



September 6, 2016

Centers for Medicare and Medicaid Services,
Department of Health and Human Services
P.O. Box 8013
Baltimore, Maryland
21244-8013

Re: CMS-1654-P

To the Centers for Medicare and Medicaid Services:

The Ohio Public Employees Retirement System (OPERS) appreciates the opportunity to submit comments to the Centers for Medicare and Medicaid Services (CMS) regarding our support for the proposed expansion of the Medicare Diabetes Prevention Program (DPP), which was published in the Federal Register on July 15, 2016.

OPERS is the largest public retirement system in Ohio, and provides health care coverage for more than 222,000 non-Medicare and Medicare beneficiaries. In 2015, approximately 50,000 (roughly 32%) of OPERS Medicare beneficiary population had been identified as having type 2 diabetes. The costs incurred by this group in 2015 exceeded \$917M, roughly 46% of the total health care costs for the entire OPERS Medicare beneficiary population. Last year, the total health care cost per OPERS Medicare beneficiary with diabetes was approximately \$18,500, 82% higher than the costs incurred by Medicare beneficiaries without the condition.

Clearly, type 2 diabetes is a significant concern for OPERS and its Medicare population. Based on 2010 data produced by the Centers for Disease Control and Prevention (CDC), the incidence of diagnosed diabetes within OPERS' Medicare population (32%) has surpassed the national average (25.9%) for individuals age 65 and older with diagnosed and undiagnosed diabetes.¹ Moreover, based upon prevalence rates reported in the United States for prediabetes, another 50,000 OPERS Medicare beneficiaries may have prediabetes, which is high blood sugar that is not high enough to be considered diabetes. Without treatment, these individuals are at risk of developing diabetes. In fact, the CDC has estimated that, absent intervention (e.g., lifestyle changes), 15-30% of individuals with prediabetes will develop type 2 diabetes within five years.²

We know that diabetes is preventable. Key to preventing diabetes is identifying and treating prediabetes before it develops into diabetes. Perhaps one of the biggest obstacles to adequate

¹ Centers for Disease Control and Prevention, National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in the United States, 2014. <http://www.cdc.gov/diabetes/data/statistics/2014StatisticsReport.html>

² Centers for Disease Control and Prevention, National Diabetes Prevention Program, last updated July 19, 2016. <http://www.cdc.gov/diabetes/prevention/prediabetes-type2/index.html>

prevention and treatment is a lack of awareness. It is estimated that 28% and 90% of individuals with diabetes and prediabetes, respectively, do not know they have the conditions.^{1,3} This is why access to programs such as the DPP is so important. Individuals under the age of 65 who are covered under plans subject to the Affordable Care Act's preventive services provisions (which look to guidelines published by the US Preventive Services Task Force) have access to programs such as the DPP, which provide behavioral counseling and coaching focused on diet and physical activity at no cost. Expansion of the DPP to all Medicare beneficiaries would allow individuals who are Medicare-eligible to take advantage of these services, thereby raising awareness of prediabetes and encouraging individuals to make lifestyle changes and/or seek treatment and prevent or delay the onset of type 2 diabetes.

OPERS supports CMS' expansion of the DPP to all Medicare beneficiaries beginning January 1, 2018. We as a country must do everything we can to change the course of diabetes, a generally preventable chronic condition that takes a toll on human lives, especially our seniors, and unnecessarily costs this country billions of dollars each year. The proposed expansion of the DPP to all Medicare beneficiaries is a welcome and reasonable step toward reducing the prevalence of diabetes and its impact on our communities.

We thank you again for the opportunity to provide our support for this important proposal. If you have questions or would like additional information regarding OPERS' comments, please contact Sarah Durfee, OPERS Clinical Programs Officer, at 614-225-9872.

Sincerely,



Marianne Steger, MS, CEBS
Director, Health Care

³ Id.