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**U.S. House of Representatives**  
**Committee on Energy and Commerce**  
**Washington, DC 20515-6115**

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October 10, 2006

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The Honorable Michael O. Leavitt  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Secretary Leavitt,

Proposed regulatory changes to the diabetes management protocol for skilled nursing facility (SNF) residents published by the Centers for Medicare and Medicaid Services (CMS) on August 22, 2006 (71 FR 49065, proposed 42 CFR 424.24(f)) are ambiguous and potentially harmful, and I ask you to review and amend them. Diabetes care in skilled nursing settings is too important to risk unintended consequences.

The current patient population within SNFs and other long-term care facilities is often very elderly and medically complex, complicating the management and treatment of diabetes. Many medical conditions may be a consequence of a sustained elevated or depressed glucose level, including comas, seizures or epilepsy, confusion, abnormal hunger, abnormal weight loss or gain, and loss of sensation – the risk for which is heightened in an elderly and frail population. Therefore, it is imperative that frequent blood glucose monitoring tests be performed on SNF residents who suffer from diabetes.

According to the American Diabetes Association (ADA), 20.8 million people in the United States, or 7 percent of the population, have diabetes. The same prevalence holds for my home State of Michigan. More than 10 million or 20.9 percent of all those over the age of 60 have diabetes, and this condition ranked as the sixth most common cause of death in the United States, in 2003 according to the National Center for Health Statistics.

CMS now requires physician certification for each and every blood glucose clinical lab test administered to a SNF resident to document medical necessity. That seems sensible. But CMS's proposed rule could now require physician certification for each blood glucose monitoring test administered to a SNF resident, as well. Currently, a standing physician order for

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such routine testing is sufficient in some cases. It would be extremely onerous and expensive for SNFs to secure a new physician order for each monitoring test, and to report results to the physician for each monitoring test. Moreover, many patients need multiple blood glucose monitoring tests a day.

Clearly, testing should continue for all SNF patients requiring it and where consistent with the Resident Assessment Instrument (RAI) Process, which mandates regular blood glucose monitoring as good medical practice. To the extent the proposed rule could interfere with or otherwise hinder that testing, it should be changed.

Please have this letter placed in the appropriate public record. If you have any questions, please contact me or have your staff contact Bridgett Taylor or Purvee Kempf with the Committee on Energy and Commerce Democratic staff at (202) 226-3400.

Sincerely,

A handwritten signature in cursive script, appearing to read "John D. Dingell".

JOHN D. DINGELL  
RANKING MEMBER

cc: The Honorable Joe Barton, Chairman  
Committee on Energy and Commerce