



MEMORANDUM

Noom Health's digital Diabetes Prevention Program becomes first mobile DPP app to achieve the CDC's full recognition - April 24, 2017

Noom Health recently [announced](#) that the CDC has granted official full recognition to the company's online version of the National Diabetes Prevention Program (NDPP) as the first mobile NDPP service to receive this status. Noom had [previously](#) received CDC "pending recognition" for its NDPP app in 2015 (along with [DPS Health](#) and [Omada Health](#)), and since then the number of NDPP programs with an online component pending CDC recognition has reached 182 (view the full registry of programs pending recognition [here](#)). To date Noom's NDPP app is the only one with the CDC's more rigorous "full recognition" status, which involves a [lengthy process](#) that requires strict adherence to an approved curriculum and submitting 2 years of data on patients' participation and weight loss. Importantly, achieving the CDC's full recognition status is a prerequisite for NDPP programs to be eligible for Medicare reimbursement. This news therefore represents a major step forward in getting coverage for online DPP programs (Medicare will begin to [reimburse](#) in-person versions of the DPP in 2018). We are glad to see the CDC becoming more forward thinking about the great potential of online diabetes prevention programs and hope this bodes well for other digital health interventions going forward. Indeed, easily-accessible mobile programs like Noom's are needed now more than ever, given the 87 million Americans with prediabetes (90% of whom don't know they have it). The DPP study has historically been criticized for requiring significant financial and personnel resources to carry out the in-person educational curriculum, and we believe app-based iterations represent a major avenue for DPP scalability by delivering the same proven clinical intervention at a much lower cost and wider scale. We remain optimistic about a future where Noom's DPP app is one of many available to people with prediabetes at little or no cost through Medicare or their private insurance.

-- by Abigail Dove, Adam Brown, and Kelly Close