

# Expanding Access to Diabetes Self-Management Training Act (S.1925/H.R. 3826)

The Expanding Access to Diabetes Self-Management Training Act amends Title XVIII of the Social Security Act to expand access to evidenced-based Diabetes Self-Management Training (DSMT) under Medicare. While DSMT has been a covered benefit for more than 15 years, patient access to services is limited under the current legislation. The proposed amendment attempts to remove barriers and extend services beyond the first year of diagnosis.

Diabetes is a chronic, progressive disease that requires patients to make daily self-management decisions for life. The Standards of Medical Care for Diabetes recommends that a person with diabetes, through diabetes self-management training (DSMT), have on-going, life-long education during various stages of the disease, and develop skills and self care behaviors to optimally manage their disease.<sup>i</sup>

Despite the undisputed benefits of DSMT for people with diabetes, very few Medicare beneficiaries with newly diagnosed diabetes—only 5 percent—used DSMT services.

Registered dietitian nutritionists, nurses, pharmacists, and certified diabetes care and education specialists are approved providers for such collaborative services. Structured content areas of training include:

- Diabetes pathophysiology and treatment options
- Life-style modification, healthy eating, physical activity
- Medication usage (i.e. timing, insulin dosing/administration, etc.)
- Blood glucose monitoring

- Preventing, detecting and treating acute life-threatening complications including hypoglycemia, hyperglycemia, and diabetes ketoacidosis
- Preventing, detecting and treating chronic complications including cardiovascular disease, kidney disease, eye disease, and dental disease
- Coping with psychosocial concerns
- Developing personal strategies to promote health and behavior change<sup>ii</sup>

Equipping patients with knowledge and skills for self-care have the following implications:

- Significant reductions in weight, blood glucose, hemoglobin A1c, and favorable changes in blood lipids<sup>iii</sup>
- Improved quality of life and coping skills<sup>ii</sup>
- Reduction in health care cost<sup>ii</sup>

## Improving Access to Diabetes Outpatient Self-Management Training Services

This bill would improve access to diabetes self-management training in the following ways:

- Increase access to DSMT services by permitting all physicians and qualified non-physician practitioners to refer for DSMT services instead of restricting it to only providers who are personally managing the patient's diabetes.
- Allows DSMT education duration to meet the needs of the patient (See bill text)
- Allows for DSMT and medical nutrition therapy services to be furnished on the same day
- Encourages engagement by reducing out-of-pocket expenses for patients

## Virtual DSMT Demonstration Program

The legislation requires the Secretary of Health and Human Services to launch a two-year demonstration program to test the impact of furnishing DSMT through a qualified online platform beginning no later than January 1, 2027. The Secretary must evaluate and report to Congress on the demonstration's impact on health outcomes, health care cost savings, and other criteria determined appropriate by the Secretary. Finally, the legislation gives the Secretary of HHS the authority to expand the demonstration through rule-making if the demonstration program meets certain benchmarks outlined.

## Financial Impact

DSMT has been shown to result in significant savings from reduced emergency department visits, hospitalizations, prescription drug costs, and more:

- In a study including 250,000 Medicare beneficiaries, beneficiaries who completed initial DSMT demonstrated an average cost savings of \$135 per month.<sup>iii</sup>
- An analysis commissioned by the Diabetes Advocacy Alliance in 2019 indicated that a previous, similar version of the Expanding Access to DSMT Act would result in an average cost savings of \$1,276 per year per Medicare beneficiary.<sup>iv</sup>
- In March 2024, CBO scored an amended version of H.R. 3842 from the 118th Congress (as passed by Energy & Commerce in December 2023). They wrote, "CBO expects that such training would reduce the use of acute-care services, at least partly offsetting that increase in costs. As a result, CBO estimates that enacting the bill would increase or decrease direct spending by less than \$500,000 over the 2024-2034 period."

## Co-sponsor the Expanding Access to Diabetes Self-Management Training Act

The Academy of Nutrition and Dietetics supports the Expanding Access to Diabetes Self-Management Training Act (S.1925/H.R.3826) and is urging members of Congress to co-sponsor and support passage of the bill. By cosponsoring and voting for the bill, members of Congress would ensure that patients with diabetes have improved access to evidence-based services to help manage their diabetes. The Expanding Access to Diabetes Self-Management Training Act is a bipartisan bill introduced in the 119th Congress by Senators Jean Shaheen (D-NH) and Susan Collins (R-ME) and Representatives Kim Schrier (D-WA-8) and Gus Bilirakis (R-FL-12).

## About Us

Representing more than 112,000 credentialed nutrition and dietetics practitioners, the Academy is the world's largest organization of food and nutrition professionals. Many Academy members—registered dietitian nutritionists, nutrition and dietetic technicians, registered, and advanced-degree nutritionists—treat the Medicare population.

**For more information from the Academy of Nutrition and Dietetics, please contact [govaffairs@eatright.org](mailto:govaffairs@eatright.org).**

## References

<sup>i</sup> American Diabetes Association. Standards of Medical Care in Diabetes—2019. *Diabetes Care*. 2019;42 (1): S1-S193.

<sup>ii</sup> Powers et al. Diabetes self-management education and support in type 2 diabetes: A joint position statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. *Diabetes Educ*. 2015;41(4):417-430.

<sup>iii</sup> Marincic et al. Diabetes Self-Management Education and Medical Nutrition Therapy: A Multisite Study Documenting the Efficacy of Registered Dietitian Nutritionist Interventions in the Management of Glycemic Control and Diabetic Dyslipidemia through Retrospective Chart Review. *J Acad Nutr Diet*. 2019;119(3):449-463.

<sup>iv</sup> Duncan I, Birkmeyer C, Coughlin S, Li QE, Sherr D, Boren S. Assessing the value of diabetes education. *Diabetes Educ*. 2009;35(5):752-760

<sup>v</sup> Chen F, Chylak D, Su W. Scoring Medicare Coverage of Diabetes Self-Management Training Using Microsimulation. IHS Markit. 2019. Available at: [https://www.adces.org/docs/defaultsource/tofile/microsimulation-scoring-analysis-medicare-coverage-of-dsmt\\_ihs-markit\\_2019.pdf?sfvrsn=ef05a359\\_1](https://www.adces.org/docs/defaultsource/tofile/microsimulation-scoring-analysis-medicare-coverage-of-dsmt_ihs-markit_2019.pdf?sfvrsn=ef05a359_1).