

111TH CONGRESS
2^D SESSION

S. 3211

To amend title XVIII of the Social Security Act to improve access to diabetes self-management training by designating certain certified diabetes educators as certified providers for purposes of outpatient diabetes self-management training services under part B of the Medicare Program.

IN THE SENATE OF THE UNITED STATES

APRIL 15, 2010

Mrs. SHAHEEN (for herself, Ms. STABENOW, Mrs. HAGAN, and Mr. FRANKEN) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to improve access to diabetes self-management training by designating certain certified diabetes educators as certified providers for purposes of outpatient diabetes self-management training services under part B of the Medicare Program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicare Diabetes
5 Self-Management Training Act of 2010”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) Diabetes is widely recognized as one of the
4 top public health threats currently facing the United
5 States. According to the Centers for Disease Control
6 and Prevention, approximately 24,000,000 people in
7 the United States are currently living with diabetes,
8 and another 57,000,000 people in the United States
9 have pre-diabetes, dramatically raising their risk of
10 developing diabetes, heart disease, and stroke. Three
11 million individuals with diagnosed diabetes receive
12 no treatment for the disease, and only about 56 per-
13 cent of those newly diagnosed with diabetes receive
14 the type of diet and exercise counseling that are vital
15 components of a diabetes self management training
16 (DSMT) regimen. The number of Americans living
17 with diabetes increased 50 percent between 1997–
18 2004, and the Centers for Disease Control projects
19 that the prevalence of diagnosed diabetes in the U.S.
20 will increase 165 percent by 2050.

21 (2) The American Diabetes Association esti-
22 mates that diabetes costs the United States over
23 \$174 billion annually, with \$116 billion attributed to
24 direct medical costs associated with diabetes care,
25 and \$58 billion attributed to indirect costs associ-
26 ated with lost productivity. Eighteen percent of all

1 Medicare beneficiaries have diabetes, accounting for
2 32 percent of Medicare spending.

3 (3) Diabetes self-management training, also
4 called diabetes education, provides critical knowledge
5 and skills training to patients with diabetes, helping
6 them identify barriers, facilitate problem solving,
7 and develop coping skills to effectively manage their
8 diabetes. A certified diabetes educator is a health
9 care professional, often a nurse, dietitian, or phar-
10 macist, who specializes in helping people with diabe-
11 tes develop the self-management skills needed to
12 stay healthy and avoid costly acute complications
13 and emergency care, as well as debilitating sec-
14 ondary conditions caused by diabetes.

15 (4) Diabetes self-management training has been
16 proven effective in helping to reduce the risks and
17 complications of diabetes. In 2002, the Diabetes
18 Prevention Program study conducted by the Na-
19 tional Institutes of Health and the Centers for Dis-
20 ease Control and Prevention found that participants
21 (all of whom were at increased risk of developing
22 type 2 diabetes) who made lifestyle changes reduced
23 their risk of getting type 2 diabetes by 58 percent.
24 Lifestyle intervention worked in all of the groups but
25 it worked particularly well in people aged 60 and

1 older, reducing the development of diabetes by 71
2 percent. Similarly, studies have found that patients
3 under the care of a certified diabetes educator are
4 better able to control their diabetes and report im-
5 provement in their health status.

6 (5) Lifestyle changes, such as those taught by
7 certified diabetes educators, directly contribute to
8 better glycemic control and reduced complications
9 from diabetes. Evidence shows that the potential for
10 prevention of the most serious medical complications
11 caused by diabetes to be as high as 90 percent
12 (blindness), 85 percent (amputations), and 50 per-
13 cent (heart disease and stroke) with proper medical
14 treatment and active self-management.

15 (6) There are currently more than 20,000 dia-
16 betes educators in the United States, most of whom
17 are certified diabetes educators credentialed by the
18 National Certification Board for Diabetes Edu-
19 cators. Eligibility for certification as a diabetes edu-
20 cator by the National Certification Board for Diabe-
21 tes Educators requires prerequisite qualifying pro-
22 fessional credentials in specific health care profes-
23 sions and professional practice experience that in-
24 cludes a minimum number of hours and years of ex-
25 perience in diabetes self-management training. Dia-

1 betes educators certified by the National Certifi-
2 cation Board for Diabetes Educators must also pass
3 a rigorous national examination and periodically
4 renew their credentials. Diabetes educators certified
5 by the National Certification Board for Diabetes
6 Educators, and licensed by a State as a health pro-
7 fessional, are uniquely qualified to provide diabetes
8 self-management training under the Medicare pro-
9 gram.

