

119TH CONGRESS
1ST SESSION

S. 1925

To amend title XVIII of the Social Security Act to improve access to diabetes outpatient self-management training services, to require the Center for Medicare and Medicaid Innovation to test the provision of virtual diabetes outpatient self-management training services, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 2, 2025

Mrs. SHAHEEN (for herself and Ms. COLLINS) 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 outpatient self-management training services, to require the Center for Medicare and Medicaid Innovation to test the provision of virtual diabetes outpatient self-management training services, and for other purposes.

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 “Expanding Access to
5 Diabetes Self-Management Training Act of 2025”.

1 **SEC. 2. IMPROVING ACCESS TO DIABETES OUTPATIENT**
2 **SELF-MANAGEMENT TRAINING SERVICES.**

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

5 (1) in paragraph (1)—

6 (A) by striking “the Secretary determines
7 appropriate” and inserting “specified in para-
8 graph (3)”; and

9 (B) by striking “the physician who is man-
10 aging the individual’s diabetic condition” and
11 inserting “a physician or qualified nonphysician
12 practitioner”;

13 (2) in paragraph (2)(B), by striking “para-
14 graph” and inserting “subparagraph”; and

15 (3) by adding at the end the following new
16 paragraph:

17 “(3)(A) For purposes of paragraph (1) and subject
18 to subparagraph (B), the times specified in this paragraph
19 are the following:

20 “(i) An initial 10 hours of individual or group
21 educational and training services to remain available
22 until used.

23 “(ii) An additional 2 hours of individual or
24 group educational and training services each year,
25 beginning with the year in which the initial 10 hours
26 described in subparagraph (A) are completed.

1 “(B) The Secretary shall not limit the quantity or
 2 duration of educational and training services furnished by
 3 a certified provider to an individual with diabetes if such
 4 services are deemed medically necessary by a physician or
 5 qualified non-physician practitioner.”.

6 (b) MEDICAL NUTRITION THERAPY SERVICES.—Sec-
 7 tion 1861(s)(2)(V) of the Social Security Act (42 U.S.C.
 8 1395x(s)(2)(V)) is amended—

9 (1) by striking clause (i);

10 (2) by redesignating clauses (ii) and (iii) as
 11 clauses (i) and (ii), respectively; and

12 (3) in clause (ii), as so redesignated, by striking
 13 “after consideration of” and inserting “consistent
 14 with”.

15 (c) COST-SHARING.—Section 1833 of the Social Se-
 16 curity Act (42 U.S.C. 1395l) is amended—

17 (1) in subsection (a)(1)—

18 (A) by striking “and (HH)” and inserting
 19 “(HH)”; and

20 (B) by inserting the following before the
 21 semicolon at the end: “and (II) with respect to
 22 diabetes outpatient self-management training
 23 services (as defined in section 1861(qq)), the
 24 amount paid shall be 100 percent of the lesser
 25 of the actual charge for the services or the

1 amount determined under the fee schedule that
 2 applies to such services under this part;”; and
 3 (2) in subsection (b), in the first sentence—

4 (A) by striking “, and (13)” and inserting
 5 “(13)”; and

6 (B) by striking “1861(n)..”and inserting
 7 “1861(n), and (14) such deductible shall not
 8 apply with respect to diabetes outpatient self-
 9 management training services (as defined in
 10 section 1861(qq))”.

11 (d) APPLICATION.—The amendments made by this
 12 section shall apply with respect to items and services fur-
 13 nished on or after January 1, 2027.

14 **SEC. 3. CMI TESTING OF PROVIDING VIRTUAL DIABETES**
 15 **OUTPATIENT SELF-MANAGEMENT TRAINING**
 16 **SERVICES.**

17 Section 1115A of the Social Security Act (42 U.S.C.
 18 1315a) is amended—

19 (1) in subsection (b)(2)(A), by adding at the
 20 end the following new sentence: “The models se-
 21 lected under this subparagraph shall include the
 22 testing of the model described in subsection (h).”;
 23 and

24 (2) by adding at the end the following new sub-
 25 section:

1 “(h) TESTING OF PROVIDING VIRTUAL DIABETES
2 OUTPATIENT SELF-MANAGEMENT TRAINING SERV-
3 ICES.—

4 “(1) ESTABLISHMENT.—Not later than Janu-
5 ary 1, 2026, the Secretary shall implement a model
6 to test the impact of providing coverage under title
7 XVIII for virtual diabetes outpatient self-manage-
8 ment training services furnished to applicable bene-
9 ficiaries with respect to improved health outcomes
10 for such applicable beneficiaries and reduced expend-
11 itures under such title XVIII.

12 “(2) MODEL DESIGN.—

13 “(A) IN GENERAL.—The Secretary shall
14 design the model under this subsection in such
15 a manner to allow for the evaluation of demo-
16 graphic characteristics of applicable bene-
17 ficiaries participating in such model and the ex-
18 tent to which such model accomplishes the fol-
19 lowing purposes:

20 “(i) Improvement in health outcomes
21 with respect to the diabetic conditions, in-
22 cluding by reducing A1c levels.

23 “(ii) Reduced hospitalizations due to
24 diabetic-related complications.

1 “(iii) Increased utilization of diabetes
 2 outpatient self-management training serv-
 3 ices as evidenced by, for example, Medicare
 4 beneficiary participation and utilization of
 5 covered hours during the first year and
 6 subsequent years or use of diabetes out-
 7 patient self-management training services
 8 in rural and underserved communities.

9 “(iv) Improved medication adherence.

10 “(v) Reduced expenditures under this
 11 title attributable to the model.

12 “(B) CONSULTATION.—In designing the
 13 model under this subsection, the Secretary
 14 shall, not later than 3 months after the date of
 15 the enactment of this subsection, consult with
 16 stakeholders in the field of diabetes care and
 17 education, clinicians in the primary care com-
 18 munity, experts in digital health, and bene-
 19 ficiary groups.

20 “(3) DEFINITIONS.—In this subsection:

21 “(A) APPLICABLE BENEFICIARY.—The
 22 term ‘applicable beneficiary’ means an indi-
 23 vidual with diabetes as described in section
 24 1861(qq).

1 “(B) QUALIFIED WEB-BASED PROGRAM.—

2 The term ‘qualified web-based program’ means
3 a web-based program—

4 “(i) designed to furnish educational
5 and training services to an individual with
6 diabetes to ensure therapy compliance with
7 respect to the individual’s diabetic condi-
8 tion or to provide the individual with nec-
9 essary skills and knowledge (including
10 skills related to the self-administration of
11 injectable drugs) to participate in the indi-
12 vidual’s management of such condition;
13 and

14 “(ii) that meets the quality standards
15 described in section 1861(qq)(2)(B).

16 “(C) VIRTUAL DIABETES OUTPATIENT
17 SELF-MANAGEMENT TRAINING SERVICES.—The
18 term ‘virtual diabetes outpatient self-manage-
19 ment training services’ means any diabetes out-
20 patient self-management training services (as
21 defined in section 1861(qq)) furnished by a
22 qualified web-based program for synchronous or
23 asynchronous diabetes outpatient self-manage-
24 ment training services.”.

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