

109TH CONGRESS
1ST SESSION

H. R. 3612

To amend title XVIII of the Social Security Act to improve access to diabetes self management training by designating certified diabetes educators who are recognized by a nationally recognized certifying body and who meet the same quality standards set forth for other providers of diabetes self management training, as certified providers for purposes of outpatient diabetes self-management training services under part B of the Medicare Program.

IN THE HOUSE OF REPRESENTATIVES

JULY 28, 2005

Mr. WELDON of Pennsylvania (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 designating certified diabetes educators who are recognized by a nationally recognized certifying body and who meet the same quality standards set forth for other providers of diabetes self management training, 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 “Diabetes Self Manage-
5 ment Training Act of 2005”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Diabetes is widely recognized as one of the
9 top public health threats facing our Nation today.
10 More than 18,000,000 Americans are currently liv-
11 ing with diabetes and that number is expected to
12 double by the year 2050. Diabetes is the sixth lead-
13 ing cause of death in the United States, causing
14 more than 200,000 deaths each year.

15 (2) Diabetes occurs in two forms. Type 1 diabe-
16 tes is caused by the body’s inability to produce insu-
17 lin, a hormone that allows glucose to enter and fuel
18 cells. Type 2 diabetes occurs when the body fails to
19 make enough insulin or fails to properly use it. Type
20 1 diabetes typically develops in childhood or adoles-
21 cence and accounts for only 5 to 10 percent of cases
22 of diabetes. Type 2 diabetes accounts for 90 to 95
23 percent of diabetes cases and most often appears
24 among people older than 40. It is especially common

1 in the medicare population, as 1 in 5 adults over age
2 65 has type 2 diabetes.

3 (3) Diabetes is a costly disease. In 2002, diabe-
4 tes accounted for \$132,000,000,000 in direct and in-
5 direct health care costs. It is especially costly for the
6 medicare program. Individuals with diabetes rep-
7 resent approximately 20 percent of medicare bene-
8 ficiaries but account for more than 30 percent of
9 fee-for-service medicare expenditures.

10 (4) People with type 1 diabetes are required to
11 take daily insulin injections to stay alive. While some
12 people with type 2 diabetes need daily insulin injec-
13 tions, others with type 2 diabetes can control their
14 diabetes through healthy meal plans, exercise, and,
15 for some, oral medications. Diabetes self manage-
16 ment training (in this section referred to as
17 “DSMT”), also called diabetes education, provides
18 knowledge and skills training to patients with diabe-
19 tes, helping them identify barriers, facilitate problem
20 solving, and develop coping skills to effectively man-
21 age their diabetes. A certified diabetes educator is a
22 health care professional, often a nurse, dietitian, or
23 pharmacist, who specializes in helping people with
24 diabetes develop the self-management skills needed
25 to stay healthy and avoid costly acute complications

1 and emergency care, as well as debilitating sec-
2 ondary conditions caused by diabetes.

3 (5) DSMT has been proven effective in helping
4 to reduce the risks and complications of diabetes. In
5 2002, the Diabetes Prevention Program study found
6 that participants (all of whom were at increased risk
7 of developing type 2 diabetes) who made lifestyle
8 changes, such as those taught in DSMT programs,
9 reduced their risk of getting type 2 diabetes by 58
10 percent. Lifestyle intervention worked in all of the
11 groups but it worked particularly well in people aged
12 60 and older, reducing the development of diabetes
13 by 71 percent. Similarly, studies have found that pa-
14 tients under the care of a certified diabetes educator
15 are better able to control their diabetes and report
16 improvement in their health status. Congress recog-
17 nized the value of DSMT by creating medicare cov-
18 erage for this benefit under the Balanced Budget
19 Act of 1997.

20 (6) There are currently more than 20,000 dia-
21 betes educators in the United States, most of whom
22 are certified diabetes educators credentialed by the
23 National Certification Board for Diabetes Educators
24 (NCBDE). Eligibility for certification as a diabetes
25 educator requires prerequisite qualifying professional

1 credentials in specified health care professions and
2 professional practice experience that includes a min-
3 imum number of hours of experience in DSMT. Cer-
4 tified diabetes educators must also pass a rigorous
5 national examination and periodically renew their
6 credentials. Certified diabetes educators are uniquely
7 qualified to provide DSMT under the medicare pro-
8 gram.

9 **SEC. 3. RECOGNITION OF CERTIFIED DIABETES EDU-**
10 **CATORS AS MEDICARE PROVIDERS FOR PUR-**
11 **POSES OF DIABETES OUTPATIENT SELF-MAN-**
12 **AGEMENT TRAINING SERVICES.**

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

15 (1) in paragraph (2)—

16 (A) in subparagraph (A), by inserting “, or
17 a certified diabetes educator (as defined in
18 paragraph (3)) who is credentialed by a nation-
19 ally recognized certifying body for diabetes edu-
20 cators” before the semicolon at the end; and

21 (B) in subparagraph (B), by striking “a
22 physician” through “meets applicable” and in-
23 serting the following: “a physician, or such
24 other individual or entity, or a certified diabetes
25 educator meets the quality standards described

1 in this paragraph if the physician, other indi-
2 vidual or entity, or certified diabetes educator
3 meets quality standards established by the Sec-
4 retary, except that the physician, other indi-
5 vidual or entity, or certified diabetes educator
6 shall be deemed to have met such standards if
7 the physician, other individual or entity, or cer-
8 tified diabetes educator meets applicable”; and
9 (2) by adding at the end the following new
10 paragraph:

11 “(3) For purposes of paragraph (2), the term ‘cer-
12 tified diabetes educator’ means an individual who—

13 “(A) is a health care professional who special-
14 izes in helping individuals with diabetes develop the
15 self-management skills needed to overcome the daily
16 challenges and problems caused by the disease;

17 “(B) has met all criteria for initial certification,
18 including a prerequisite qualifying professional cre-
19 dential in a specified health care profession, has pro-
20 fessional practice experience in diabetes self-manage-
21 ment training that includes a minimum number of
22 hours of diabetes self-management training, and has
23 passed a national examination offered by a certifying
24 body recognized as entitled to grant certification to
25 diabetes educators; and

1 “(C) has periodically renewed certification sta-
2 tus following initial certification.”.

3 (b) GAO STUDY AND REPORT.—

4 (1) STUDY.—The Comptroller General of the
5 United States shall conduct a study to identify the
6 barriers that exist for individuals with diabetes in
7 accessing diabetes self management training, includ-
8 ing economic and geographic barriers and avail-
9 ability of appropriate referrals and access to ade-
10 quate, qualified providers.

11 (2) REPORT.—Not later than 1 year after the
12 date of enactment of this Act, the Comptroller Gen-
13 eral of the United States shall submit a report to
14 Congress regarding the study conducted under para-
15 graph (1).

16 (c) EFFECTIVE DATE.—The amendments made by
17 subsection (a) shall apply to diabetes outpatient self-man-
18 agement training services furnished on or after the date
19 that is 6 months after the date of enactment of this Act.

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