



March 1, 2021

Submitted electronically to www.reginfo.gov

Mr. Jeffrey M. Zirger
Lead, Information Collection Review Office
Office of Scientific Integrity, Office of Science
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Re: CDC Diabetes Prevention Recognition Program (DPRP) (OMB Control No. 0920-0909, Exp. 02/28/2021) – Revision – National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Dear Mr. Zirger:

Thank you for the opportunity to provide comment on the proposed data collection changes for the 2021 Diabetes Prevention Recognition Program (DPRP) Standards. As the first mobile diabetes prevention program (DPP) with full recognition from the Centers for Disease Control and Prevention (CDC), we appreciate our ongoing partnership with the CDC and support your efforts to ensure that CDC continues to collect key data regarding DPP programs across the country. We support your efforts to collect more detailed data regarding DPP delivery because we believe strongly that this new data will demonstrate the need for the Medicare program to support virtual delivery.

The collection of this data and subsequent action is more important than ever, as COVID-19 has had a disproportionate impact on people with underlying medical conditions, with the CDC's own data showing that those living with obesity, severe obesity and Type 2 diabetes are at increased risk of severe illness. Researchers [found](#) that obesity increased one's likelihood of hospitalization for COVID-19 by 113 percent and chances of dying of the illness by 48 percent. Further, recent developments have also found a [link](#) between COVID-19 infection and developing Type 1 and Type 2 diabetes. Roughly 14 percent of those with severe COVID-19 developed either Type 1 or Type 2 diabetes. Though whether COVID-19 hastens or actually causes the condition to develop is still unknown.

As a virtual provider of the DPP, Noom, Inc. (Noom) combines the power of technology with the empathy of real human coaches to deliver successful behavior change at scale. Noom's direct-to-consumer weight loss and fitness mobile applications have reached more than 47 million users worldwide, including approximately 650,000 users aged 65 or older. Noom offers curricula across the acuity spectrum and now features programs for pre-hypertension, hypertension and diabetes management in addition to its flagship weight loss and diabetes prevention programs. We welcome any opportunity offered by CDC to share information on the efficacy of this care in the commercial market in order to demonstrate the clear opportunity for it to meet the needs of Medicare beneficiaries. Given that our model is a fully online, mobile DPP model, we strongly support your proposal to ask more detailed questions related to the type of DPP program delivery in the revised DPRP Application Form, and specifically the questions related to online delivery. In addition to better data about DPP programs being provided nationally, we also welcome any related opportunities to better evaluate and understand differences between in-person and virtual models. We believe that the data generated from these new questions will be highly useful to



policymakers throughout the Department of Health and Human Services (HHS), particularly in clarifying the similarities between the in-person and virtual modes of DPP delivery.

We continue to believe that adding virtual DPP suppliers to the Medicare DPP Expanded Model (Model) is critical for the Model's success and to ensure that seniors across the country have a meaningful opportunity to reap the benefits of preventive services. We appreciate CDC's ongoing collaboration with the Centers for Medicare and Medicaid Services (CMS) with respect to model, and hope that you will share any informative insights from the new questions with CMS to better inform their understanding of virtual/online DPP and lay the foundation for inclusion of virtual DPP suppliers in the Model in the future.

Inclusion of virtual DPP suppliers is an urgent matter as the rates of chronic disease – and particularly diabetes – continue to rise steadily as a result of the social and physical limitations required by the COVID-19 pandemic response. An [estimated](#) 34.2 million people, or 10.5 percent of the population being diagnosed with the condition as of the latest data from the CDC.

Finally, as CDC knows, virtual DPP programs adhere to the same DPRP standards as in-person programs and offer the same curriculum, generating the same if not better results for seniors. As just one example, a study published in the Journal of Medical Internet Research tracked a group of DPP participants 65+ years old over 65 weeks, finding that use of a mobile, virtual DPP resulted in significant weight loss in the first 24 weeks of the program which was subsequently maintained or continued through the conclusion of the 65-week study period. Mean weight loss was 6.15 percent for participants who completed 1 or more lessons per week on 4 or more core weeks; 7.36 percent for participants who completed 9 or more lessons per week on core weeks; and 8.98 percent for participants who did any action in the post-core weeks of the program. 80 percent of the participants completed the program, showing high rates of patient engagement.¹ We look forward to working with you to further investigate and demonstrate the efficacy of virtual DPP programs.

Thank you for the opportunity to comment. Please do not hesitate to reach out if we can be a resource as you consider making these or further changes to the information collected for the DPRP.

Sincerely,

Michal Rosenn
General Counsel

¹ Abstract available here: <https://pubmed.ncbi.nlm.nih.gov/29724709/>