

113TH CONGRESS
1ST SESSION

H. R. 1257

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

MARCH 19, 2013

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 2013”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) According to the Centers for Disease Con-
4 trol and Prevention, there are 79,000,000 adults
5 with pre-diabetes in America. The Centers estimates
6 that 50 percent of adults who are 65 years of age
7 or older have pre-diabetes. More than 90 percent of
8 adults 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, if 50 percent of adults with
15 pre-diabetes were able to successfully make lifestyle
16 changes proven to prevent or delay diabetes, then by
17 2025 approximately 4,700,000 new cases of diabetes
18 could be prevented at a cost savings of \$300 billion.

19 (3) Nearly 1-in-5 hospitalizations in 2008 were
20 related to diabetes according to the Agency for
21 Healthcare Research and Quality.

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

1 One out of every three Medicare dollars is spent on
2 diabetes.

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

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

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

21 (8) The Medicare program currently provides
22 coverage for screening and identifying beneficiaries
23 with pre-diabetes but does not provide adequate
24 services to such beneficiaries to help them prevent or
25 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, 2014.

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