To amend title XVIII of the Social Security Act to improve access to diabetes self-management training by authorizing certified diabetes educators to provide diabetes self-management training services, including as part of telehealth services, under part B of the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

MARCH 19, 2013

Mr. WHITFIELD (for himself and Ms. DeGETTE) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to improve access to diabetes self-management training by authorizing certified diabetes educators to provide diabetes self-management training services, including as part of telehealth services, under part B of the Medicare program.

1 Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

2 SECTION 1. SHORT TITLE.

This Act may be cited as the “Access to Quality Diabetes Education Act of 2013”.
SEC. 2. FINDINGS.

Congress makes the following findings:

(1) The Centers for Disease Control and Prevention (hereinafter “CDC”) report that nearly 26,000,000 Americans have diabetes, in addition to an estimated 79,000,000 Americans who have prediabetes, an increase of 24,000,000 Americans with either diabetes or prediabetes since 2008. People with prediabetes are at increased risk of developing Type 2 diabetes or cardiovascular disease.

(2) Diabetes impacts 8.3 percent of all Americans and 11.3 percent of American adults. The CDC estimates that as many as 1 in 3 Americans will have diabetes by 2050 if current trends continue.

(3) According to the American Diabetes Association, the total costs of diagnosed diabetes have risen to $245 billion in 2012 from $174 billion in 2007, when the cost was last examined by the CDC. This figure represents a 41 percent increase over a five-year period.

(4) One in 3 Medicare dollars is currently spent on people with diabetes.

(5) There were 11.3 million diabetes related emergency room visits in 2008, compared with 9.5 million in 2000, an increase of 11 percent.
(6) According to the CDC, health care providers are finding statistically significant increases in the prevalence of Type 2 diabetes in children and adolescents.

(7) Diabetes self-management training (hereinafter “DSMT”), also called diabetes education, provides critical knowledge and skills training to patients with diabetes, helping them manage medications, address nutritional issues, facilitate diabetes-related problem solving, and make other critical lifestyle changes to effectively manage their diabetes. Evidence shows that individuals participating in DSMT programs are able to progress along the continuum necessary to make sustained behavioral changes in order to manage their diabetes.

(8) A certified diabetes educator is a State licensed or registered health care professional who specializes in helping people with diabetes develop the self-management skills needed to stay healthy and avoid costly acute complications and emergency care, as well as debilitating secondary conditions caused by diabetes.

(9) Diabetes self-management training has been proven effective in helping to reduce the risks and complications of diabetes and is a vital component of
an overall diabetes treatment regimen. Patients who
have received training from a certified diabetes edu-
cator are better able to implement the treatment
plan received from a physician skilled in diabetes
treatment.

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

(11) In recognition of the important role of
DSMT programs, the CDC in 2012 awarded fund-
ing to expand the National Diabetes Prevention Pro-
gram to help prevent the onset of Type 2 diabetes
for individuals at high risk.

(12) The net savings to the Medicare program
of ensuring that beneficiaries have access to quality
DSMT is estimated to be $2,000,000,000 over 10
years.

(13) Despite its effectiveness in reducing diabe-
etes-related complications and associated costs, diabe-
tes self-management training has been recognized by
the Centers for Medicare & Medicaid Services as an
underutilized Medicare benefit, even after more than
a decade of coverage.

(14) Enhancing access to diabetes self-manage-
ment training programs that are certified as nec-
essary by the patient’s treating physician and taught
by certified diabetes educators is an important pub-
lic policy goal that can help improve health out-
comes, ensure quality, and reduce escalating diabe-
tes-related health costs.

SEC. 3. RECOGNITION OF CERTIFIED DIABETES EDU-
CATORS AS AUTHORIZED PROVIDERS OF
MEDICARE DIABETES OUTPATIENT SELF-
MANAGEMENT TRAINING SERVICES.

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

(1) in paragraph (1), by striking “by a certified
provider (as described in paragraph (2)(A)) in an
outpatient setting” and inserting “in an outpatient
setting by a certified diabetes educator (as defined
in paragraph (3)) or by a certified provider (as de-
scribed in paragraph (2)(A))”; and

(2) by adding at the end the following new
paragraphs:
“(3) For purposes of paragraph (1), the term ‘certified diabetes educator’ means an individual—

“(A) who is licensed or registered by the State in which the services are performed as a certified diabetes educator; or

“(B) who—

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

“(ii) specializes in teaching individuals with diabetes to develop the necessary skills and knowledge to manage the individual’s diabetic condition; and

“(iii) is certified as a diabetes educator by a recognized certifying body (as defined in paragraph (4)).

“(4) For purposes of paragraph (3)(B)(iii), the term ‘recognized certifying body’ means a certifying body for diabetes educators which is recognized by the Secretary as authorized to grant certification of diabetes educators for purposes of this subsection pursuant to standards established by the Secretary.”.

(b) Treatment as a Practitioner, Including for Telehealth Services.—Section 1842(b)(18)(C) of
the such Act (42 U.S.C. 1395u(b)(18)(C)) is amended by adding at the end the following new clause:

“(vii) A certified diabetes educator (as defined in section 1861(qq)(3)).”.

(c) GAO Study and Report.—

(1) Study.—The Comptroller General of the United States shall conduct a study to identify the barriers that exist for Medicare beneficiaries with diabetes in accessing diabetes self-management training services under the Medicare program, including economic and geographic barriers and availability of appropriate referrals and access to adequate and qualified providers.

(2) Report.—Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on the study conducted under paragraph (1).

(d) AHRQ Development of Recommendations for Outreach Methods and Report.—

(1) Development of Recommendations.— The Director of the Agency for Healthcare Research and Quality shall, through use of a workshop and other appropriate means, develop a series of recommendations on effective outreach methods to edu-
cate physicians and other health care providers as well as the public about the benefits of diabetes self-management training in order to promote better health outcomes for patients with diabetes.

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

(e) EFFECTIVE DATE.—The amendments made by this section shall apply to items and services furnished after the end of the 12-month period beginning on the date of the enactment of this Act.