



2016 Advocacy Priorities

The **vision** of the DAA is:

To influence change in the US health care system to improve diabetes prevention, detection and care and to speed the development of pathways to cures for diabetes.

The **mission** of the DAA is:

To unite and align key diabetes stakeholders and the larger diabetes community around key diabetes-related policy and legislative efforts in order to elevate diabetes on the national agenda.

Prevention

Eliminating Disparities
in Diabetes Prevention
Access and Care Act

Medicare Diabetes
Prevention Act

National DPP
• Funding

Preventing Diabetes
in Medicare Act

Preventive Health
Savings Act

Detection

Gestational
Diabetes Act

Screening

- Implementation of type 2 guideline

Care

Access to Quality Diabetes
Education Act

Helping Ensure Life- and
Limb-Saving Access to
Podiatric Physicians Act

Medicare CGM Access Act

National Diabetes Clinical
Care Commission Act

Needs of People with
Diabetes in Exchanges

Optimal Outcomes for
Diabetes Patients



2016 Advocacy Priorities

Eliminating Disparities in Diabetes Prevention, Access and Care Act (H.R. 2651)

The legislation seeks to prevent and treat diabetes, promote and improve the care of people with diabetes, and reduce health disparities relating to diabetes within racial and ethnic minority groups including the African American, Hispanic American, Asian American, Native Hawaiian and other Pacific Islander, and American Indian and Alaskan Native communities.

Medicare Diabetes Prevention Act (H.R. 2102/S. 1131)

The legislation expands the proven, community-based prevention program, the National Diabetes Prevention Program (National DPP), as a covered benefit under Medicare to help seniors prevent type 2 diabetes.

National Diabetes Prevention Program (Funding)

The National Diabetes Prevention Program (National DPP) is an evidence-based lifestyle change program for preventing type 2 diabetes led by the Centers for Disease Control and Prevention (CDC). Federal funding supports access to and expansion of the program to some of the more than 86 million Americans with prediabetes.

Preventing Diabetes in Medicare Act (H.R. 1686)

The legislation allows Medicare to reimburse registered dietitians or other qualified nutrition professionals to provide medical nutrition therapy (MNT) to patients at risk of diabetes or with prediabetes, in addition to patients with diabetes and renal disease.

Preventive Health Savings Act (H.R. 3660)

The legislation would create a more accurate budget scoring system for legislation dealing with preventive health services and would allow the Congressional Budget Office (CBO) to collect data past the current ten year window.

Gestational Diabetes Act (H.R. 3658/S. 84)

The legislation aims to lower the incidence of gestational diabetes (GDM) and prevent women afflicted with this condition and their children from developing type 2 diabetes. The legislation invests in gestational diabetes research to enhance surveillance, prevention and treatment of the disease.

Screening (Implementation of Type 2 Guideline)

In October 2015, the United States Preventive Services Task Force (USPSTF) released a new final guideline on screening for abnormal blood glucose and type 2 diabetes. The guideline recommends such screening as part of a cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese and says clinicians should offer or refer patients with abnormal glucose to intensive behavioral lifestyle interventions. Under the ACA, private health insurers are required to cover the screening at no cost to the patient. Disseminating and helping implement this final guideline must be a priority.

Access to Quality Diabetes Education Act (H.R. 1726/S. 1345)

The legislation expands access to diabetes self-management training (DSMT) so older adults with diabetes can prevent costly complications by designating qualified and credentialed diabetes educators as Medicare providers of DSMT.

Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians Act (H.R. 1221/S. 626)

The legislation would recognize podiatrists as physicians in order to cover their services under the Medicaid program and clarify and improve coordination of care in Medicare's Therapeutic Shoe Program for patients with diabetes.

Medicare CGM Access Act (H.R. 1427/S. 804)

The legislation provides Medicare coverage of continuous glucose monitoring (CGM) devices furnished to a CGM qualified individual.

National Diabetes Clinical Care Commission Act (H.R. 1192/S. 586)

The legislation creates a commission comprised of diabetes experts, including endocrinologists and other specialists that treat the complications of diabetes, primary care physicians, patient advocates, and representatives from the federal agencies most involved in diabetes care. The goal of the commission is to streamline federal investments in the disease to improve the coordination and clinical care outcomes for people with diabetes and prediabetes.

Needs of People with Diabetes in Exchanges

The health insurance exchanges established under the Affordable Care Act (ACA) provide millions of Americans access to health coverage that may have been difficult to obtain prior to passage of the law. How these exchanges operate and how insurance plans offered through these exchanges meet the needs of people with diabetes is a critically important issue. Cost-sharing, network adequacy, and transparency must be priorities in implementation and evaluation of exchanges and health plans.

