



## American Association of Diabetes Educators

### **SUMMARY OF THE KENTUCKY LICENSURE FOR DIABETES EDUCATION CALL**

**FEBRUARY 25, 2010**

**LANAVUKOVLJAK, CEO, AADE:**

Welcome callers

Introduction of Kim DeCoste and Deb Fillman

**KIM DECOSTE, RN, MSN, CDE:**

#### **BACKGROUND/FEDERAL EFFORT**

#### **WHAT WE KNOW:**

- Diabetes is common in Kentucky – 9.9% of adults have diagnosed diabetes
- Diabetes is a serious chronic condition – It is the 6<sup>th</sup> leading cause of death in KY and can lead to serious complications
- Diabetes is expensive – It costs KY about \$3 billion per year
- DSMT plays an essential role in the management of diabetes.
- Patients who receive DSMT have fewer complications.
- Management of diabetes is complex.

It is very important that the health care professionals who set themselves out as Diabetes Educators be well educated and appropriately credentialed in the delivery of quality Diabetes Education.

Our experience with efforts to gain Medicare provider status for Diabetes Educators has taught us that, other than the CDE or BC-ADM credential, there is no legal definition of the diabetes education provider.



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Other health care providers licensed by the states – Nurses, Nurse Practitioners, Dietitians, Pharmacists, MDs, DO, and DPMs have their license as their legal definition of their status. State licensure determines the Scope of Practice and the providers' qualifications.

Medicare reimbursement is based on the individual base health care credential. RNs cannot be reimbursed. So only the RD, NP, or other licensed health care professionals can be reimbursed. Other than a few state Medicaid programs, CDEs are not recognized DSMT providers and cannot get reimbursed with that credential alone.

Licensure of the Diabetes Educator may open more opportunities for reimbursement. Private payors may be more willing to reimburse licensed healthcare professionals for diabetes education services.

Also, in the same manner that some State Medicaid programs require a CDE to receive reimbursement for DSMT service, they may opt to require license to reimburse for DSMT service.

**DEBORAH FILLMAN, RD, LD, MS, CDE, PRESIDENT, AADE:**

### **KENTUCKY EFFORTS**

Licensure for Diabetes Educators has been introduced in the Kentucky Legislature.

Diabetes Educators Licensure is intended for the health care professional who has a defined role as a diabetes educator, not for those who may perform some diabetes related functions as part of or in the course of other routine occupational duties.

Licensure will allow the Diabetes Educator who is on the path to his/her advanced credential to be recognized as a professional. This will help address the current workforce shortage of qualified professionals who can deliver diabetes education.

The licensure of the Diabetes Educator will have no effect on the licensure and scope of practice of other health care professionals – the RN, RD/LD or NP.



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The minimum Diabetes Educator standards will be based on the AADE Competencies for Diabetes Educators Level 3. Level 3 providers meet the AADE definition of diabetes educator, but are not credentialed as a certified diabetes educator (CDE) or board certified in advanced management (BC-ADM).

Diabetes Educators who have a CDE or BC-ADM credential will qualify for licensure without additional education or practice requirements.

Similar to other health care professionals, continuing education/professional development requirements will apply to all licensed diabetes educators.

Similar to other health care professionals, the anticipated fee for a Diabetes Educator License is \$50. The legislative language below is written so that the fees can be changed without a legislative amendment.

Similar to other health care professionals, the Diabetes Educator license will be on an annual renewal cycle.

Similar to other health care professionals, the Board of Licensed Diabetes Educators will have 5 members. One member must be a licensed medical physician with experience in the delivery of diabetes education. Three additional members must be a registered nurse, a pharmacist, and a licensed dietician or certified nutritionist. One of these 3 must have completed their CDE or BC-ADM. The final member will be a citizen not employed in the health care field.

### **QUESTION AND ANSWER**

**Q1:** About the specifications for being qualified to apply for licensure. Regarding Section (2)(a) of HR 490 What does it mean when it says, *“The American Association of Diabetes Educators’ “Core Concepts Course” with demonstrable experience in the care of people with diabetes under supervision that meets requirements specified in administrative regulations promulgated by the board.”*

**A1:** The Board in conjunction with AADE will define this section in more detail as we move forth with this licensure initiative as it is not yet completely defined. The intent, however, is to have those that are Diabetes Educator applying for licensure exhibit they have had quality diabetes education experience and supervision as well as meets the basic educational requirements as outlined in this legislation.



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**Q2:** What is the need of licensure when we already have a CDE and BC-ADM as well as ADA and AADE program recognition?

**A2:** For a CDE in a recognized AADE/ADA DSMT program it would be a personal choice to seek licensure. However, the intent of this is to address the needs of those diabetes educators who are providing quality education but because of their practice setting (e.g., public health) face a number barriers (i.e., meeting the ‘practice time’ requirements) in getting their certification credential (CDE). These people would be able to be recognized for the work that they do and be able to be licensed which would position other agencies to have qualified and recognized people providing diabetes education. This could also lead to reimbursement as well as prevent unrecognized or “licensed” from opening up shop as a diabetes educator.

**Q3:** Where is the evidence that states that there is a need for this licensure initiative and that you can achieve what you’re proposing?

**A3:** The legislation is being proposed with an eye on the future to first satisfy the workforce shortages in regards to those that do not have the mandatory hours to sit for the CDE or BC-ADM credential exam. With the licensure they would be eligible to get employment under Medicaid the same way other healthcare professionals practice in the field.

**Q4:** Is it just a matter of completing the Core Concepts course?

**A4:** The legislation is not saying that the core concepts are enough to get licensure. There is the supervision, mentoring and other elements that would get educators to Level 3, Non-Credentialed Diabetes Educator, as it outlined in the AADE Guidelines for the Practice of Diabetes Self-Management Education and Training.

**Q5:** How does the legislation ensure that others from opening up shop and saying that they provide diabetes education?

**A5:** Similar to any other professional licensure the “Board” would be responsible for taking complaints regarding those “un-licensed” individuals providing care under the title of diabetes educator as well the board is responsible for enforcing the regulations of the licensure of diabetes educators.



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**Q6:** If the legislation is passed would it prevent individuals who have no further professional licensing or credentials, education or experience to provide DE in an outpatient setting, doctor's office, etc...?

**A6:** It would be the responsibility of the consumer, licensed diabetes educators to report these sorts of violations to the licensure board. The board will be taking complaints and enforcing the policies but within the parameters of their role preventing violations from occurring will be a difficult task to take on.

**Q7:** Would the licensure give those qualified persons practicing diabetes education a "credential" to practice/contract with a physician, for example?

**A7:** Yes, one of the driving factors for the legislation is to address this need.

**Q8:** Will AADE national be working with the KY licensing board in drafting the scope of standards as well as the policies and procedures?

**A8:** Yes, that is the intent and in our discussion with the legislator. Like most professional state licensing boards they rely heavily on the national entity for input and guidance in regards to the scope and standards of practice. As well, the hope is that we get additional input from all the participants in KY.

**Q9:** Does the legislation require the CDE to become licensed?

**A9:** If the CDE is going to call themselves a diabetes educator or practice diabetes education full-time then they would be required to get licensure.

### **CONCERNS:**

1. How will people [the patient and consumer] be able to distinguish between a "licensed diabetes educator" and a "CDE practicing in a recognized program?"
2. Understanding that the healthcare industry is tightening up all around why are we going to create a workforce when there are no jobs available?