DIABETES PATIENT ADVOCACY COALITION

At-Home Advocacy Toolkit

Coming to Washington, DC, to meet with Members of Congress and their staff is just one way to advocate for the issues important to people with diabetes. Here are some ways you can engage that are closer to home:

- Schedule a meeting at your Member's local district office
- Attend a Town Hall meeting or other event where your Member will be present
- Post information or comments on your Member's social media, or record a video and tag them
- Write a letter to the editor to your local newspaper (*our team can help with this!*)
- Call or email their office to register your support and ask Members to cosponsor DPAC's legislative priorities.

Click here for your Members' office location and other contact info.

Below please find details on DPAC's current legislative priorities, as well as links to additional information to help you in your advocacy efforts.

Access to Diabetes Tech & Education: Expanding Access to DSMT Act and DIABETES Act

People with diabetes entering Medicare can face barriers to maintaining access to the technologies and services they rely on, including DSMT, continuous glucose monitors (CGMs), and insulin pumps. The Expanding Access to DSMT Act would expand Medicare coverage of DSMT sessions with diabetes educators who help train Medicare beneficiaries on disease management and diabetes technologies. The DIABETES Act helps ease the transition to Medicare. For example, it establishes a 12-month transition period so new Medicare enrollees can continue using their existing devices without disruption; exempts diabetes tech from competitive bidding for five years; and directs HHS to update Medicare coverage policy for insulin pumps to ensure patients can maintain access to life-sustaining care.

- **Senate offices:** cosponsor and support the Expanding Access to Diabetes Self-Management Training (DSMT) Act (S. 1925); cosponsor and support the Diabetes Interventions Addressing Barriers to Enrollment, Technology and Education Services (DIABETES) Act (S. 4037).
- **House offices:** cosponsor and support the Expanding Access to DSMT Act (H.R. 3826); support introduction of a House version of the DIABETES Act.

Additional information:

- Talking points to help you explain the request to congressional staff
- Briefing paper you can share with congressional staff

Access to Affordable Insulin: INSULIN Act

Over 40 million people in the United States (12% of the US population) have diabetes. A person with type 1 diabetes must take insulin for the rest of their life, and many people with type 2 diabetes also require insulin to manage their blood sugars and prevent complications. While Congress previously capped

insulin costs at $35 per month for Medicare beneficiaries with diabetes, this cap did not apply to the rest of the diabetes population who have private commercial insurance or who are uninsured. All people with diabetes who need insulin should have affordable access. the Improving Needed Safeguards for Users of Lifesaving Insulin Now (INSULIN) Act (S. 4189), would make insulin more affordable for the people who rely on it every day by limiting out-of-pocket costs for people with diabetes on group and individual market health plans to no more than $35 or 25% of the list price per month for at least one insulin of each type and dosage form; mandating that pharmacy benefit managers (PBMs) pass through 100% of insulin rebates and other discounts received from manufacturers to plan sponsors, reducing incentives in the insulin market that encourage high list prices; promoting generic and biosimilar competition to lower costs to patients; creating a pilot grant program for 10 states to implement programs to identify people with diabetes who are uninsured and provide them with insulin at $35 per month; and establishing an insulin resource center and hotline for people with diabetes who are uninsured to connect them with resources about diabetes and programs to help them secure insulin.

- **Senate offices:** cosponsor and support the INSULIN Act (S. 4189).
- **House offices:** support introduction of a House version of the INSULIN Act.

Additional information:

- Talking points to help you explain the request to congressional staff
- Briefing paper you can share with congressional staff

Addressing the Obesity Epidemic

Obesity rates in the US have increased dramatically over the past 30 years. Today, over 40% of US adults live with obesity, making them more vulnerable to type 2 diabetes and more than 200 other serious health conditions including heart disease, high blood pressure, and stroke. Addressing this epidemic requires obesity to be treated and proactively managed with the full continuum of care. Medicare must be updated to cover comprehensive treatment including obesity medications (OMs), intensive behavioral therapy (IBT), and MNT.

