Expanding Access to Diabetes Self-Management Training Act (S.814/H.R. 1840)

About Us

The Academy of Nutrition and Dietetics, the world’s largest organization of food and nutrition professionals, represents more than 100,000 credentialed practitioners - registered dietitian nutritionists, nutrition and dietetics technicians, registered and advanced-degree nutritionists - many of whom are providers working with people with diabetes.

Overview

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.

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 educators 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.

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
- Improved quality of life and coping skills
- Reduction in health care cost
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, 2020. 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 rulemaking if the demonstration program meets certain benchmarks outlined.

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.814/H.R. 1840) and is urging members of Congress to co-sponsor and support passage of the bill. By co-sponsoring 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 116th Congress by Reps. Diana DeGette (Colo.) and Tom Reed (N.Y.) and Sens. Jeanne Shaheen (N.H.) and Susan Collins (Maine).

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 qualified non-physician practitioners who are not managing an individual’s diabetic condition, but who are acting in coordination with the physician or qualified non-physician practitioner managing the individual’s diabetic condition to order DSMT services
- 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
- Revise the Medicare Benefit Policy Manual to allow DSMT services to be furnished by a hospital outpatient department at a non-hospital site, such as a community-based location.

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