



Connected **for Life**

December 30, 2024

Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Measures Under Consideration (MUC) List

Dear Members of the MUC Clinician Committee:

The American Diabetes Association (ADA) appreciates the opportunity to submit comments to the Centers for Medicare and Medicaid Services (CMS) Clinician Committee in support of adopting the MUC2024-028 Screening for Abnormal Glucose Metabolism in Patients at Risk of Developing Diabetes (Screening).

About ADA

The ADA is a nationwide, nonprofit, voluntary health organization founded in 1940 and made up of persons with diabetes, healthcare professionals who treat persons with diabetes, research scientists, and other concerned individuals. The ADA's mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. The ADA, the largest non-governmental organization that deals with the treatment and impact of diabetes, represents the 133 million individuals living with diabetes and prediabetes. The ADA also reviews and authors the most authoritative and widely followed clinical practice recommendations, guidelines, and standards for the treatment of diabetes¹ and publishes the most influential professional journals concerning diabetes research and treatment.²

Support for the Screening Measure

The Screening measure is based on the United States Preventive Services Task Force (USPSTF) 2021 Prediabetes and Type 2 Diabetes: Screening recommendation, which recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity.³ ADA shared its support for the USPSTF's recommendation statement on the subject when it was in draft form, as screening for prediabetes and undiagnosed type 2 diabetes is critical to improving both prevention and care of type 2 diabetes.

ADA clinician representatives also advised the American Medical Association (AMA) on the development of the screening recommendations for abnormal glucose metabolism in patients at risk of developing diabetes.

¹ American Diabetes Association: Standards of Medical Care in Diabetes 2024, Diabetes Care 47: Supp. 1 (January 2024).

² The Association publishes five professional journals with widespread circulation: (1) Diabetes (original scientific research about diabetes); (2) Diabetes Care (original human studies about diabetes treatment); (3) Clinical Diabetes (information about state-of-the-art care for people with diabetes); (4) BMJ Open Diabetes Research & Care (clinical research articles regarding type 1 and type 2 diabetes and associated complications); and (5) Diabetes Spectrum (review and original articles on clinical diabetes management).

³ US Preventive Services Task Force. (2021). Screening for Prediabetes and Type 2 Diabetes: US Preventive Services Task Force Recommendation Statement. JAMA, 326(8), 736–743. <https://doi.org/10.1001/jama.2021.12531>



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The Centers for Disease Control and Prevention (CDC) estimates that approximately 97.6 million American adults have prediabetes.⁴ They note that more than 80% of adults with prediabetes are not aware that they have the condition. Additionally, the CDC estimates 38.4 million adults have diabetes with 8.7 million being undiagnosed.⁵

This measure also addresses a 2021 recommendation from the National Clinical Care Commission (NCCC) to Congress and the Secretary of Health and Human Services (HHS), which called for adopting the Screening measure developed by the AMA as part of a strategy to prevent diabetes among high-risk individuals.⁶

The ADA's 2024 Standards of Care in Diabetes recommends the following for screening for prediabetes and type 2 diabetes.⁷

- Screening for prediabetes and type 2 diabetes with an assessment of risk factors or validated risk calculator should be done in asymptomatic adults.
- Testing for prediabetes or type 2 diabetes in asymptomatic people should be considered in adults of any age with overweight or obesity who have one or more risk factors (risk factors noted in Table 2.4 in the Standards).
- For all other people, screening should begin at age 35 years.
- If tests are normal, repeat screening recommended at a minimum of 3-year intervals is reasonable, sooner with symptoms or change in risk (e.g., weight gain).

The identification of prediabetes is critical so that individuals can receive effective interventions to decrease the likelihood of progression to type 2 diabetes, and we believe the measure specifications are feasible to implement by most health care organizations, as most organizations routinely capture the data elements in their electronic health records. Additionally, this measure is both valid and reliable as demonstrated in the testing results.

Conclusion

The American Diabetes Association appreciates your consideration of these supportive comments. Should you have any questions or seek additional information, please reach out to me at: lfriedman@diabetes.org.

Sincerely,

A handwritten signature in black ink that reads "Laura Friedman".

Laura Friedman
Vice President, Regulatory Affairs

⁴ National Diabetes Statistics Report, Centers for Disease Control (CDC) <https://www.cdc.gov/diabetes/php/data-research/>

⁵ National Diabetes Statistics Report, Centers for Disease Control (CDC) <https://www.cdc.gov/diabetes/php/data-research/>

⁶ Report to Congress on Leveraging Federal Programs to Prevent and Control Diabetes and Its Complications. National Clinical Care Commission, 2021, <https://health.gov/about-odphp/committees-workgroups/national-clinical-care-commission/report-congress>.

⁷ American Diabetes Association: Standards of Medical Care in Diabetes 2024, Diabetes Care 47: Supp. 1; pp S26-S27 (January 2024).