

**Congress of the United States**  
**Washington, DC 20515**

July 13, 2009

The Honorable Henry A. Waxman  
Chairman  
Energy and Commerce Committee  
2125 Rayburn House Office Building  
Washington, DC 20515

The Honorable Joe Barton  
Ranking Member  
Energy and Commerce Committee  
2322 B Rayburn House Office Building  
Washington, DC 20515

The Honorable Charles B. Rangel  
Chairman  
Ways and Means Committee  
1102 Longworth House Office Building  
Washington, DC 20515

The Honorable Dave Camp  
Ranking Member  
Ways and Means Committee  
1139 Longworth House Office Building  
Washington, DC 20515

The Honorable George Miller  
Chairman  
Education and Labor Committee  
2181 Rayburn House Office Building

The Honorable John Kline  
Ranking Member  
Education and Labor Committee  
2101 Rayburn House Office Building

Dear Chairman Waxman, Chairman Rangel, Chairman Miller, Ranking Member Barton, Ranking Member Camp, and Ranking Member Kline:

As Members of the Congressional Diabetes Caucus, we are very engaged and interested in the health care reform debate. The Congressional Diabetes Caucus is the largest Caucus in Congress and its mission is to support legislative activities that would improve diabetes research, education, and treatment. Like many chronic conditions, individuals with diabetes have unique needs that we believe should be represented within the context of any reform effort. With consideration of the Tri-Committee legislation in House Committees next week, we are writing to ask that you consider the following:

**Include services provided by podiatric physicians as reimbursable by Medicaid.**

The services of podiatrists in the Medicaid program since its inception have been optional, primarily because podiatrists are not defined as physician under the definition of Title XIX of the Social Security Act. However, the Medicare program has long recognized podiatrists as physicians. First, it is inconsistent for Medicaid to cover essential foot care services but prevent those services from being provided by podiatric physicians. Second, billions of dollars in needless health care costs can be saved through effective disease management and preventing amputations. For example, foot ulcers and amputations are the most common reason for hospital admission of individuals with diabetes, with estimated costs for a foot ulcer ranging between \$7,439 and \$20,622 per episode in 2007. The direct costs for major limb amputation are approximately \$70,434 and as much as \$250,000 over an individual's lifetime. This issue is also addressed in H.R. 1625, the *Equity and Access for Podiatric Physicians Under Medicaid Act*.

**Include Certified Diabetes Educators as designated providers under Diabetes Self-Management Education.**

We are pleased the discussion draft includes Diabetes Self-Management Education as a covered service under Medicare (p. 405), however, we request that you include a technical correction in order to ensure that Certified Diabetes Educators (CDEs) are designated providers for this essential benefit, as outlined in H.R. 2425, the *Medicare Diabetes Self-Management Training Act*. Congress authorized Diabetes Self Management Training (DSMT) as a Medicare benefit in 1997, with the goal of providing a more comprehensive level of support to educate beneficiaries about diabetes and self management techniques, reduce the known risks and complications of diabetes, and improve overall health outcomes. However, under the DSMT benefit, Congress failed to include as providers the primary group of health care professionals who work most closely to provide essential training and education in diabetes self management, namely Certified Diabetes Educators.

**Include individuals with pre-diabetes under Medical Nutrition Therapy covered service.**

We are pleased the discussion draft includes Medical Nutrition Therapy (MNT) for individuals with diabetes as a covered service under Medicare (p. 405). Under current law, Medicare pays for MNT provided by a Registered Dietitian for beneficiaries with diabetes and renal diseases. Unfortunately, Medicare does not cover MNT for beneficiaries diagnosed as having pre-diabetes. Pre-diabetes is a condition affecting nearly 57 million Americans that sharply raises the risk for developing type 2 diabetes and increases the risk of heart disease by 65 percent. Therefore, we recommend you include H.R. 2590, the *Preventing Diabetes in Medicare Act*, which is designed to help beneficiaries diagnosed with pre-diabetes avoid becoming diabetic by providing access to the best possible nutritional advice about how to handle their condition. By helping people with pre-diabetes manage their condition, Medicare will avoid having to pay for the much more expensive treatment of diabetes.

**Promote research, treatment, and education regarding diabetes in minority populations.**

Finally, we ask that you please keep in mind H.R. 1995, the *Eliminating Disparities in Diabetes Prevention, Access, and Care Act*, which is designed to promote research, treatment, and education regarding diabetes in minority populations. This specific focus will help address the unique challenges faced by minority populations and provide more effective treatment and education. This legislation has also been included in the Tri-Caucus disparities bill, H.R. 3090.

We believe these legislative priorities of the Diabetes Caucus are consistent with the goals of health reform. Health reform legislation should clearly emphasize chronic disease management as it makes its way to the House floor. We look forward to working with you and thank you again for your commitment to health reform and for considering the unique needs of individuals with diabetes.





