registered nurses, pharmacists, and registered dietitians.
- Increase flexibility within the DSMT benefit: Waive the requirement that the initial 10 hours of DSMT training must be furnished within a continuous 12-month period.
- General Changes:
  - Remove geographic and originating site requirements.
  - Expand telehealth in Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)
  - Establish reimbursement parity for telehealth services.
  - Allow services to be provided in an audio only format.
  - Implement policies that reduce telehealth disparities.

CONNECT for Health Act (H.R. 2903, S. 1512)

- This bipartisan legislation seeks to promote higher quality care, increased access to care, and decreased spending in Medicare by expanding telehealth services under the program.
- Key provisions: waive telehealth restrictions during emergencies, model test to allow a broader set of providers to provide services via telehealth; allow emergency medical services to be provided via telehealth.

Key Updates

- Expanding the use of telehealth through waiver of requirements.
  - Allow HHS Secretary to waive certain requirements.
  - Remove geographic restrictions.
  - Expand originating sites.
  - FQHCs/RHCs.
  - Provider education and training on telehealth to support underserved and high-risk populations in utilizing telehealth.
  - Study on telehealth utilization during the COVID-19 pandemic.
How can I help make telehealth expansion permanent?

• Keep up the conversation and engage your colleagues!

• Visit ADCES' Legislative Action Center and urge your legislators to make telehealth changes permanent: diabeteseducator.org/actnow

Treat and Reduce Obesity Act (H.R. 1577, S. 596)

• Bipartisan legislation that would improve access to obesity care under Medicare. Specifically, it would:
  • Expand who can counsel for obesity beyond primary care providers
  • Eliminate the provision that prohibits coverage of FDA-approved obesity medications
  • 144 co-sponsors in the House and 19 in the Senate
  • TROA was introduced for the first time in 2012 so we’ve been advocating approval for more than 10 years
  • Recently included in the Health Equity and Accountability Act
  • Biggest barriers are the continued misunderstanding of obesity and the lack of a CBO score.
  • Consider the “why”

PREVENT DIABETES Act (H.R. 2807, S. 2173)

• This bipartisan legislation allows CDC-recognized virtual suppliers to be included in the Medicare Diabetes Prevention Program.

• Discuss challenges with the MDPP.

• Remember: Virtual ≠ Telehealth.

Virtual Congressional Meetings
Preparing for the ADCES Virtual Hill Days on May 24, 2022 and Beyond!
Congressional Meetings

- Pre-Read Materials: https://www.diabeteseducator.org/advocacy/public-policy-forum
- Legislative Action Center: diabeteseducator.org/actnow
- Meeting Logistics: Advocacy Associates – Client Platform

How to Prepare

- Review materials: https://www.diabeteseducator.org/advocacy/public-policy-forum
- Consider how these policies impact you or the PWDs with whom you work.
- Get to know your legislator; research on your legislators.
- Coordinate with other diabetes care and education specialists who might be participating in your meeting.
- Take a look at the diabetes statistics for your state. Use ADA’s Burden of Diabetes by State

** Remember that you will be representing ADCES in these meetings.

Storytelling

Congressional Meetings

Platform for Congressional Meetings:

- Times are displayed in the time zone you are physically located in.
- Meeting reminders via e-mail
- Who the meeting is with
- Staff e-mail addresses/contact
- Direct contact for day of questions
- Directory of meeting participants
- States may be grouped; customize your experience
- Organizational firewall
- Arrive 10 minutes early if possible

What to Expect in Your Meeting

Meetings will take place by phone or Zoom…
What to Expect in Your Meeting
– Sample Meeting Outline

• Tell the legislator why you are meeting, e.g. “We’ve asked to meet today to discuss the Expanding Access to DSMT Act and to discuss the permanent expansion of telehealth services to better serve people with diabetes.”
• If the member of Congress is already/has been a supporter of the legislation, say ‘thank you’.
• Provide background on diabetes self-management education and support (DSMES)/diabetes self-management training (DSMT) and/or diabetes burden in the state:
  a. What is DSMES/DSMT?
  b. DSMT refers to the Medicare benefit for DSMES
  c. Who provides DSMT?
  d. What is the purpose of the legislation?

What to Expect in Your Meeting
– Sample Meeting Outline

<table>
<thead>
<tr>
<th>Discuss</th>
<th>Ask</th>
<th>Discuss</th>
<th>Discuss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss the legislation.</td>
<td>Ask the legislator to sign on as a cosponsor of this legislation, once introduced.</td>
<td>Discuss the need to expand telehealth services. Refer to the ADCES issue brief for specific information.</td>
<td>Discuss other legislation: • PREVENT, • TROA, etc.</td>
</tr>
<tr>
<td>Try to share personal stories where possible.</td>
<td>Share personal stories discussing your experience with telehealth.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Meeting Follow-up