- **Senate offices:** cosponsor and support the Treat and Reduce Obesity Act (TROA) (S.1937), to provide Medicare Part D coverage for OMs for beneficiaries with obesity and address IBT access barriers; cosponsor and support the Medical Nutrition Therapy Act (S. 3934), which would expand Medicare coverage of medical nutrition therapy services.
- **House offices:** Cosponsor and support TROA (H.R.4231); cosponsor and support the Medical Nutrition Therapy Act (H.R. 6199).

Additional information:

- Talking points to help you explain the request to congressional staff
- Briefing paper you can share with congressional staff

Type 1 Diabetes (T1D) Screening: SCREEN for T1D Act

T1D is a lifelong autoimmune disease that destroys healthy insulin-producing cells in the pancreas that are needed to regulate blood sugar. T1D cannot be prevented, and people with T1D are dependent on insulin for the rest of their lives. Screening can detect T1D before symptoms arise, before insulin is required, and potentially before any serious complications like diabetic ketoacidosis (DKA) can occur. Screening and early detection also helps give families time to plan for a lifelong condition. The SCREEN for T1D Act is bipartisan legislation that aims to increase awareness and improve screening and early detection of T1D, as well as availability of T1D screening.

- **Senate offices:** Cosponsor and support the Strengthening Collective Resources for Encouraging Education Needed (SCREEN) for Type 1 Diabetes (T1D) Act (S. 4612), to increase awareness and improve screening and early detection of T1D.
- **House offices:** Cosponsor and support the SCREEN for (T1D) Act (H.R. 9000).

Additional information:

- Talking points to help you explain the request to congressional staff
- Briefing paper you can share with congressional staff

Access to Non-Opioid Treatments for Chronic Pain

Diabetic peripheral neuropathy pain (DPNP) affects up to 50% of people living with diabetes. Many people experiencing DPNP today are treated with opioids or off-label treatments due to a lack of effective new drug treatments. While opioids remain appropriate for some patients under careful clinical supervision, they are often ineffective for chronic pain treatment and can increase health system costs. The Relief of Chronic Pain Act will help ensure patients have access to safer, more effective, longer lasting chronic pain therapies and encourage development of new non-opioid treatment options. Specifically, for qualifying non-opioid chronic pain management drugs, this bill would: waive deductibles; place in the lowest cost-sharing tier; and prohibit practices like step therapy.

- **Senate offices:** cosponsor and support the Relief of Chronic Pain Act (S. 3064).
- **House offices:** support introduction of a House version of the Relief of Chronic Pain Act.

Additional information:

- Talking points to help you explain the request to congressional staff
- Briefing paper you can share with congressional staff

Join the Diabetes Caucus

The Congressional Diabetes Caucus is one of the largest bipartisan caucuses on Capitol Hill. Since its establishment in 1996, the Caucus's mission has been to educate Members of Congress and their staff about diabetes and to support legislative activities that improve diabetes research, education, and treatment. The Senate Co-Chairs are Sen. Susan Collins (R-ME) and Sen. Jeanne Shaheen (D-NH). The House Co-Chairs are Rep. Gus Bilirakis (R-FL) and Rep. Diana DeGette (D-CO).

- **Senate offices:** join the Diabetes Caucus by contacting Katherine Huiskes in Sen. Collins' office at Katherine_Huiskes@collins.senate.gov or Nick Valenti in Sen. Shaheen's office at Nicholas_Valenti@shaheen.senate.gov.
- **House offices:** join the Diabetes Caucus by contacting Huntley Campbell in Rep. Bilirakis's office at Huntley.Campbell@mail.house.gov or David Steury in Rep. DeGette's office at David.Steury@mail.house.gov.

Additional information:

- Briefing paper you can share with congressional staff