ADCES/AADE Policy Positions and Statements
Archive of 2020 and Earlier

**Positions**
- ADCES Insulin Pricing Principles - 2019
- AADE Position on Healthcare Reform - 2017

**Statements, Comments, and Letters**

2020
- ADCES and the ADA urge CMS to allow RNs and pharmacists to furnish DSMT via telehealth during the COVID-19 pandemic.
- ADCES, ADA, and the Endocrine Society submitted a request to CMS urging action and clarification around Medicare telehealth requirements for DSMT during the COVID-19 pandemic.
- ADCES discussed the role of the diabetes care and education specialist and addresses Medicare challenges in [letter](#) to the National Clinical Care Commission.

2019
- AADE responds to HHS Prevention X Request for Information.
- AADE offers policy recommendations to the National Clinical Care Commission.
- AADE joins the Diabetes Advocacy Alliance in coalition [letter](#) to the National Clinical Care Commission.
- AADE submitted comments to the Centers for Medicare & Medicaid Services (CMS) in response to the Medicare Physician Fee Schedule proposed payment rule for 2020. AADE also joined the Diabetes Advocacy Alliance (DAA) in a coalition [letter](#) to CMS addressing the same rule.
- AADE joined the Diabetes Policy Collaborative (DPC) in a [letter](#) to health plans urging them to adopt new IRS guidance allowing certain types of medical care to be designated as “preventative” for individual with chronic diseases, such as diabetes. This would apply to high-deductible health plans linked to HSAs.
- AADE addressed the proposed update to the definition of health literacy in the objectives for Healthy People 2030.
- AADE joined other provider organizations, including the American Association of Clinical Endocrinologists (AACE), in a [letter](#) to UnitedHealthcare urging them to reconsider their recent insulin pump policy change affecting children ages 7 and older.
- AADE and the AADE CT Coordinating Body join other advocates in a [letter](#) of support for CT Governor Lamont’s budget proposal to establish Medicaid coverage for the National Diabetes Prevention Program.
- Community Statement on Medicare Coverage for Medically Necessary Oral and Dental Health Therapies
- AADE asks members of Congress to support the Special Diabetes Program (SDP).
- AADE collaborates with the DAA on comments to the Senate HELP Committee on how the 116th Congress can address America’s rising healthcare costs.
- AADE works with NY diabetes advocates to ask NY state legislators to support Governor Cuomo’s budget proposal to establish Medicaid coverage for the Diabetes Prevention Program.
- AADE joins the Diabetes Advocacy Alliance (DAA) in a [letter](#) to CMS on the expansion of the Medicare Diabetes Prevention Program, proposing modifications to improve accessibility and uptake of the program.
- AADE comments on Healthy People 2030 proposed objectives.
• AADE joined the DAA in submitting letters to HHS Secretary Alex Azar and FDA Commission Scott Gottlieb and CMS Administrator Seema Verma to address concerns with blood glucose testing system accuracy.
• AADE took action and sent a letter to CMS after the agency announced their plans to rescind 2012 guidance prohibiting Medicare Advantage Plans from using step therapy to manage costs.
• AADE submitted comments to CMS in response to their Competitive Bidding Program (CBP) proposed rule. AADE addressed our concerns with the low pricing for diabetes testing supplies (DTS) under the CBP and the impact this has on quality, availability, and access to DTS for Medicare beneficiaries.
• AADE worked with the DAA to submit comments to the U.S. Preventative Services Task Force (USPSTF) to address the Draft Research Plan for Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening.
• AADE submits comments to CMS in response to the Medicare Physician Fee Schedule proposed rule for 2019.
• AADE worked with the DAA to submit comments to the U.S. Preventative Services Task Force (USPSTF) to address the Draft Research Plan for Diet and Physical Activity to Prevent Cardiovascular Disease in Adults with Risk Factors: Counseling.