• Send a follow-up e-mail to say thank you. Sample text is included in your meeting materials. Feel free to customize!
• If the staff member’s e-mail address is not provided, kindly ask on the call if they would be willing to share their e-mail address to ensure prompt follow-up.
• Complete the Meeting Follow-up questionnaire in meeting platform.
• Stay tuned for bill updates on ADCES Connect or check on www.congress.gov

Congressional Meeting Debriefs

Optional Teams/Conference Calls to Debrief

• Tuesday, May 24 | 4-5pm CT (5-6pm ET)
  • +1 312-319-1605; Conference ID: 898 431 740#
• Wednesday, May 25 | 12-1 pm CT (1-2pm ET)
  • +1 312-319-1605; Conference ID: 214 248 150#
  • Follow-up with calendar invite
• Can’t make those times? Reach out to Kate Thomas any time with questions: kthomas@adces.org

Common Questions About the Legislation
Common Questions: Cost

• What is the cost of this legislation, or does it have a “score”?  
  – A score is a reference to a cost estimate conducted by the Congressional Budget Office (CBO).
  • Assesses budgetary impact on federal government of the proposed legislation.

Common Questions: Cost

• Does it have a cost...?  
  – The Diabetes Advocacy Alliance worked with IHS Markit to conduct an independent cost savings analysis.
  – Average cost savings of $1,276 per Medicare beneficiary each year or $12,760 over 10 years.
  – Estimates Medicare savings between $4.9 and $9.4 billion over ten years.

Common Questions: Cost

• Why the cost savings?  
  – Projected better diabetes self-management through DSMT is expected to bring down Medicare spending.
  – Reduces expenditures: emergency care, inpatient stays, outpatient visits, prescription drugs, and others.
  – Lower utilization of those types of services leads to lower cost overall.

Common Questions: Benefits and Evidence

What are the benefits of DSMT? Is DSMT effective?  
– Improved hemoglobin A1C levels
– Improved control of blood pressure and cholesterol levels
– Reduced onset and/or advancement of diabetes-related complications
– Improved medication taking
– Healthier lifestyle behaviors, such as better nutrition, increased physical activity, and use of primary care and preventive services
– Enhanced empowerment and self-efficacy
– Decreased health care costs, including fewer hospital admissions and readmissions

Common Questions: Benefits and Evidence

• Do you have evidence that demonstrates benefits and effectiveness of DSMT?  
  – Yes!
  • CDC Diabetes Self-Management Education and Support (DSMES) Toolkit: How people with diabetes benefit from DSMES
  • CDC Diabetes Self-Management Education and Support (DSMES) Toolkit: Overview of the Business Case
  • Systematic Review – Effectiveness of Diabetes Education
  • The Value of Diabetes Education
  • Documentation included in your meeting materials
Congressional Meeting Scenarios

Scenario #1
You are all set to meet with your member of Congress (and even did your homework), but you find out that you are meeting with a member of their staff.

A. Reschedule the meeting for a time when the member of Congress is available.
B. Take advantage of the meeting opportunity. Connect with the staffer and follow-up with the office after the meeting.
C. Go through the motions but assume the staffer doesn’t know what they’re doing.
D. Throw in the towel on advocacy and take up skydiving.

Answer:
B. Take advantage of the meeting opportunity. Connect with the staffer and follow-up with the office after the meeting.

- Staffers are a direct line to the member
- Gather information that shapes policy-making
- Eyes and ears of the member
- Build a relationship with this person

Scenario #2
Your meeting is off to a great start. The staffer you are meeting with is engaged in the conversation.

When you ask about their understanding of diabetes, they make a remark that reflects a lack of understanding of the disease, the experience of the person with diabetes, or common misconceptions about the disease, especially with regard to T2D.

A. Skydiving sounds pretty good right now…
B. Lecture the staffer on the error of their ways. Make sure they never make that mistake again.
C. Alert the staffer’s boss, post on social media, and call your local newspaper.
D. Use this as a teachable moment. Gently make the staffer aware of the appropriate terminology or bring awareness to an issue:

“That’s an interesting point or a common misconception about type 2 diabetes. Let me tell you a little bit about my experience in working with clients with diabetes that might be of interest to you or that may shed light on this topic.”
Congressional Meeting Scenarios

Answer:

D. Use this as a teachable moment. Gently make the staffer aware of the appropriate terminology or bring awareness to an issue:

"That’s an interesting point or common misconception about type 2 diabetes. Let me tell you a little bit about my experience in working with clients with diabetes that might be of interest to you or that may shed light on this topic."

✓ Help bring awareness to the issue by sharing the appropriate information.

Congressional Meeting Scenarios

Scenario #3

I am passionate about advocacy and frustrated at the state of affairs and congress. My member of Congress doesn’t share my political views. During this meeting, I plan to…

Congressional Meeting Scenarios

A. Use this as an opportunity to reach across the aisle. Diabetes is a non-partisan issue and affects all people in all political parties.

B. Give them a piece of my mind. Enough is enough.

C. Let them know that they don’t have my vote.

D. Start assigning blame for the issues with our government.

Congressional Meeting Scenarios

Answer:

A. Use this as an opportunity to reach across the aisle. Diabetes is a non-partisan issue and affects all people in all political parties.

