

112TH CONGRESS
1ST SESSION

H. R. 2741

To amend title XVIII of the Social Security Act to reduce the occurrence of diabetes in Medicare beneficiaries by extending coverage under Medicare for medical nutrition therapy services to such beneficiaries with pre-diabetes or with risk factors for developing type 2 diabetes.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 1, 2011

Ms. DEGETTE (for herself and Mr. WHITFIELD) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to reduce the occurrence of diabetes in Medicare beneficiaries by extending coverage under Medicare for medical nutrition therapy services to such beneficiaries with pre-diabetes or with risk factors for developing type 2 diabetes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Preventing Diabetes
5 in Medicare Act of 2011”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) According to the Centers for Disease Con-
4 trol and Prevention (CDC), there are 79,000,000
5 adults with pre-diabetes in America. The CDC esti-
6 mates that 50 percent of adults ages 65 and older
7 have pre-diabetes. More than 90 percent of adults
8 with pre-diabetes are unaware they have it.

9 (2) For a significant number of people with
10 pre-diabetes, early intervention can reverse elevated
11 blood glucose levels to normal range and prevent di-
12 abetes and its complications completely or can sig-
13 nificantly delay its onset. According to the Institute
14 for Alternative Futures (IAF), if 50 percent of
15 adults with pre-diabetes were able to successfully
16 make lifestyle changes proven to prevent or delay di-
17 abetes, then by 2025 approximately 4,700,000 new
18 cases of diabetes could be prevented at a cost sav-
19 ings of \$300 billion.

20 (3) Diabetes-related hospitalizations totaled
21 24.3 million days in 2007, an increase of 7.4 million
22 days from the 16.9 million days in 2002.

23 (4) Preventing diabetes and its complications
24 can save money and lives. The average annual cost
25 to treat someone with diabetes is \$11,744, compared
26 to \$2,935 for someone who does not have diabetes.

1 (5) Diabetes is unique because its complications
2 and their associated health care costs are often pre-
3 ventable with currently available medical treatment
4 and lifestyle changes.

5 (6) In 2002, the Diabetes Prevention Program
6 study conducted by the National Institutes of Health
7 found that participants (all of whom were at in-
8 creased risk of developing type 2 diabetes) who made
9 lifestyle changes reduced their risk of developing
10 type 2 diabetes by 58 percent and that participants
11 aged 60 and older reduced their risk of developing
12 diabetes by 71 percent.

13 (7) The Agency for Healthcare Research and
14 Quality (AHRQ) has demonstrated that
15 \$2,500,000,000 in hospitalization costs related to
16 the treatment of diabetes or complications resulting
17 from diabetes could be saved by providing seniors
18 with appropriate primary care to prevent the onset
19 of diabetes.

20 (8) The Medicare program currently provides
21 coverage for screening and identifying beneficiaries
22 with pre-diabetes but does not provide adequate
23 services to such beneficiaries to help them prevent or
24 delay the onset of diabetes.

1 **SEC. 3. MEDICARE COVERAGE OF MEDICAL NUTRITION**
2 **THERAPY SERVICES FOR PEOPLE WITH PRE-**
3 **DIABETES AND RISK FACTORS FOR DEVEL-**
4 **OPING TYPE 2 DIABETES.**

5 (a) IN GENERAL.—Section 1861 of the Social Secu-
6 rity Act (42 U.S.C. 1395x) is amended—

7 (1) in subsection (s)(2)(V), by striking “with
8 diabetes or a renal disease” and inserting “with dia-
9 betes, pre-diabetes (as defined in subsection (yy)(4)),
10 or a renal disease, or an individual at risk for diabe-
11 tes (as defined in subsection (yy)(2)),”; and

12 (2) in subsection (yy)—

13 (A) in the heading, by adding “; Pre-Dia-
14 betes” at the end; and

15 (B) by adding at the end the following new
16 paragraph:

17 “(4) The term ‘pre-diabetes’ means a condition of im-
18 paired fasting glucose or impaired glucose tolerance identi-
19 fied by a blood glucose level that is higher than normal,
20 but not so high as to indicate actual diabetes.”.

21 (b) EFFECTIVE DATE.—The amendments made by
22 this section shall apply with respect to services furnished
23 on or after January 1, 2012.

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