



## American Association of Diabetes Educators

### **KENTUCKY DIABETES EDUCATOR LICENSURE FAQ'S**

#### **WHO IS A DIABETES EDUCATOR?**

Diabetes educators are healthcare professionals who focus on educating/training people with and at risk for diabetes and related conditions achieve behavior change goals which, in turn, lead to better clinical outcomes and improved health status. Diabetes educators apply in-depth knowledge and skills in the biological and social sciences, communication, counseling, and education to provide self-management education/self management training.

#### **WHAT IS DIABETES SELF-MANAGEMENT TRAINING/EDUCATION (DSMT/E)?**

Diabetes education, also known as diabetes self-management training (DSMT) or diabetes self-management education (DSME), is a collaborative process through which people with or at risk for diabetes gain the knowledge and skills needed to modify behavior and successfully self-manage the disease and its related conditions. DSMT/E is an interactive, ongoing process involving the person with diabetes (or the caregiver or family) and a diabetes educator(s). The intervention aims to achieve optimal health status, better quality of life and reduce the need for costly health care.

#### **WHY DIABETES EDUCATOR LICENSURE?**

Professional licensure has numerous purposes: consumer protection, professional recognition and setting quality guidelines for the profession.

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. Licensure of the Diabetes Educator will provide a Scope of Practice and minimum provider qualifications.

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.

All health care providers need sufficient diabetes knowledge to provide safe, competent care to persons with or at risk for diabetes. Licensure of the Diabetes Educator will provide minimum standards for patient safety and for recognition of the professional. This will address the current workforce shortage of qualified professionals who can deliver diabetes education.

#### **MINIMUM STANDARD FOR DIABETES EDUCATOR LICENSURE**

The requirements for DE licensure as proposed has two pathways to a DE license –



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- 1) proof of CDE or BC-ADM ;
- 2) or proof of successful completion of the AADE Core Concepts Course and “demonstrable experience under supervision” similar to the National Certification Board for Diabetes Educators (NCBDE) requirement.

Successful completion of Core Concepts Course moves the professional healthcare providers who have little expertise in diabetes education and/or management to a professional healthcare provider to a level three competency in DE. The 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). This level includes, but is not limited to registered nurses, registered dietitians, registered pharmacists, licensed mental health professionals, and exercise physiologists. These are clinicians with several years of experience in the delivery of diabetes education.

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

Continuing education/professional development requirements will apply to all licensed diabetes educators.

### **LICENSE VS. CREDENTIAL (CDE OR BC-ADM) – ARE BOTH NECESSARY?**

The licensure and credentials are not mutually exclusive. Certification is a non-statutory process whereby an accrediting body grants recognition to an individual for having met predetermined professional qualifications.

The CDE credential is a voluntary credential. The NCBDE is an independent credentialing body. It has no enforcement capabilities over the quality of diabetes education or the individuals who deliver diabetes education. The NCBDE does not take consumer complaints nor does it investigate or sanction the individuals they certify.

Even though healthcare professionals have to be licensed in their respective fields to be eligible to sit for a credential, this would not be redundant as the RN and LD professional licensure boards have no jurisdiction over the practice of Diabetes Education or the Diabetes Educator. Licensure would set the minimum quality standards and the scope of practice for the DE.

Any licensed healthcare professional (or unlicensed individual) can now practice diabetes education. A CDE is not required for the practice of diabetes education.

### **WILL LICENSURE IMPROVE ACCESS TO DIABETES CARE AND EDUCATION?**

Most of the health professionals who work for the Kentucky Diabetes Control Program delivering diabetes education are not CDEs. There are only 225 CDEs in Kentucky. Most of the CDEs in the



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KDCP are supervisors. The bulk of the DE provided is by health care professional who may have defined role as a diabetes educator. These professionals would become licensed under HB 490.

The KDCP serves some “designated communities” but it cannot provide DE for all of the 324,000 Kentucky adults who have diagnosed diabetes

### **REIMBURSEMENT**

CMS has three requirements for DSMT to be reimbursed: a physician referral, an accredited DSMT program (no CDE is required for the team), and a Medicare provider number.

The CDE is not a recognized Medicare provider. The MD, DPM, NP, RD and Pharma are able to bill CMS **because they hold state licenses**. State licensure of the DE would open the door for the DE to be a recognized Medicare provider like the RD/LD.

Private health insurers have fewer requirements now for reimbursement of DSMT.

### **FEDERAL VS. STATE LEGISLATION – ARE THEY REDUNDANT?**

H.R. 2425 currently being considered in the US Congress would have CMS recognize the CDE as a Medicare provider of DSMT. Medicare reimbursement is based on the individual base health care credential. The RD, NP, or other licensed health care professionals can be reimbursed by Medicare. Other than a few state Medicaid programs, CDEs are not recognized DSMT providers and cannot get reimbursed with that credential alone. State licensure of the DE would eliminate the need for the Federal legislation and allow the licensed DE to become a recognized provider similar to the RD and NP.

### **EVIDENCE-BASED PRACTICE**

The National Standards for the delivery of DSMT are the requirements for the accreditation of DSMT programs, not individual diabetes educator qualifications. CDEs are not required under these standards for DSMT programs.

The AADE has developed Practice Guidelines and Provider Competency levels. The Competencies define the DE and their necessary qualifications. The licensure proposal reflects the Competencies Level 3 as the baseline for the qualified diabetes educator.

The Level 3 DE competency includes the clinician with several years of experience in the delivery of diabetes education. At this level, though not credentialed the diabetes educator continues to gain knowledge and skill through preparation and practice.



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**POSITION OF THE KENTUCKY DIABETES NETWORK, THE AMERICAN DIABETES ASSOCIATION AND OTHER HEALTH CARE PROFESSIONAL ORGANIZATION.**

The Kentucky Diabetes Network has been involved in the development of the proposal and now that the bill has been introduced is considering its position on the proposal. The ADA is aware of the proposal and their questions have been answered. The ADA has taken no position at this time and tends not to endorse health care provider legislation. The Kentucky Chapter of the American Dietetic Association has been contacted and briefed on the DE licensure proposal as has the Kentucky Nurses Association.