111TH CONGRESS
2D SESSION

S. 3211

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 SENATE OF THE UNITED STATES

APRIL 15, 2010

Mrs. SHAHEEN (for herself, Ms. STABENOW, Mrs. HAGAN, and Mr. FRANKEN) introduced the following bill; which was read twice and referred to the Committee on Finance

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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.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Medicare Diabetes Self-Management Training Act of 2010''.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Diabetes is widely recognized as one of the top public health threats currently facing the United States. According to the Centers for Disease Control and Prevention, approximately 24,000,000 people in the United States are currently living with diabetes, and another 57,000,000 people in the United States have pre-diabetes, dramatically raising their risk of developing diabetes, heart disease, and stroke. Three million individuals with diagnosed diabetes receive no treatment for the disease, and only about 56 percent of those newly diagnosed with diabetes receive the type of diet and exercise counseling that are vital components of a diabetes self management training (DSMT) regimen. The number of Americans living with diabetes increased 50 percent between 1997–2004, and the Centers for Disease Control projects that the prevalence of diagnosed diabetes in the U.S. will increase 165 percent by 2050.

(2) The American Diabetes Association estimates that diabetes costs the United States over $174 billion annually, with $116 billion attributed to direct medical costs associated with diabetes care, and $58 billion attributed to indirect costs associated with lost productivity. Eighteen percent of all

Medicare beneficiaries have diabetes, accounting for 32 percent of Medicare spending.

(3) Diabetes self-management training, also called diabetes education, provides critical knowledge and skills training to patients with diabetes, helping them identify barriers, facilitate problem solving, and develop coping skills to effectively manage their diabetes. A certified diabetes educator is a health care professional, often a nurse, dietitian, or pharmacist, 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.

(4) Diabetes self-management training has been proven effective in helping to reduce the risks and complications of diabetes. In 2002, the Diabetes Prevention Program study conducted by the National Institutes of Health and the Centers for Disease Control and Prevention found that participants (all of whom were at increased risk of developing type 2 diabetes) who made lifestyle changes reduced their risk of getting type 2 diabetes by 58 percent. Lifestyle intervention worked in all of the groups but it worked particularly well in people aged 60 and

older, reducing the development of diabetes by 71 percent. Similarly, studies have found that patients under the care of a certified diabetes educator are better able to control their diabetes and report improvement in their health status.

(5) 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 caused by diabetes to be as high as 90 percent (blindness), 85 percent (amputations), and 50 percent (heart disease and stroke) with proper medical treatment and active self-management.

(6) There are currently more than 20,000 diabetes educators in the United States, most of whom are certified diabetes educators credentialed by the National Certification Board for Diabetes Educators. Eligibility for certification as a diabetes educator by the National Certification Board for Diabetes Educators requires prerequisite qualifying professional credentials in specific health care professions and professional practice experience that includes a minimum number of hours and years of experience in diabetes self-management training. Dia-

betes educators certified by the National Certification Board for Diabetes Educators must also pass a rigorous national examination and periodically renew their credentials. Diabetes educators certified by the National Certification Board for Diabetes Educators, and licensed by a State as a health professional, are uniquely qualified to provide diabetes self-management training under the Medicare program.

(7) Enhancing access to diabetes self-management training programs that are taught by Certified Diabetes Educators is an important public policy goal that can help improve health outcomes, ensure quality, and reduce escalating diabetes-related health costs.

SEC. 3. RECOGNITION OF CERTIFIED DIABETES EDUCATORS AS CERTIFIED PROVIDERS FOR PURPOSES OF MEDICARE DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES.

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

(1) in paragraph (1), by inserting ''or by a certified diabetes educator (as defined in paragraph (3))'' after ''paragraph (2)(B)''; 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 who—

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

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

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

''(4)(A) For purposes of paragraph (3)(C), the term 'recognized certifying body' means—

''(i) the National Certification Board for Diabetes Educators; or

''(ii) 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;

if the Secretary determines such Board or body, respectively, meets the requirement of subparagraph (B).

''(B) The National Certification Board for Diabetes Educators or a certifying body for diabetes educators meets the requirement of this subparagraph, with respect to the certification of an individual, if the Board or body, respectively, is incorporated and registered to do business in the United States and requires as a condition of such certification each of the following:

''(i) The individual has a qualifying credential in a specified health care profession.

''(ii) The individual has professional practice experience in diabetes self-management training that includes a minimum number of hours and years of experience in such training.

''(iii) The individual has successfully completed a national certification examination offered by such entity.

"(iv) The individual periodically renews certification status following initial certification.".

(b) 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).

(c) 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 educate primary care physicians and 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).

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

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