

112TH CONGRESS  
1ST SESSION

# H. R. 2741

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.

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## IN THE HOUSE OF REPRESENTATIVES

AUGUST 1, 2011

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

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## 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 2011”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

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

20 (3) Diabetes-related hospitalizations totaled  
21 24.3 million days in 2007, an increase of 7.4 million  
22 days from the 16.9 million days in 2002.

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

1           (5) 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           (6) In 2002, the Diabetes Prevention Program  
6           study conducted by the National Institutes of Health  
7           found that participants (all of whom were at in-  
8           creased risk of developing type 2 diabetes) who made  
9           lifestyle changes reduced their risk of developing  
10          type 2 diabetes by 58 percent and that participants  
11          aged 60 and older reduced their risk of developing  
12          diabetes by 71 percent.

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

20          (8) The Medicare program currently provides  
21          coverage for screening and identifying beneficiaries  
22          with pre-diabetes but does not provide adequate  
23          services to such beneficiaries to help them prevent or  
24          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, 2012.

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