Optimal Outcomes for Diabetes Patients

Measuring the quality of care for people with diabetes can provide useful information on how the health care system performs and ultimately help improve care for people with chronic diseases like diabetes. Historically, performance measures that address the quality of care for people with diabetes have been focused on measuring processes of care, rather than outcomes. Assessing and advancing a core set of measures and outcomes of interest for people with diabetes is critical to ensuring that this population is receiving optimal care.

Members of the Diabetes Advocacy Alliance™

The current members of the DAA include:

Academy of Nutrition and Dietetics
American Association of Clinical Endocrinologists
American Association of Diabetes Educators
American Clinical Laboratory Association
American Diabetes Association

American Medical Association
American Optometric Association
American Podiatric Medical Association
Diabetes Hands Foundation
Endocrine Society

Healthcare Leadership Council
National Association of Chain Drug Stores
National Association of Chronic Disease Directors
National Community Pharmacists Association
National Kidney Foundation

Novo Nordisk Inc.
Omada Health
Pediatric Endocrine Society
VSP® Vision Care
YMCA of the USA



AMERICAN PUBLIC HEALTH ASSOCIATION

For science. For action. For health.

July 14, 2015

The Honorable Chuck Grassley
U.S. Senate
Washington, DC 20510

The Honorable Charles Schumer
U.S. Senate
Washington, DC 20510

The Honorable Renee Ellmers
U.S. House of Representatives
Washington, DC 20515

The Honorable Diana DeGette
U.S. House of Representatives
Washington, DC 20515

Dear Senators Grassley and Schumer and Representatives Ellmers and DeGette:

On behalf of the American Public Health Association, a diverse community of public health professionals who champion the health of all people and communities, I write in support of the Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians Act (S. 626 and H.R. 1221). This important legislation would ensure access to foot health professionals for millions of Medicaid beneficiaries.

Foot health is an essential component of overall health and quality of life. Having the option to see a podiatric physician for needed foot care will help contribute to better health outcomes. APHA has therefore long supported legislation that would require podiatric care to be included as an essential service. The HELLPP Act would amend the definition of “physician” in Title XIX of the Social Security Act to recognize podiatrists as physicians to ensure that Medicaid patients have access to the most appropriate and best trained providers of foot and ankle care. The legislation would bring the Medicaid program in line with the Medicare program which has recognized doctors of podiatric medicine as physicians for more than 40 years. Additionally, the HELLPP Act includes clarifications to Medicare’s Therapeutic Shoe Program for persons with diabetes, which would improve coordination of care for patients and result in fewer Medicare office visits – a program that helps prevent foot ulcerations and amputations among at-risk patients with diabetes with the use of therapeutic shoes.

Thank you for your commitment to improving patient access to quality foot and ankle care.

Sincerely,

A handwritten signature in black ink that reads "Georges C. Benjamin". The signature is written in a cursive style with a large, looped initial "G".

Georges C. Benjamin, MD
Executive Director



July 17, 2015

The Honorable Chuck Grassley
United State Senate
Washington, DC 20510

The Honorable Charles Schumer
United States Senate
Washington, DC 20510

The Honorable Renee Ellmers
U.S. House or Representatives
Washington, DC 20515

The Honorable Diana DeGette
U.S. House of Representatives
Washington, DC 20515

Dear Senators Grassley and Schumer, and Representatives Ellmers and DeGette:

On behalf of the Alliance of Wound Care Stakeholders, I am writing in strong support of your bipartisan legislation, *Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act* (HR 1221 / S 626). The Alliance is a nonprofit multidisciplinary trade association of physician medical specialty societies and clinical associations whose mission is to promote quality care and access to products and services for people with wounds, including but not limited to diabetic foot ulcers, through effective advocacy and educational outreach in the regulatory, legislative, and public arenas. A list of our members can be found at www.woundcarestakeholders.org.

A diabetic foot ulcer is an open sore or wound that occurs in approximately 15 percent of patients with diabetes and is commonly located on the bottom of the foot. Of those who develop a foot ulcer, 6 percent will be hospitalized due to infection or other ulcer-related complication. Diabetes is the leading cause of non-traumatic lower extremity amputations in the United States, and approximately 14-24 percent of patients with diabetes who develop a foot ulcer will require an amputation. Foot ulcerations precedes 85 percent of diabetes-related amputations.

