The Preventing Diabetes in Medicare Act

Overview

Diabetes is a tremendously costly illness, both in terms of health and in terms of our nation's escalating healthcare costs. Today, 25.8 million people, or 8.3 percent of the population, have diabetes; an additional 79 million people are estimated to have prediabetes.¹ The prevalence of diabetes is even more staggering among those eligible for Medicare. In 2010, over one-quarter of U.S. residents aged 65 years and older (10.9 million) had diabetes and 50 percent had prediabetes.²

In other words, 7 out of 10 people eligible for Medicare are affected by diabetes or prediabetes. For half of these individuals, however, diabetes could be prevented if they had access to a diet and exercise lifestyle intervention.

The Costs of Diabetes

One out of every five federal health care dollars is spent treating people with diabetes.³ The total cost of diabetes to our health care system in 2007 was estimated to be $174 billion, including $116 billion in excess medical expenditures and $58 billion in reduced national productivity.⁴ These costs translate to 15 million work days absent, 120 million work days with reduced performance, and 107 million work days lost due to unemployment disability due to diabetes.⁵ The average yearly health care costs for a person without diabetes is $2,560, while the average annual health care cost for a person with diabetes is $11,744.⁶ Clearly, diabetes places an enormous financial burden on families, our economy, and on our healthcare system.

Cost-Effectiveness of Diabetes Prevention

Many studies have demonstrated that diet changes are an effective component in diabetes management. Research has shown that diabetes is preventable in people exposed to diet and exercise lifestyle modification programs, particularly among people over the age of 60.⁷ In the Diabetes Prevention Program, people between the ages of 60 and 85 experienced a 49% lower risk of developing diabetes than the control group seven years after the program ended. When diabetes is prevented, our society and our healthcare system are spared the additional costs and health burdens associated with the disease. A 2012 study found that insurance coverage for the Diabetes Prevention Program for people with prediabetes would be both cost-effective and cost-saving for Medicare.⁸

Key Takeaways

- Over one-quarter of the Medicare-eligible population (10.9 million Americans over the age of 65) have diabetes, and 50 percent have prediabetes.
- The total cost of diabetes to our health care system in 2007 was estimated to be $174 billion.
- Research shows that diabetes is preventable in people exposed to diet and exercise lifestyle modification programs, particularly among people over the age of 60.
- Medical nutrition therapy (MNT) provided by a dietitian is an effective evidence-based practice that can result in weight loss, obesity prevention and improved prediabetes insulin markers which are the same essential outcomes of other diabetes prevention programs.
- The Preventing Diabetes in Medicare Act will allow Medicare to reimburse RDs to provide MNT to patients at risk of diabetes or with prediabetes, in addition to patients with diabetes and renal disease.

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² Ibid.
⁴ Ibid.
There are many ways to estimate cost-effectiveness, but one common method is by measuring cost per quality adjusted life year (QALY), which is based on the number of years of life that would be added by the change or intervention. As a society, we often say a treatment is “cost-effective” if we have to pay less than $50,000 per QALY. An intervention is said to be “cost-saving” if it will actually save money in the long run if it were implemented. Treatment of prediabetes with lifestyle interventions involving diet and exercise has consistently been shown to be cost-effective, and even cost-saving in some cases:

- A 2010 study concluded that screening and lifestyle intervention for prediabetes is cost-saving to a single payer over three years.\(^9\)
- A 2007 study concluded that screening and lifestyle intervention for prediabetes is highly cost-effective, costing only $8,181-$9,511 per QALY.\(^10\)
- A 2006 study concluded that lifestyle intervention for prediabetes is highly cost-effective, costing only $1,100 per QALY.\(^11\)
- A 2005 study concluded that lifestyle intervention for prediabetes is highly cost-effective, costing only $1,110 per QALY.\(^12\)
- In an International Diabetes Federation summary of cost-effectiveness studies, seven out of eight studies showed lifestyle intervention for prediabetes to be cost saving or cost-effective.\(^13\)

**Bottom line: Research shows diet and exercise lifestyle interventions are cost-effective or even cost-saving treatments for people with prediabetes.**

**Benefits of the Preventing Diabetes in Medicare Act**

The Preventing Diabetes in Medicare Act will help to prevent cases of diabetes in the Medicare population by allowing medical nutrition therapy to be provided by a dietitian or nutrition professional for individuals with diabetes, prediabetes, or a renal disease, or an individual at risk for diabetes.

The Preventing Diabetes in Medicare Act of 2011 is a bipartisan bill that was introduced in the 112th Congress by Congresswoman Diana DeGette (D-CO) and Congressman Ed Whitfield (R-KY) as the original cosponsor. The bill is expected to be re-introduced in the 113th Congress soon.

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\(^12\) Herman W, et. al. (2005). The cost-effectiveness of lifestyle modification or metformin in preventing type 2 diabetes in adults with impaired glucose tolerance. *Annals of Internal Medicine*. Vol 142(5).