Academy of Nutrition and Dietetics

Expanding Access to Diabetes Self-Management Training Act of 2023 (H.R. 3842 / S.1832)

Overview

The **Expanding Access to Diabetes Self-Management Training Act** amends Title XVIII of the Social Security Act to expand access to **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. Approximately 30.3 million people in the United States have diabetes, according to the American Diabetes Association. The prevalence of diabetes is increasing by epidemic proportions, with someone being diagnosed with the disease every 17 seconds.[1]

The American Diabetes Association estimates that the cost of diagnosed diabetes in 2017 was $327 billion, including direct healthcare costs, as well as absenteeism and loss of productivity[2]. An individual with diabetes pays 2.3 times more in medical expenditures than individuals who do not have diabetes[2]. Government insurance provides 67.3% of health care costs associated with diabetes.[2]

Health Care Disparities and Diabetes

Certain ethnicities have a higher risk and prevalence for Type 2 diabetes:

- Diabetes risk is higher in Black, Hispanic and Asian populations[3]
- Blacks and Hispanics have almost twice the diabetes occurrence as Caucasian populations; this is partly due to socioeconomic status and access to health care[3]
- Women aged 45–64 years have a higher diabetes risk than men; the frequency for this demographic is 7.8% among whites, 13.5% among Hispanics, and 15.4% among Blacks[4]
- In people 65 or older the prevalence for diabetes is highest among Hispanics and lowest among Caucasian groups[3]
- In Medicare beneficiaries, **27% have diabetes, but only 5%** of these individuals utilize diabetes self-management training (DSMT) services.[5]

Diabetes is the seventh leading cause of death in the United States[6]. Poor management of diabetes can lead to serious health complications such as stroke, heart disease, limb amputations, kidney disease, blindness, and even death. The complications from diabetes are preventable and can be managed by the proper care, such as DSMT services. The Standards of Medical Care for Diabetes recommends that a person with diabetes, through 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.[7]

To be eligible for Medicare reimbursement, services must meet the National Standards for Diabetes Self Management Education and Support and be accredited by the American Association of Diabetic Educators or recognized by the American Diabetes Association.

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.[8]

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

- Significant reductions in weight, blood glucose, hemoglobin A1c, triglycerides, and the TG-to-HDL ratio[9]
- Improved quality of life and coping skills[8]
- Reduction in health care cost.[8]

Improving Access to Diabetes Outpatient Self-Management Training Services

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

- Expand 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 additional hours of DSMT when deemed medically necessary
- 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.

Virtual DSMT Demonstration Program

The legislation requires the Secretary of Health and Human Services to launch a demonstration program to test the impact of furnishing DSMT through a qualified online platform beginning no later than January 1, 2025. 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.

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 (H.R. 3842 / S.1832) 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.

Current DSMT	Proposed
Referrals: Currently only MDs and DOs can refer a patient for DSMT services. In order to get DSMT covered by Medicare, the beneficiary must have a written order from their doctor. **Hours**: 10 hours for the first year (1 hour of individual training and 9 hours of group training). **Nutrition**: DSMT and MNT are not allowed to be delivered on the same day. **Cost**: Currently, Medicare Part B beneficiaries participate in cost sharing for DSMT services and must pay a deductible. **Location**: DSMT services can only be administered in a medical office. Currently, DSMT services can only be offered in person.	**Referrals**: The bills would permit physicians and qualified non-physician practitioners (NPs, PAs) who are not directly involved in managing an individual's diabetes to refer them for DSMT services. **Hours**: The bills would also allow the initial 10 hours of training during the first year to remain available until used up and would allow 6 more hours of DSMT during the first year. After the first 10 hours are used, the bill would allow for 6 additional hours of DSMT each year. **Nutrition**: The bills would also remove a current restriction that prevents DSMT from being delivered at the same time as Medical Nutrition Therapy. **Cost**: The bills would exclude DSMT services from Medicare Part B cost-sharing and **deductible requirements**. **Community**: The bills would change the Medicare Benefit Policy Manual to allow DSMT services to be provided in a community-based location instead of only medical offices. **Innovation**: The bills would establish a 2-year demonstration of **virtual DSMT**, which could lead to Medicare coverage of virtual DSMT in the future.

http://diabetespac.org/act-now/federal/ask-your-representative-to-support-diabetes-self-management-training-legislation/

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