✓ The legislation we are working on is bipartisan and it will take widespread support to pass.

✓ Try to find commonality where possible (shared interest in diabetes?).

✓ Use the meeting outline to guide the conversation.

Congressional Meeting Scenarios

Scenario #4

I’ve been trying to reach the others in my meeting group with no luck and I have a question about my schedule.

Congressional Meeting Scenarios

A. Please check the platform and be looking for messages from group members. Try to be responsive.

B. Use the contact number in your platform for scheduling and questions “day of” e.g. staffer doesn’t show up, technical issues.

C. Contact me (Kate Thomas - kthomas@adces.org or 312-601-4821) by e-mail for quickest response.
Congressional Meeting Scenarios

Answer:

All of the Above!

A. Please check the platform and be looking for messages from group members. Try to be responsive.

B. Use the contact number in your platform for scheduling and questions “day of” e.g. staffer doesn’t show up, technical issues.

C. Contact me (Kate Thomas - kthomas@adces.org or 312-601-4821) by e-mail for quickest response.

Hill Scenarios

Scenario #5

The staffer says, “This bill sounds great, but what is the cost/CBO score?”

Hill Scenarios

A. Pretend you’re in improv class – make up a number that sounds good!

B. Oops my cat walked across my keyboard and ended the Zoom call.

C. Explain that this legislation does not yet have a score, though our estimates suggest a significant savings over time (approx. $4 billion over 10 years)

D. Refer to the cost-savings analysis infographic. Don’t have it handy? Offer to follow-up via e-mail.

Hill Scenarios

Answers:

C. Explain that this legislation does not yet have a score, though our estimates suggest a significant savings over time (approx. $4 billion over 10 years).

D. Refer to the cost-savings analysis infographic. Don’t have it handy? Offer to follow-up via e-mail.

- No need to panic if asked tough questions
- Always provide accurate information
- If you don’t know, it’s perfectly acceptable to follow-up

Panel Discussion / ADCES Advocacy Committee Members

Ann Constance, RD, CDCES, FADCES, MA
Upper Peninsula Diabetes Outreach Network Committee Chair

Rosanne Ainscough, RDN, CDCES
RGA Diabetes and Nutrition

Leigh Bak, APRN, CNS, MSN, CDCES
Yale New Haven Hospital

Gayle Jennings, MS, RDN, BC-ADM, LDN, CDCES
SIU Center for Family Medicine

Sara (Mandy) Reese, PharmD, BC-ADM, BCACP, FADCES
GA Campus – Philadelphia College of Osteopathic Medicine, School of Pharmacy

Suzanne Lohnes, RN, BSN, MA, CDCES
University of California San Diego

Topics

- Real life tips for meeting with your legislator
- Telling your advocacy story
- Advocating beyond the Public Policy Forum
- Engaging advocates in your state
- Developing advocacy priorities
- Legislative change in your state
- Planning a state capitol day (virtual or in-person)
You don’t need to go to Washington to advocate!

**Call to Action!**

- Subscribe to the Advocacy Forum on ADCES Connect
- Attend an Advocacy Townhall meeting or share townhall information with your colleagues
- Advocacy-focused activity at your CB meeting- speaker, letter writing campaign, state capitol day
- Set up an in-district meeting with your legislators
- Reach out to congressional staffers on a regular basis
- Volunteer for a campaign
- Write a letter to the editor (Legislative Action Center)
- Coordinate meetings within your state
- Choose a state level activity- CGM, pharmacy access Omnipod

**Stay Connected and Utilize ADCES Resources**

**Advocacy Forum on ADCES Connect**

**Advocacy Townhall**

- Advocacy Committee hosts regular calls
- Remaining Advocacy Townhall dates for 2022: June 21, September 13, November 15 all at 1:00pm Central/2:00 pm Eastern
- Check the Advocacy Forum for updates and sign-up information
Go to the Advocacy Tab on the home page
https://www.diabeteseducator.org/advocacy

Other ~
- ADCES Legislative Action Center
- Newsletters
- Advocacy Committee Outreach
- Action Alerts
- CB/LNGs
- Podcasts: https://www.diabeteseducator.org/news/aade-podcasts

Additional Resources
- Public Policy Forum page: https://www.diabeteseducator.org/advocacy/public-policy-forum
- Resources for States: https://www.diabeteseducator.org/advocacy/state-legislation
## Congressional Meeting Debriefs

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- Can’t make those times? Reach out to Kate Thomas any time with questions: kthomas@adces.org

### Follow-up

- Today’s event was recorded and will be available on the PPF page: https://www.diabeteseducator.org/advocacy/public-policy-forum
- Subscribe to the Advocacy Forum on ADCES Connect
- How do you plan to take action following this event?
- Complete the event survey!

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**What questions do you have?**

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**Contact**

Kate Thomas, Chief Advocacy and External Affairs Officer
kthomas@adces.org or 312-601-4821

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Thank You!