



Issue Brief: The Expanding Access to DSMT Act

Diabetes Self-Management Training (DSMT) has been a covered benefit under Medicare for more than 15 years. Despite the undisputed benefits of DSMT for people with diabetes – lower hemoglobin A1c, weight loss, improved quality of life, healthy coping skills and reduced health care costs – only 5 percent of Medicare beneficiaries with newly diagnosed diabetes used DSMT services. In March 2019, AADE and its coalition partners, worked with members of Congress to introduce the Expanding Access to DSMT Act. Representatives Tom Reed (R-NY) and Diana DeGette (D-CO) introduced the Expanding Access to DSMT Act (H.R. 1840) in the U.S. House of Representatives. Senators Jeanne Shaheen (D-NH) and Susan Collins (R-ME) introduced companion legislation (S.814) in the U.S. Senate. If enacted, this legislation would make a series of changes to the DSMT benefit under Medicare.

What changes does the Expanding Access to DSMT Act propose to make?

AADE recognizes that there are barriers that prevent Medicare beneficiaries from accessing DSMT services. It is not always feasible for beneficiaries to complete the initial 10 hours of DSMT during the calendar year. Cost-sharing and deductible requirements may also be a deterrent for individuals that face financial limitations. Current order requirements and red tape may also limit the number of beneficiaries referred for DSMT.

H.R. 1840 and S. 814 address these barriers by proposing the following changes to the DSMT benefit:

- ❖ Allow the initial 10 hours of DSMT during the first year to remain available until fully utilized. If there's a determination of medical necessity, then an additional 6 hours of training/ education may be added.
- ❖ Allow 6 hours of DSMT in subsequent years, up from 2 hours.
- ❖ Remove restrictions to allow DSMT and Medical Nutrition Therapy (MNT) services to be provided on the same day.
- ❖ Exclude DSMT services from Part B cost-sharing (co-pay) and deductible requirements.
- ❖ Permit physicians and qualified non-physician practitioners who are not directly involved in managing an individual's diabetes to refer them for DSMT services. Examples include podiatrists, specialists treating a comorbidity like gangrene or vision loss, or an emergency room doctor.
- ❖ Revise the Medicare Benefit Policy Manual to allow DSMT services to be provided in a community-based location.
- ❖ Establish a 2-year demonstration of virtual DSMT, potentially paving the way for future Medicare coverage of virtual DSMT services.

Take Action

AADE needs the help of all diabetes educators to pass this legislation. Below are three steps you can take to help support the passage of the Expanding Access to DSMT Act.

1. [Send a letter to your legislator](#)
2. [Call](#) or [Tweet](#) your members of Congress urging them to support this important legislation by becoming a cosponsor.
3. Share this message with your friends and colleagues

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