

Examining the Medicare Part D Medication Therapy Management (MTM) Program:

Statement for the Record by the American Association of Diabetes Educators

Subcommittee on Health
Committee on Energy and Commerce
United States House of Representatives
October 21, 2015

On behalf of the American Association of Diabetes Educators (AADE), we are pleased to submit this Statement for the Record (Statement) in support of the Medicare Part D Medication Therapy Management (MTM) program to the Energy and Commerce Health Subcommittee (Subcommittee).

AADE is a multi-disciplinary professional membership organization dedicated to advancing the practice of diabetes self-management training (DSMT) as an integral component of health care for persons with diabetes, as well as lifestyle management for the prevention of diabetes for those at high risk. AADE represents more than 14,000 members, including nurses, dietitians, pharmacists, physicians, social workers, exercise physiologists and other members of the diabetes care team.

It is well established that diabetes is a major driver of health care costs, with health care costs for people with diabetes generally 2.3 times higher than that for the general population. Furthermore, diabetes is often referred to as a 'gateway disease' due to the many devastating complications that arise from unchecked diabetes. It is quite common for diabetes educators to treat patients with complex health needs involving multiple chronic conditions. For this reason, we believe we bring a unique perspective to the issues surrounding chronic care treatment and care coordination, and the importance of ensuring appropriate medication management in Medicare Part D as well as the Part B DSMT program.

The MTM program was developed to help beneficiaries better manage their medications. Part D plans have great flexibility in determining the eligibility criteria for their MTM program. Under the current design, plans are allowed to set their minimum number of chronic conditions required for eligibility at either two or three. Not surprisingly, CMS reports that in 2014 approximately 85% of programs chose to require beneficiaries have at least three chronic conditions to be eligible for MTM.

In 2013, CMS found that Part D MTM programs substantially improved medication adherence for beneficiaries with congestive heart failure, COPD, and diabetes. The study found that this led to significant savings in hospital costs, including reductions of nearly \$400 to \$525 in overall hospitalization costs for beneficiaries with diabetes and congestive heart failure. The report also showed that these services can reduce costs in the Part D program as

well. The best performing plan saved an average of \$45 per diabetes patient on the Part D side.

Despite the clear importance and proven value of medication adherence and MTM, the Part D MTM program historically has seen low enrollment and utilization rates. AADE notes the issue of low utilization issues also extends to the overall DSMT program, where CMS has noted in public rulemaking that DSMT remains a severely underutilized benefit.

We believe statutory changes are needed in both the MTM program as well as the DSMT program to ensure greater availability of medication adherence services for patients with diabetes. To enhance access to DSMT, we urge the Subcommittee to approve H.R. 1726 (Whitfield/DeGette/Reed), legislation which has already been vetted and approved by the Subcommittee and full E&C Committee on a bipartisan unanimous consent basis as part of health reform. This bill, which merely updates the 1997 DSMT statute to include Certified Diabetes Educators (CDEs) as DSMT providers, was scored by CBO and the CMS actuary as having a deminimis impact (asterisk) on the federal budget.

To enhance access to MTM, we believe a key statutory change includes revising the eligibility requirements so that beneficiaries with certain single chronic conditions will be eligible for MTM. As noted above, MTM can be beneficial for people with certain chronic conditions, specifically diabetes, cardiovascular disease, COPD, and high cholesterol. To help beneficiaries most in need of the advantages MTM provides, we urge the Committee to strengthen the MTM benefit in Medicare Part D by introducing and supporting legislation similar to that introduced in the Senate by Sen. Pat Roberts (R-KS) and Sen. Jeanne Shaheen (D-NH), S. 776, the Medication Therapy Management Empowerment Act of 2015, which will provide greater access to MTM.

Thank you for the opportunity to comment on this important issue.