

109TH CONGRESS
1ST SESSION

S. 626

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 SENATE OF THE UNITED STATES

MARCH 15, 2005

Mr. NELSON of Nebraska (for himself and Mrs. HUTCHISON) 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 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Diabetes Self Manage-
3 ment Training Act of 2005”.

4 **SEC. 2. FINDINGS.**

5 Congress makes the following findings:

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

13 (2) Diabetes occurs in two forms. Type 1 diabe-
14 tes is caused by the body’s inability to produce insu-
15 lin, a hormone that allows glucose to enter and fuel
16 cells. Type 2 diabetes occurs when the body fails to
17 make enough insulin or fails to properly use it. Type
18 1 diabetes typically develops in childhood or adoles-
19 cence and accounts for only 5 to 10 percent of cases
20 of diabetes. Type 2 diabetes accounts for 90 to 95
21 percent of diabetes cases and most often appears
22 among people older than 40. It is especially common
23 in the medicare population, as 1 in 5 adults over age
24 65 has type 2 diabetes.

25 (3) Diabetes is a costly disease. In 2002, diabe-
26 tes accounted for \$132,000,000,000 in direct and in-

1 direct health care costs. It is especially costly for the
2 medicare program. Individuals with diabetes rep-
3 resent approximately 20 percent of medicare bene-
4 ficiaries but account for more than 30 percent of
5 fee-for-service medicare expenditures.

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

24 (5) DSMT has been proven effective in helping
25 to reduce the risks and complications of diabetes. In

1 2002, the Diabetes Prevention Program study found
2 that participants (all of whom were at increased risk
3 of developing type 2 diabetes) who made lifestyle
4 changes, such as those taught in DSMT programs,
5 reduced their risk of getting type 2 diabetes by 58
6 percent. Lifestyle intervention worked in all of the
7 groups but it worked particularly well in people aged
8 60 and older, reducing the development of diabetes
9 by 71 percent. Similarly, studies have found that pa-
10 tients under the care of a certified diabetes educator
11 are better able to control their diabetes and report
12 improvement in their health status. Congress recog-
13 nized the value of DSMT by creating medicare cov-
14 erage for this benefit under the Balanced Budget
15 Act of 1997.

16 (6) There are currently more than 20,000 dia-
17 betes educators in the United States, most of whom
18 are certified diabetes educators credentialed by the
19 National Certification Board for Diabetes Educators
20 (NCBDE). Eligibility for certification as a diabetes
21 educator requires prerequisite qualifying professional
22 credentials in specified health care professions and
23 professional practice experience that includes a min-
24 imum number of hours of experience in DSMT. Cer-
25 tified diabetes educators must also pass a rigorous

1 national examination and periodically renew their
2 credentials. Certified diabetes educators are uniquely
3 qualified to provide DSMT under the medicare pro-
4 gram.

5 **SEC. 3. RECOGNITION OF CERTIFIED DIABETES EDU-**
6 **CATORS AS MEDICARE PROVIDERS FOR PUR-**
7 **POSES OF DIABETES OUTPATIENT SELF-MAN-**
8 **AGEMENT TRAINING SERVICES.**

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

11 (1) in paragraph (2)—

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

17 (B) in subparagraph (B), by striking “a
18 physician” through “meets applicable” and in-
19 serting the following: “a physician, or such
20 other individual or entity, or a certified diabetes
21 educator meets the quality standards described
22 in this paragraph if the physician, other indi-
23 vidual or entity, or certified diabetes educator
24 meets quality standards established by the Sec-
25 retary, except that the physician, other indi-

1 vidual or entity, or certified diabetes educator
2 shall be deemed to have met such standards if
3 the physician, other individual or entity, or cer-
4 tified diabetes educator meets applicable”; and
5 (2) by adding at the end the following new
6 paragraph:

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

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

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

22 “(C) has periodically renewed certification sta-
23 tus following initial certification.”.

24 (b) GAO STUDY AND REPORT.—

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

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

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

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