10 (7) Enhancing access to diabetes self-manage-
11 ment training programs that are taught by Certified
12 Diabetes Educators is an important public policy
13 goal that can help improve health outcomes, ensure
14 quality, and reduce escalating diabetes-related health
15 costs.

16 **SEC. 3. RECOGNITION OF CERTIFIED DIABETES EDU-**
17 **CATORS AS CERTIFIED PROVIDERS FOR PUR-**
18 **POSES OF MEDICARE DIABETES OUTPATIENT**
19 **SELF-MANAGEMENT TRAINING SERVICES.**

20 (a) IN GENERAL.—Section 1861(qq) of the Social Se-
21 curity Act (42 U.S.C. 1395x(qq)) is amended—

22 (1) in paragraph (1), by inserting “or by a cer-
23 tified diabetes educator (as defined in paragraph
24 (3))” after “paragraph (2)(B)”; and

1 (2) by adding at the end the following new
2 paragraphs:

3 “(3) For purposes of paragraph (1), the term
4 ‘certified diabetes educator’ means an individual
5 who—

6 “(A) is licensed or registered by the State
7 in which the services are performed as a health
8 care professional;

9 “(B) specializes in teaching individuals
10 with diabetes to develop the necessary skills and
11 knowledge to manage the individual’s diabetic
12 condition; and

13 “(C) is certified as a diabetes educator by
14 a recognized certifying body (as defined in
15 paragraph (4)).

16 “(4)(A) For purposes of paragraph (3)(C), the
17 term ‘recognized certifying body’ means—

18 “(i) the National Certification Board
19 for Diabetes Educators; or

20 “(ii) a certifying body for diabetes
21 educators, which is recognized by the Sec-
22 retary as authorized to grant certification
23 of diabetes educators for purposes of this
24 subsection pursuant to standards estab-
25 lished by the Secretary;

1 if the Secretary determines such Board or body,
2 respectively, meets the requirement of subpara-
3 graph (B).

4 “(B) The National Certification Board for
5 Diabetes Educators or a certifying body for dia-
6 betes educators meets the requirement of this
7 subparagraph, with respect to the certification
8 of an individual, if the Board or body, respec-
9 tively, is incorporated and registered to do busi-
10 ness in the United States and requires as a
11 condition of such certification each of the fol-
12 lowing:

13 “(i) The individual has a qualifying
14 credential in a specified health care profes-
15 sion.

16 “(ii) The individual has professional
17 practice experience in diabetes self-man-
18 agement training that includes a minimum
19 number of hours and years of experience in
20 such training.

21 “(iii) The individual has successfully
22 completed a national certification examina-
23 tion offered by such entity.

1 “(iv) The individual periodically re-
2 news certification status following initial
3 certification.”.

4 (b) GAO STUDY AND REPORT.—

5 (1) STUDY.—The Comptroller General of the
6 United States shall conduct a study to identify the
7 barriers that exist for Medicare beneficiaries with di-
8 abetes in accessing diabetes self-management train-
9 ing services under the Medicare program, including
10 economic and geographic barriers and availability of
11 appropriate referrals and access to adequate and
12 qualified providers.

13 (2) REPORT.—Not later than 1 year after the
14 date of the enactment of this Act, the Comptroller
15 General of the United States shall submit to Con-
16 gress a report on the study conducted under para-
17 graph (1).

18 (c) AHRQ DEVELOPMENT OF RECOMMENDATIONS
19 FOR OUTREACH METHODS AND REPORT.—

20 (1) DEVELOPMENT OF RECOMMENDATIONS.—

21 The Director of the Agency for Healthcare Research
22 and Quality shall, through use of a workshop and
23 other appropriate means, develop a series of rec-
24 ommendations on effective outreach methods to edu-
25 cate primary care physicians and the public about

1 the benefits of diabetes self-management training in
2 order to promote better health outcomes for patients
3 with diabetes.

4 (2) REPORT.—Not later than 1 year after the
5 date of the enactment of this Act, the Director of
6 the Agency for Healthcare Research and Quality
7 shall submit to Congress a report on the rec-
8 ommendations developed under paragraph (1).

9 (d) EFFECTIVE DATE.—The amendments made by
10 subsection (a) shall apply to diabetes outpatient self-man-
11 agement training services furnished on or after the first
12 day of the first calendar year that is at least 6 months
13 after the date of the enactment of this Act.

○