



Elevator Pitch for Medicaid Coverage of the National DPP Lifestyle Change Program

This document is meant for organizations that are promoting coverage of the National Diabetes Prevention Program (National DPP) lifestyle change program to Medicaid officials. Included are overview points of the benefits of the program that may be used to create an elevator pitch for leadership and/or partners involved in the decision to enact coverage.

Note: The initiatives that are most likely to interest a Medicaid official will be those that align with their existing program priorities. These priorities will vary across states and change over time, so it is helpful to have a varied and flexible list of points that can be used in conversations.

- The National DPP lifestyle change program, led by the CDC, is evidence-based, or scientifically proven to prevent or delay type 2 diabetes for high-risk individuals through building and maintaining healthy habits.¹
- More than 1 in 3 adults are estimated to be at high risk for type 2 diabetes. This is also known as prediabetes (a condition where people are more likely to develop diabetes in the next 5 years). Both obesity and having a history of gestational diabetes are known risk factors for prediabetes and type 2 diabetes.²
- The cost to treat diabetes is high. Insulin and some other medications used to treat diabetes can cost \$1,000 dollars or more per month.³
- Low-income populations tend to have higher rates of type 2 diabetes, meaning adults with diabetes are disproportionately covered by Medicaid.⁴ <<Could include state-specific stats regarding adult diabetes / prediabetes prevalence, broken out by Medicaid coverage or by income, if possible.>>
- To address this growing epidemic, an increasing number of states, employers, and public and private payers, including Medicare, provide the National DPP lifestyle change program as a covered benefit.⁵
- Around 20 states currently offer the program to some or all their Medicaid beneficiaries. Each state structures the program in a way that best meets the needs of their state, providing a range of examples to draw from regarding how to set up provider types, reimbursement, value-based payment models (if desired), and delivery modalities (the program can be offered both online and in person).^{6,7}
- Several studies demonstrate the program's cost effectiveness and potential for cost savings (for example, one study found savings amounted to about \$2,600 per participant). In addition, program participants generally lose an average of 5% of their body weight through improved nutrition and increased physical activity.⁸
- The program is also uniquely positioned to address the implications of social determinants of health and health-related social needs by focusing on valuable life skills and having the flexibility to tailor the program to the specific needs of participants. This is important given data show some racial and ethnic minority groups and groups with lower socioeconomic status have historically higher rates of illness and death from diabetes.^{9,10}



For more information:

- ¹ [Evidence - National DPP Coverage Toolkit](#)
- ² [National Diabetes Prevention Program Overview - National DPP Coverage Toolkit](#)
- ³ [The Cost of Diabetes | ADA](#)
- ⁴ [CDC 2022 National Diabetes Statistics Report](#)
- ⁵ [Participating Payers and Employers - National DPP Coverage Toolkit](#)
- ⁶ [Participating Payers and Employers - National DPP Coverage Toolkit](#)
- ⁷ [Medicaid Agencies - National DPP Coverage Toolkit](#)
- ⁸ [Evidence - National DPP Coverage Toolkit](#)
- ⁹ [Health Equity and the National DPP - National DPP Coverage Toolkit](#)
- ¹⁰ [CDC 2022 National Diabetes Statistics Report](#)

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