

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

Overview

Data from the *National Diabetes Statistics Report, 2014*¹, illustrates the overwhelming burden of diabetes in the United States. Over 29 million Americans have diabetes, up from 25.8 million in 2010. Of the 29.1 million, 21.0 million were diagnosed, and 8.1 million are undiagnosed. 86 million Americans age 20 and older had pre-diabetes in 2012, while 11.8 million Americans age 65 and older had diabetes (diagnosed and undiagnosed). There are also many complications and co-morbidities associated with diabetes, including hypoglycemia, hypertension, cardiovascular disease death, kidney disease, among others.

Diabetes remains the 7th leading cause of death in the U.S., although it may be underreported as a cause of death. Studies have found that only 35% to 40% of people with diabetes have diabetes listed on their death certificate, and 10% to 15% had it listed as the underlying cause of death.

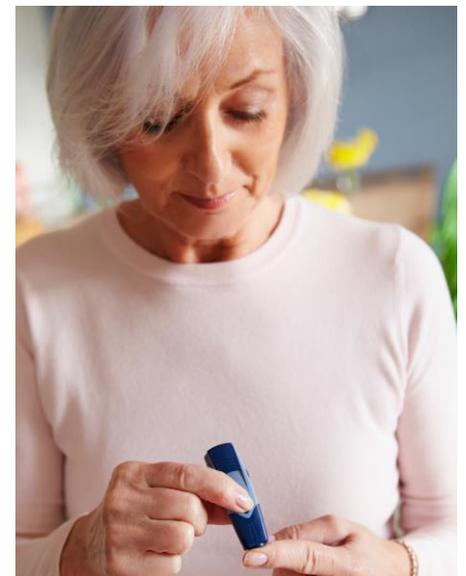
The Significance of Coordinated Diabetes Care

Currently, 35 agencies have programs or policies that relate to diabetes.² These are largely uncoordinated and may be redundant. 8 Republican governors and 5 Democratic governors have already enacted Diabetes Action Plans in their states to tackle this problem.³

Our health care system must prioritize interventions targeted at preventing or delaying the onset of diabetes. With access to appropriate intervention and information, diabetes can be prevented, even for those at the highest risk. The United States Preventive Services Task Force recommends screening for diabetes in adults at increased risk for diabetes, including adults over age 40.⁴ This recommendation shows the value in screening for pre-diabetes, in order to allow access for those at risk of developing diabetes.

Key Takeaways:

- The National Diabetes Clinical Care Commission will focus on improving diabetes care delivery, patient outcomes, and cost effectiveness of care.
- Registered dietitians will be among the health experts on the Commission, offering practical insight on how to improve clinical care for people with diabetes.
- This is a bi-partisan bill, with 215 co-sponsors in the House and 33 co-sponsors in the Senate.



¹ Center for Disease Control and Prevention, "National Diabetes Fact Sheet, 2014."

² American Association of Clinical Endocrinologists. "AACE Legislative Fact Sheet 2014." Accessed at <https://www.aace.com/files/advocacy/diabetes-initiative-fact-sheet.pdf>.

³ National Conference of State Legislatures. "Overview of State Diabetes Laws." Accessed at www.ncsl.org/research/health/diabetes-state-enacted-laws-2007-2012.aspx.

⁴ USPSTF Draft Recommendation Statement. "Screening for Abnormal Glucose and Type 2 Diabetes Mellitus." Accessed at: www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementDraft/screening-for-abnormal-glucose-and-type-2-diabetes-mellitus.

The National Diabetes Clinical Care Commission Act will create a Commission to focus on improving diabetes care delivery, patient outcomes, and cost effectiveness. The Commission will be comprised of health care experts, including registered dietitians, to offer practical insight on how to improve clinical care for people with diabetes. The Commission will:

- Make recommendations on how to better coordinate and leverage federal programs for people with pre-diabetes and diabetes,
- Support clinicians, including registered dietitians, in providing high-quality care to people with diabetes, and
- Expand education and awareness to health care professionals regarding diabetes prevention.

Cost-Effectiveness of the National Diabetes Clinical Care Commission

In 2012, total national costs associated with diabetes exceeded \$245 billion, up from \$174 billion in 2007.⁵ One in three Medicare dollars is currently spent on people with diabetes. People with diagnosed diabetes incur average medical expenses of about \$13,700 per year, of which \$7,000 is associated with diabetes care. Indirect costs associated with diabetes include increased absenteeism, reduced productivity while at work, and lost productive capacity due to early mortality.

By coordinating care, the Commission would reduce duplicative programs and provide more efficient care, thus improving the efficacy of health dollars spent towards medical care. Furthermore, the bill does not require any additional federal dollars, as it uses funds already appropriated to HHS.

The National Diabetes Clinical Care Commission Act in the 114th Congress

On February 26, 2015, Senators Jeanne Shaheen (New Hamp.) and Susan Collins (Mai.) introduced S. 586, and on March 3, 2015, Representatives Pete Olson (Tex.) and Dave Loebsack (Iowa) introduced H.R. 1192, an identical bill, in the House. It is a bi-partisan piece of legislation, supported by leadership in the Congressional Diabetes Caucus. Currently, the bill has 215 co-sponsors in the House, and 33 co-sponsors in the Senate.

View of the Academy of Nutrition and Dietetics on the National Diabetes Clinical Care Commission Act (H.R. 1074/S. 539)

The Academy supports the National Diabetes Clinical Care Commission Act, and its goal to improve care for people with diabetes and pre-diabetes. Academy members understand that prevention is key to improving health outcomes, and the importance of increasing patient access to medical nutrition therapy provided by a registered dietitian nutritionist. The Commission would allow collaboration among registered dietitians and other expert practitioners to ensure that patients have access to effective, coordinated care for better health.

⁵ American Diabetes Association (2014). Economic Cost of Diabetes in 2012. *Diabetes Care*. Vol. 37:3172-3179.