Since wound care is multidisciplinary, our members work very closely with podiatric physicians, and know first-hand how critical a role they play in diagnosing and treating wounds and ulcers of the foot and ankle. Wound and ulcer care of the foot is unique, and doctors of podiatric medicine (DPMs) are specially trained to effectively heal them and keep them from returning. Particularly for individuals who have diabetes, neuropathy or vascular disease, not properly treating an open wound can put patients at increased risk of developing infection in the skin and bone, and in extreme cases, could lead to limb amputation.

Even though foot and ankle care is a covered benefit under current Medicaid policies, access to medical and surgical foot and ankle care *provided by a podiatrist* is considered an optional benefit and is not

covered by all state plans, thus limiting Medicaid patient access to specialized foot and ankle medical and surgical care.

The HELLPP Act would remedy this access barrier by recognizing podiatrists as physicians in order to ensure that Medicaid patients have timely, equal and full access to the most appropriate and best trained providers of foot and ankle care. The legislation would bring the Medicaid program in line with the Medicare program, which has recognized DPMs as physicians since 1967.

Additionally, the HELLPP Act clarifies documentation requirements for Medicare's Therapeutic Shoe Program for persons with diabetes. This provision would improve coordination of care for beneficiaries with diabetes and result in fewer Medicare office visits. This legislation will be helping to ensure that our nation's vulnerable Medicaid population has access to the important specialized foot and ankle care services provided by podiatrists.

Podiatric services are essential to any comprehensive national health care program. Numerous studies conclude that when podiatric physicians and surgeons are delivering foot and ankle care, patient outcomes are better, hospitalizations are fewer and shorter, and our health system saves billions of dollars annually.

The Alliance of Wound Care Stakeholders thanks you for your leadership on this issue, and looks forward to working with you and the rest of Congress to advance this important legislation. If you have any questions or would like further information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Marcia Nusgart R.Ph." in a cursive script.

Marcia Nusgart R.Ph.
Executive Director



California Medical Association

Physicians dedicated to the health of Californians

July 27, 2015

The Honorable Chuck Grassley
U.S. Senate
Washington, D.C. 20510

The Honorable Charles Schumer
U.S. Senate
Washington, D.C. 20510

The Honorable Renee Ellmers
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Diana DeGette
U.S. House of Representatives
Washington, D.C. 20515

Dear Senators Grassley and Schumer, and Representatives Ellmers and DeGette:

On behalf of the California Medical Association, I am writing to express our support for S. 626 / H.R. 1221, "The Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act."

The HELLPP Act would define podiatrists as physicians for purposes of the Medicaid program to ensure that podiatric services provided by a podiatrist is a Medicaid covered benefit. For years, foot and ankle services provided by a podiatrist was an optional Medicaid benefit in California. However, because of recent state budget cutbacks, all optional benefits were eliminated. We are concerned that Medicaid patients (Medi-Cal in California) are already experiencing access to care problems because of California's low Medi-Cal provider reimbursement rates and with the implementation of the Affordable Care Act, millions more will have a difficult time finding a provider to care for them. This legislation would help to relieve the shortage of providers and improve access to these important services.

We also support the Medicare provisions which could improve the process for obtaining therapeutic shoes for diabetic Medicare patients.

CMA is proud to work with our colleagues in Podiatric medicine to improve access to essential medical foot and ankle care, particularly for those patients at risk for diabetes and related lower limb complications. We support the legislation as drafted to define podiatrists as physicians for purposes of Medicaid as it is within the scope of their training and education as outlined in state law.

Thank you for introducing the HELLPP Act (S. 626 / H.R. 1221). We look forward to working with you. The CMA contact is Elizabeth McNeil, Vice President, Federal Government Relations, emcneil@cmanet.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Luther F. Cobb", with a long horizontal flourish extending to the right.

Luther F. Cobb, MD, President

Cc: Glenn Gastwirth, Executive Director & CEO, American Podiatric Medical Association

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University of Miami, Miller School of Medicine,
Hialeah, FL

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Latino Medical Student Association
MD/PhD Candidate, Yale University School of
Medicine, New Haven, CT

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Los Angeles, CA

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President & CEO, Griego Enterprises, Inc.
Los Angeles, CA

Richard Zapanta, MD

Orthopedic Surgeon, Monterey Park, CA



July 6, 2015

The Honorable Chuck Grassley
135 Hart Senate Office Building
Washington, DC 20510

The Honorable Charles E. Schumer
322 Hart Senate Office Building
Washington D.C. 20510

Dear Senators Grassley and Schumer:

On behalf of the National Hispanic Medical Association (NHMA) representing more than 50,000 licensed Hispanic physicians nationwide, I write in support of the "Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act," (S. 626). The legislation would provide consistency between the Medicare and Medicaid programs, improve access to podiatric services for millions of Medicare and Medicaid beneficiaries, and improve the overall quality of health care in the Medicare and Medicaid programs.

