

118TH CONGRESS
1ST SESSION

S. 3233

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 SENATE OF THE UNITED STATES

NOVEMBER 7, 2023

Mr. PETERS (for himself and Mrs. CAPITO) introduced the following bill;
which was read twice and referred to the Committee on Finance

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 2023”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) According to the Centers for Disease Con-
2 trol and Prevention, there are more than 96,000,000
3 adults with pre-diabetes in the United States. The
4 Centers estimates that 27 percent of adults who are
5 65 years of age or older have pre-diabetes. More
6 than 80 percent of adults with pre-diabetes do not
7 know they have it.

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

18 (3) Preventing diabetes and its complications
19 can save money and lives. The average annual cost
20 to treat someone with diabetes is \$16,752, which is
21 2.3 times higher than average costs for someone who
22 does not have diabetes. The United States spends
23 \$327 billion per year on costs associated with diabe-
24 tes, with government insurance including Medicare
25 covering over $\frac{2}{3}$ of these costs.

1 (4) 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 (5) According to the American Journal of Clin-
6 ical Nutrition, pre-diabetes medical nutrition therapy
7 provided by a dietitian, such as that found in life-
8 style interventions, has the potential to improve gly-
9 cemic control and prevent progression of type 2 dia-
10 betes. In addition, an independent systematic review
11 of diabetes prevention using nutrition therapy con-
12 ducted in Europe found that individuals who re-
13 ceived the lifestyle interventions had a 47-percent re-
14 duced risk of developing type 2 diabetes.

15 (6) The Medicare program currently provides
16 coverage for screening and identifying beneficiaries
17 with pre-diabetes but does not provide adequate
18 services to such beneficiaries to help them prevent or
19 delay the onset of diabetes.

20 (7) According to the Office of Minority Health
21 and Health Equity within the Department of Health
22 and Human Services, diabetes disproportionately af-
23 fects racial and ethnic minority populations. Com-
24 pared with White adults, African-American adults
25 are 60 percent more likely to be diagnosed with dia-

1 betes by a physician and are twice as likely to die
2 from diabetes.

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

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

9 (1) in subsection (s)(2)(V), by striking “a bene-
10 ficiary with diabetes or a renal disease” and insert-
11 ing “an individual with diabetes, pre-diabetes (as de-
12 fined in subsection (yy)(4)), or a renal disease, or an
13 individual at risk for diabetes (as defined in sub-
14 section (yy)(2)),” in the matter preceding clause (i);
15 and

16 (2) in subsection (yy)—

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

19 (B) by adding at the end the following new
20 paragraph:

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

1 (b) EFFECTIVE DATE.—The amendments made by
2 this section shall apply with respect to services furnished
3 on or after January 1, 2025.

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