POSITION STATEMENT:
Increase US Health Plan Coverage of the National Diabetes Prevention Program for Individuals with Prediabetes

SUMMARY STATEMENT:
The Society of Behavioral Medicine supports legislation and policies that encourage all insurers in all states to offer the National Diabetes Prevention Program as a fully covered benefit for all individuals with prediabetes.

THE PROBLEM
Diabetes is the 7th leading cause of death in the US. Though type 2 diabetes (T2D) is preventable, 4000 Americans are diagnosed every day. This is particularly important during the COVID-19 crisis, as people with diabetes have higher risk of COVID-related mortality. Approximately 34.5% of US adults (88 million) have prediabetes, a reversible precursor to T2D, but only 15% know they have it. When prediabetes progresses to T2D, the economic and social impacts are staggering. In 2017, diabetes cost the US $327 billion; $1 in every $7 health care dollars was spent treating diabetes and its complications. Expenditures attributed to T2D include increased absenteeism ($3.3 billion), reduced work productivity ($26.9 billion), and inability to work due to disability ($37.5 billion).

The National Diabetes Prevention Program (National DPP, led by the Centers for Disease Control and Prevention) is an evidence-based 1-2-year lifestyle change program to prevent or slow T2D onset in individuals with prediabetes. Participants attend on average 22 one hour-long sessions that teach behavioral skills to improve eating and physical activity. The National DPP could reduce the risk of Americans with prediabetes developing T2D by 58% (71% for people over age 60) – if they can access it. Providing the program costs as low as $500 per enrollee although costs vary across delivery organizations and providers, and it is cost effective compared to placebo from a payer perspective. Yet many healthcare systems do not offer the program or other similar lifestyle interventions, and many insurers do not cover the cost for their members or provide adequate coverage for providers.

Coverage is particularly limited in Health Professional Shortage Areas where people are geographically isolated and economically or medically vulnerable. Here, program delivery organizations face added challenges including:

• fewer resources for developing the infrastructure to become Medicare DPP suppliers and to process and submit their claims
• low participant volume
• greater resources required to recruit/obtain sufficient referrals
• lower attendance and poorer outcomes based on factors outside the organization’s control
• low reimbursement rates
• fewer available trained staff and high staff turn-over

CURRENT POLICY
Coverage of the National DPP lifestyle change program by insurers has expanded but remains very limited. Further, a low reimbursement rate discourages program delivery organizations, including programs modeled after the National DPP, from developing the necessary infrastructure. As of June 2020, 11 states have made the decision to include the program as a Medicaid covered benefit and are in various stages of implementing the benefit. Twenty-five states cover the costs of program participation for public employees, though details vary by state. While Medicare has recently implemented coverage for the National DPP, it reimburses suppliers on a performance-based system based on participant attendance and weight loss, does not cover costs associated with recruitment and retention of participants, and each person is only covered to participate in the program one time. Further, virtual delivery of the DPP to...
Medicare beneficiaries is only approved temporarily during the COVID-19 pandemic, although the PREVENT DIABETES Act, introduced to Congress by Senator Tim Scott and others, would allow CDC-recognized virtual suppliers to participate in the Medicare DPP program permanently. Coverage by commercial health insurance plans is not universal, and commercial plans that do provide coverage do not have to disclose this information.

RECOMMENDATIONS

Recommendation #1:
For Federal legislators: Federal legislation and policies should encourage Medicare, Medicaid and all private insurers, including employers with self-funded health plans, to permanently offer the National DPP, delivered in-person or virtually, as a covered benefit for all members/beneficiaries with prediabetes, including covering costs associated with participant recruitment and retention.

Recommendation #2:
For state legislators: Encourage health plans that cover the National DPP lifestyle change program to publicly share information about where (state/regions) and to whom they are providing coverage, so that the CDC can improve reach. Encourage reimbursement for National DPP services to include a payment adjustment for providers working in Health Professional Shortage Areas.

Recommendation #3:
For healthcare providers: Healthcare providers should increase prediabetes screening, testing, education, and referrals to CDC-recognized organizations offering the National DPP lifestyle change program and programs modeled after it.

REFERENCES

8. Liu, J. Health professional shortage and health status and health care access. 2007. Journal of Health Care for the Poor and Underserved, 18(3), 590-598.

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ENDORSEMENTS

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