The NHMA supports amending the definition of "physician" contained in Title XIX (Medicaid) of the Social Security Act (SSA), making it consistent with the definition of "physician" contained in Title XVIII (Medicare). The Medicare program has recognized doctors of podiatric medicine as "physicians" under Section 1861(r)(3) of the Social Security Act [42U.S.C.1395x] since 1967.

Our member physicians train and work side-by-side in hospitals and clinics with podiatric physicians on a daily basis. Podiatric physicians are highly trained and play an important role in the recognition of such systemic diseases as diabetes, as well as in the prevention of related amputations and treatment of related complications. It is our opinion that podiatrists are valued members of the health-care delivery team and Medicare and Medicaid beneficiaries will benefit from removing current law barriers to their services.

The NHMA appreciates your leadership on this common-sense, bipartisan initiative to ensure that patients have access to appropriate medical care, and looks forward to working with your offices to see its enactment into law.

Sincerely,

A handwritten signature in black ink that reads 'Elena Rios'.

Elena Rios, MD, MSPH
President & CEO

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Resident Physician, Internal Medicine &
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University of Miami, Miller School of Medicine,
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President & CEO, Griego Enterprises, Inc.
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Richard Zapanta, MD

Orthopedic Surgeon, Monterey Park, CA



July 6, 2015

The Honorable Renee Ellmers
U.S. House of Representatives
Washington, DC 20515

The Honorable Diana DeGette
U.S. House of Representatives
Washington, DC 20515

Dear Congresswomen Ellmers & DeGette:

On behalf of the National Hispanic Medical Association (NHMA) representing more than 50,000 licensed Hispanic physicians nationwide, I write in support of the "Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act," (H.R. 1221). The legislation would provide consistency between the Medicare and Medicaid programs, improve access to podiatric services for millions of Medicare and Medicaid beneficiaries, and improve the overall quality of health care in the Medicare and Medicaid programs.

The NHMA supports amending the definition of "physician" contained in Title XIX (Medicaid) of the Social Security Act (SSA), making it consistent with the definition of "physician" contained in Title XVIII (Medicare). The Medicare program has recognized doctors of podiatric medicine as "physicians" under Section 1861(r)(3) of the Social Security Act [42U.S.C.1395x] since 1967.

Our member physicians train and work side-by-side in hospitals and clinics with podiatric physicians on a daily basis. Podiatric physicians are highly trained and play an important role in the recognition of such systemic diseases as diabetes, as well as in the prevention of related amputations and treatment of related complications. It is our opinion that podiatrists are valued members of the health-care delivery team and Medicare and Medicaid beneficiaries will benefit from removing current law barriers to their services.

The NHMA appreciates your leadership on this common-sense, bipartisan initiative to ensure that patients have access to appropriate medical care, and looks forward to working with your offices to see its enactment into law.

Sincerely,

A handwritten signature in black ink that reads 'Elena Rios'.

Elena Rios, MD, MSPH
President & CEO



March 19, 2015

The Honorable Charles Grassley
United States Senate
Washington, DC 20510

The Honorable Charles Schumer
United States Senate
Washington, DC 20510

Dear Senators Grassley and Schumer:

On behalf of the Society for Vascular Surgery (SVS), a professional medical society representing over 5000 specialty-trained vascular surgeons and other medical professionals who are dedicated to the prevention and cure of vascular disease, I am pleased to inform you that SVS is supportive of S.626, the bipartisan Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians Act.

We believe it is appropriate to align the definitions of physicians and physician services under Title XIX (Medicaid) of the Social Security Act with those under Title XVIII of Medicare, which has recognized doctors of podiatric medicine for over 40 years. Not only would this provide consistency between the two programs, but also it would allow access to podiatric services for millions of Medicaid beneficiaries.

At a time when the country's Medicaid rolls are expected to increase, insuring that beneficiaries have access to podiatrists is more important than ever in order to bring about better health outcomes and health system cost savings. Also, this legislation closes a loophole that allows tax-delinquent Medicaid providers to receive full Medicaid reimbursements, which will save money for Medicaid and offset any federal budget costs associated with recognizing podiatrists as physicians under Medicaid.

Podiatric physicians play an important role in the recognition of such diseases as diabetes, with the result being the prevention of amputations and related complications. Vascular surgeons often work with podiatric physicians in the management of diabetic foot ulcers and other lower extremity conditions. The American Diabetic Association estimates that 29 million adults and children in the United States have diabetes; many are Medicaid beneficiaries who would benefit from the services of podiatric physicians.

