

110TH CONGRESS
1ST SESSION

H. R. 4218

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 HOUSE OF REPRESENTATIVES

NOVEMBER 15, 2007

Ms. DEGETTE (for herself, Mr. CASTLE, Mr. BECERRA, Mr. KIRK, and Mr. ALTMIRE) 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 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Medicare Diabetes
3 Self-Management Training Act of 2007”.

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 currently facing the United
8 States. Approximately 21,000,000 people in the
9 United States are currently living with diabetes, and
10 another 54,000,000 people in the United States have
11 pre-diabetes, dramatically raising their risk of devel-
12 oping diabetes, heart disease, and stroke. Diabetes is
13 the 6th leading cause of death in the United States,
14 causing at least 224,000 deaths annually. The prev-
15 alence of the most common type of diabetes has tri-
16 pled in the last 30 years, and approximately 2,200
17 people are diagnosed with diabetes each day.

18 (2) Diabetes self-management training, also
19 called diabetes education, provides critical knowledge
20 and skills training to patients with diabetes, helping
21 them identify barriers, facilitate problem solving,
22 and develop coping skills to effectively manage their
23 diabetes. A certified diabetes educator is a health
24 care professional, often a nurse, dietitian, or phar-
25 macist, who specializes in helping people with diabe-
26 tes develop the self-management skills needed to

1 stay healthy and avoid costly acute complications
2 and emergency care, as well as debilitating sec-
3 ondary conditions caused by diabetes.

4 (3) Diabetes self-management training has been
5 proven effective in helping to reduce the risks and
6 complications of diabetes. In 2002, the Diabetes
7 Prevention Program study conducted by the Na-
8 tional Institutes of Health and the Centers for Dis-
9 ease Control and Prevention found that participants
10 (all of whom were at increased risk of developing
11 type 2 diabetes) who made lifestyle changes reduced
12 their risk of getting type 2 diabetes by 58 percent.
13 Lifestyle intervention worked in all of the groups but
14 it worked particularly well in people aged 60 and
15 older, reducing the development of diabetes by 71
16 percent. Similarly, studies have found that patients
17 under the care of a certified diabetes educator are
18 better able to control their diabetes and report im-
19 provement in their health status.

20 (4) Lifestyle changes, such as those taught by
21 certified diabetes educators, directly contribute to
22 better glycemic control and reduced complications
23 from diabetes. Evidence shows that the potential for
24 prevention of the most serious medical complications
25 caused by diabetes to be as high as 90 percent

1 (blindness), 85 percent (amputations), and 50 per-
2 cent (heart disease and stroke) with proper medical
3 treatment and active self-management.

4 (5) There are currently more than 20,000 dia-
5 betes educators in the United States, most of whom
6 are certified diabetes educators credentialed by the
7 National Certification Board for Diabetes Edu-
8 cators. Eligibility for certification as a diabetes edu-
9 cator by the National Certification Board for Diabe-
10 tes Educators requires prerequisite qualifying pro-
11 fessional credentials in specific health care profes-
12 sions and professional practice experience that in-
13 cludes a minimum number of hours and years of ex-
14 perience in diabetes self-management training. Dia-
15 betes educators certified by the National Certifi-
16 cation Board for Diabetes Educators must also pass
17 a rigorous national examination and periodically
18 renew their credentials. Diabetes educators certified
19 by the National Certification Board for Diabetes
20 Educators, and licensed by a State as a health pro-
21 fessional, are uniquely qualified to provide diabetes
22 self-management training under the Medicare pro-
23 gram.

1 **SEC. 3. RECOGNITION OF CERTIFIED DIABETES EDU-**
2 **CATORS AS CERTIFIED PROVIDERS FOR PUR-**
3 **POSES OF MEDICARE DIABETES OUTPATIENT**
4 **SELF-MANAGEMENT TRAINING SERVICES.**

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

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

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

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

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

18 “(B) specializes in teaching individuals
19 with diabetes to develop the necessary skills and
20 knowledge to manage the individual’s diabetic
21 condition; and

22 “(C) is certified as a diabetes educator by
23 a recognized certifying body (as defined in
24 paragraph (4)).

25 “(4)(A) For purposes of paragraph (3)(B), the
26 term ‘recognized certifying body’ means—

1 “(i) the National Certification Board for
2 Diabetes Educators, or

3 “(ii) a certifying body for diabetes edu-
4 cators, which is recognized by the Secretary as
5 authorized to grant certification of diabetes
6 educators for purposes of this subsection pursu-
7 ant to standards established by the Secretary,
8 if the Secretary determines such Board or body,
9 respectively, meets the requirement of subpara-
10 graph (B).

11 “(B) The National Certification Board for Dia-
12 betes Educators or a certifying body for diabetes
13 educators meets the requirement of this subpara-
14 graph, with respect to the certification of an indi-
15 vidual, if the Board or body, respectively, is incor-
16 porated and registered to do business in the United
17 States and requires as a condition of such certifi-
18 cation each of the following:

19 “(i) The individual has a qualifying cre-
20 dential in a specified health care profession.

21 “(ii) The individual has professional prac-
22 tice experience in diabetes self-management
23 training that includes a minimum number of
24 hours and years of experience in such training.

1 “(iii) The individual has successfully com-
2 pleted a national certification examination of-
3 ferred by such entity.

4 “(iv) The individual periodically renews
5 certification status following initial certifi-
6 cation.”.

7 (b) GAO STUDY AND REPORT.—

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

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

21 (c) AHRQ DEVELOPMENT OF RECOMMENDATIONS
22 FOR OUTREACH METHODS AND REPORT.—

23 (1) DEVELOPMENT OF RECOMMENDATIONS.—

24 The Director of the Agency for Healthcare Research
25 and Quality shall, through use of a workshop and

1 other appropriate means, develop a series of rec-
2 ommendations on effective outreach methods to edu-
3 cate primary care physicians and the public about
4 the benefits of diabetes self-management training in
5 order to promote better health outcomes for patients
6 with diabetes.

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

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

○