



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Remarks of Ted Cornelius,
Executive Director, Tennessee State Alliance of YMCAs**

**Testimony before the United States House of Representatives
Committee on Appropriations Subcommittee on Labor, Health and
Human Services, Education, and Related Agencies**

March 8, 2017

Good morning. Thank you, Chairman Cole, Ranking Member DeLauro, Rep. Fleischmann of Tennessee and all members of the subcommittee. I'm Ted Cornelius, and I am the Executive Director of the Tennessee State Alliance of YMCAs. On behalf of 2700 YMCAs, I want to thank you for the opportunity to share the work that Ys in TN and across the country are doing to prevent diabetes and potentially save millions of lives and billions of dollars. **I am specifically here to support \$25 million for the Centers for Disease Control and Prevention's National Diabetes Prevention Program.**

We support the priority that Congress places on NIH to develop scientific and medical breakthroughs. However, you may be surprised to

know that a very successful NIH discovery in diabetes is actually being implemented in an extremely cost-effective program by local YMCA's in our communities, rather than a more expensive medical setting.

In 1996, Congress made an enormous investment in the National Institutes of Health for a randomized controlled trial called the Diabetes Prevention Program or the DPP. The DPP was a major multicenter clinical research study aimed at discovering A) whether modest weight loss through dietary changes and increased physical activity or B) whether treatment with the drug metformin could prevent or delay the onset of type 2 diabetes in study participants.

The lifestyle arm of the NIH DPP Trial was incredibly successful, in fact the outcomes surpassed the drug intervention by double. It showed that lifestyle changes reduced the incidence of diabetes by 58% for individuals who lost a modest 5-7% of their body weight. And if individuals were over 60 years of age, the intervention reduced the incidence of diabetes by 71%. With these results, Secretary Tommy Thompson called off the trial and urged the nation to scale the program immediately. Unfortunately, largely due to the cost of the program when it's delivered clinically, the national scaling of this intervention did not occur.

Fortunately, a few years later, one of the academic institutions involved in the original NIH trial approached the Y to see if we could try to replicate the trial findings in the Y and do it cheaper. We did just that, in Indianapolis and Louisville, and we did it for approximately 10-20% of the original cost.

In 2010, UnitedHealth Group started paying for the program and said it would do so nationally if the Y could take it to scale. To date, and only seven years later, we are offering the program in 1700 community sites in 47 states. Thirty private insurers are paying for the program and 10 state employee programs cover it. The Y is so confident in our program, we operate on a pay-for-performance basis, only receiving reimbursement when we achieve the outcomes correlated with reductions in diabetes risk, like weight loss.

We could not do this work without our partnership with the CDC's National Diabetes Prevention Program. This public-private partnership with CDC has been critical to our success, and we urge Congress to support CDC's National Diabetes Prevention Program so more community organizations, like Ys, can offer this lifechanging program.

We know these are challenging budget times, but we urge you to invest taxpayer dollars where you can get the most return on

investment. This is now proven. If you want to save health care dollars invest in this. Please support \$25 million for the program, the level the House Appropriations Committee supported in its FY2017 appropriations bill. A \$25 million investment seems reasonable when diabetes is costing the nation \$322 BILLION annually, including \$6.6 BILLION in Tennessee. Modest when \$1 in \$3 Medicare dollars is spent caring for people with diabetes.

CDC needs these resources to continue to 1) help organizations gain capacity and scale the program 2) educate some of the 86 million American living with prediabetes about the program and 3) run the recognition program with community-based diabetes prevention programs.

Importantly, in 2012, the Y was awarded a Center for Medicare and Medicaid Innovations demonstration project to test whether the YMCA's Diabetes Prevention Program could produce cost savings to Medicare. 17 Ys in 8 states delivered the program to nearly 8000 seniors. The Y not only delivered the weight loss goals among seniors, but the CMS actuary scored the savings for this program at \$2650 per senior over 15 months.

This marks the first time in history that a community intervention produces a cost-savings from a preventive service. In November 2016, CMS finalized a rule enabling the scaling of this program for all Medicare

recipients with prediabetes, which turns out to be half of all seniors. This benefit will be available to eligible Medicare beneficiaries starting January 1, 2018.

For the many community-based organizations, like the Y, CDC recognition is essential in their ability to deliver the program to our nation's seniors through Medicare. **This is another reason why funding the CDC's National DPP is so important. We urge Congress to support a robust investment in diabetes and chronic disease prevention programs at the CDC.** Thank you.