In addition, SVS supports inclusion of this legislation in any appropriate vehicle being considered in the Senate. Thank you for your sponsorship of this important bill.

Sincerely,

Peter F. Lawrence, MD
SVS President



March 19, 2015

The Honorable Diana DeGette
United States House of Representatives
Washington, DC 20515

The Honorable Renee Ellmers
United States House of Representatives
Washington, DC 20515

Dear Representatives DeGette and Ellmers:

On behalf of the Society for Vascular Surgery (SVS), a professional medical society representing over 5000 specialty-trained vascular surgeons and other medical professionals who are dedicated to the prevention and cure of vascular disease, I am pleased to inform you that SVS is supportive of H.R.1221, the bipartisan Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians Act.

We believe it is appropriate to align the definitions of physicians and physician services under Title XIX (Medicaid) of the Social Security Act with those under Title XVIII of Medicare, which has recognized doctors of podiatric medicine for over 40 years. Not only would this provide consistency between the two programs, but also it would allow access to podiatric services for millions of Medicaid beneficiaries.

At a time when the country's Medicaid rolls are expected to increase, insuring that beneficiaries have access to podiatrists is more important than ever in order to bring about better health outcomes and health system cost savings. Also, this legislation closes a loophole that allows tax-delinquent Medicaid providers to receive full Medicaid reimbursements, which will save money for Medicaid and offset any federal budget costs associated with recognizing podiatrists as physicians under Medicaid.

Podiatric physicians play an important role in the recognition of such diseases as diabetes, with the result being the prevention of amputations and related complications. Vascular surgeons often work with podiatric physicians in the management of diabetic foot ulcers and other lower extremity conditions. The American Diabetic Association estimates that 29 million adults and children in the United States have diabetes; many are Medicaid beneficiaries who would benefit from the services of podiatric physicians.

In addition, SVS supports inclusion of this legislation in any appropriate vehicle being considered in the House. Thank you for your sponsorship of this important bill.

Sincerely,

Peter F. Lawrence, MD
SVS President

Prevent Discrimination Against Doctors of Podiatric Medicine
Statement of the AFL-CIO Executive Council

February 25, 2015

The AFL-CIO's affiliate, the Office and Professional Employees International Union (OPEIU), represents more than one-third of the licensed doctors of podiatric medicine (DPMs) who practice in the United States.

DPMs are specialists who treat medical and surgical conditions of the foot and ankle and manifestations of systemic diseases in the foot and ankle. DPMs are defined as "physicians," along with medical doctors (MDs) and doctors of osteopathy (DOs), in Title XVIII of the Social Security Act governing Medicare, **but** DPMs are not similarly defined as "physicians" in Title XIX of the Social Security Act governing Medicaid.

Failure to recognize DPMs as "physicians" in Title XIX allows a state to eliminate podiatrists from the state Medicaid program as an "optional" service. This optional elimination prevents podiatrists from treating patients under Medicaid, thereby causing unnecessary interruption of ongoing care provided by podiatrists and resulting in potential harm and injury to patients. In 2009, there were only two states in which the state Medicaid program eliminated podiatry as an option. In 2015, that number has grown to eight: Alabama, Alaska, Arizona, California, Nevada, Kansas, South Carolina and Wyoming.

The ability of a state to eliminate the services of a DPM as an option constitutes discrimination in that the medical services that treat the foot and ankle under Medicaid are not eliminated, but instead just the services of one class of provider are eliminated. This causes all foot and ankle care to be provided by other, often less qualified, providers. The transfer of those patients from DPMs to other medical providers potentially increases the cost of treatment and decreases a patient's access to critically needed medical or surgical care. This



Office and Professional Employees International Union

discrimination eliminates the sole unionized providers of these medical services from a government-created, supported and financed national medical program servicing the underprivileged populations of the United States. This elimination and de facto discrimination prevents Medicaid patients, many of whom are victims of diabetes, from gaining access to DPMs who are union members.

The Centers for Medicare and Medicaid Services (CMS) further discriminate against DPM's by failing to recognize the independent ability of DPMs to certify the Medicare beneficiary's need for durable medical equipment under Title XVIII of the Social Security Act governing Medicare. The elimination of this discrimination does not expand any current entitlement to durable medical equipment under Medicare.

These discriminations can be abolished by Congress by enacting legislation **amending Title XIX of the Social Security Act governing Medicaid to recognize DPMs as "physicians" in the same manner in which they are recognized in Title XVIII governing Medicare,** and amending Title XVIII of the Social Security Act governing Medicare to recognize the ability of DPMs to independently certify the need for and prescribe appropriate durable medical equipment within their scope of practice. The AFL-CIO urges Congress to enact such an amendment.

