

117TH CONGRESS
1ST SESSION

S. 3246

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 18, 2021

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 2021”.

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 88,000,000
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 83 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) A recent systematic review conducted by the
6 Academy of Nutrition and Dietetics Evidence Anal-
7 ysis Library concluded that randomized clinical
8 trials involving medical nutrition therapy resulted in
9 a significant decrease in waist circumference, fasting
10 blood glucose, and two-hour post prandial blood glu-
11 cose, which is graded as strong evidence of having
12 a lower risk of developing type 2 diabetes. A second,
13 independent systematic review of diabetes prevention
14 using nutrition therapy conducted in Europe found
15 that individuals who received the lifestyle interven-
16 tions had a 47-percent reduced risk of developing
17 type 2 diabetes.

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

23 (7) According to the American Diabetes Asso-
24 ciation, diabetes disproportionately affects racial and
25 ethnic minority populations. Compared with White

1 adults, the risk of having a diabetes diagnosis is 77
 2 percent higher among African Americans, 66 percent
 3 higher among Latino and Hispanic Americans, and
 4 18 percent higher among Asian Americans.

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

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

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

18 (2) in subsection (yy)—

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

21 (B) by adding at the end the following new
 22 paragraph:

23 “(4) The term ‘pre-diabetes’ means a condition of im-
 24 paired fasting glucose or impaired glucose tolerance identi-

1 fied by a blood glucose level that is higher than normal,
2 but not so high as to indicate actual diabetes.”.

3 (b) EFFECTIVE DATE.—The amendments made by
4 this section shall apply with respect to services furnished
5 on or after January 1, 2023.