Rep. Diana DeGette  
Co-Chair, Congressional Diabetes Caucus

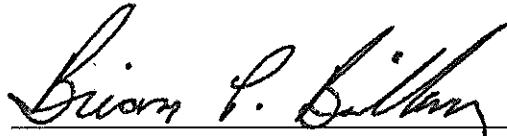
Sincerely,

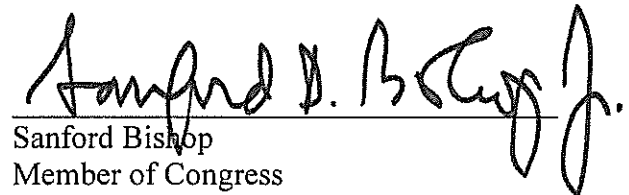


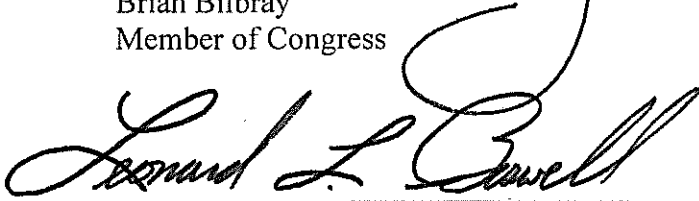
Rep. Michael Castle  
Co-Chair, Congressional Diabetes Caucus

  
Xavier Becerra  
Vice-Chair, Congressional Diabetes Caucus


  
Tammy Baldwin  
Member of Congress


  
Brian Bilbray  
Member of Congress


  
Sanford Bishop  
Member of Congress

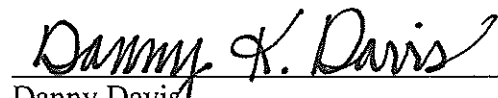
  
Leonard Boswell  
Member of Congress


  
Bruce Braley  
Member of Congress

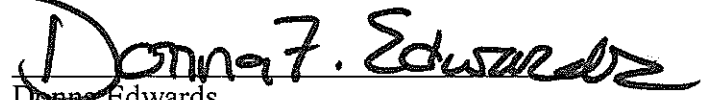
  
William Lacy Clay  
Member of Congress

  
Howard Coble  
Member of Congress

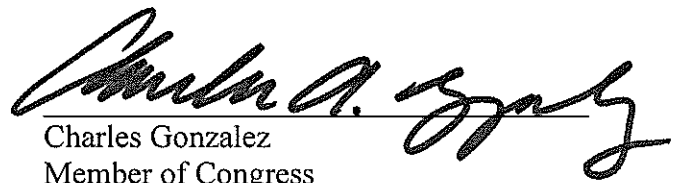
  
Jerry Costello  
Member of Congress

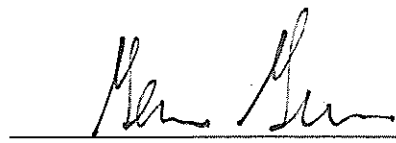
  
Danny Davis  
Member of Congress

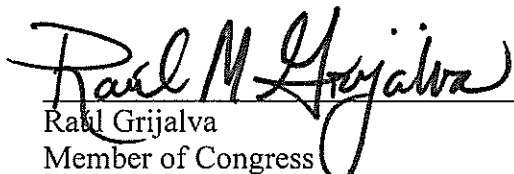
  
Lloyd Doggett  
Member of Congress

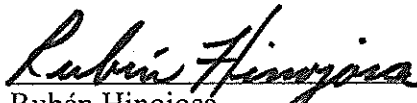
  
Donna Edwards  
Member of Congress


  
Keith Ellison  
Member of Congress

  
Charles Gonzalez  
Member of Congress

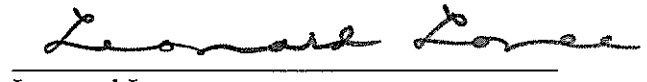
  
Gene Green  
Member of Congress


  
Raul Grijalva  
Member of Congress

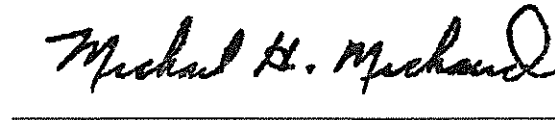
  
Rubén Hinojosa  
Member of Congress

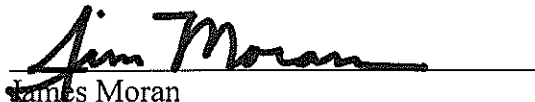
  
Hank Johnson  
Member of Congress


  
Carolyn C. Kilpatrick  
Member of Congress

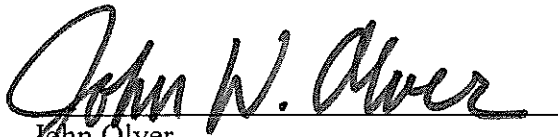
  
Leonard Lance  
Member of Congress


  
Jim McGovern  
Member of Congress

  
Michael H. Michaud  
Member of Congress

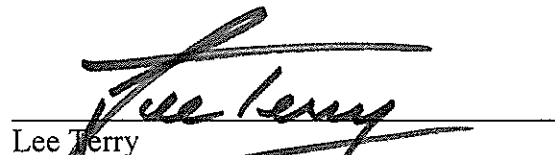
  
James Moran  
Member of Congress

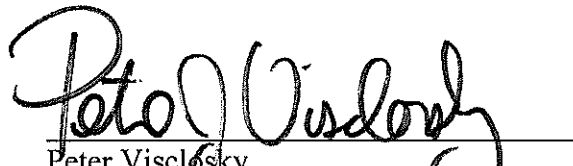
  
James Oberstar  
Member of Congress

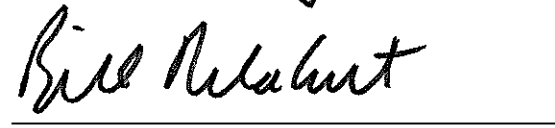
  
John Olver  
Member of Congress

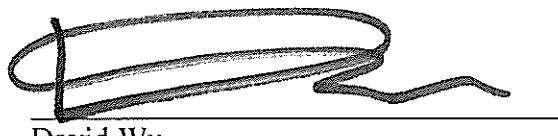
  
Lucille Roybal-Allard  
Member of Congress

  
Carol Shea-Porter  
Member of Congress

  
Lee Terry  
Member of Congress

  
Peter Visclosky  
Member of Congress

  
William Delahunt  
Member of Congress

  
David Wu  
Member of Congress