



Support the Expanding Access to Diabetes Self-Management Training (DSMT) Act (H.R. 1840/S. 814)

In March 2019, the Association of Diabetes Care & Education Specialists (ADCES) and its coalition partners, worked with Representatives Tom Reed (R-NY) and Diana DeGette (D-CO) and Senators Jeanne Shaheen (D-NH) and Susan Collins (R-ME) to introduce the Expanding Access to Diabetes Self-Management Training (DSMT) Act. The legislation amends title XVIII of the Social Security Act to improve access to outpatient DSMT services under the Medicare program.

The Problem

DSMT is an evidence-based service that teaches people with diabetes how to self-manage the disease to live better and reduce their risk of diabetes-related complications. DSMT has been a covered benefit under Medicare for more than 20 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 healthcare costs – only an estimated 5 percent of Medicare beneficiaries with newly diagnosed diabetes use DSMT services.¹²

How Does H.R. 1840/S. 814 Improve Access to DSMT services?

H.R. 1840/S. 814 make critical and necessary changes to help increase access to the DSMT benefit to better meet the needs of Medicare beneficiaries with diabetes. Specifically, the legislation--

- ❖ Allows the initial 10 hours of DSMT to remain available until fully used;
- ❖ Covers an additional 6 hours of DSMT services during the first year and in subsequent years, if medically necessary;
- ❖ Permits DSMT and Medical Nutrition Therapy (MNT) services to be provided on the same day;
- ❖ Excludes DSMT services from Part B cost-sharing and deductible requirements;
- ❖ Permits physicians and qualified nonphysician practitioners (i.e., podiatrists, emergency department providers, physician assistants, nurse practitioners, or clinical nurse specialists) working in coordination with a treating physician or qualified nonphysician to refer for DSMT services;
- ❖ Revises the Medicare Benefit Policy Manual to ensure that hospital outpatient departments can provide DSMT services in community-based locations; and
- ❖ Establishes a 2-year demonstration program for the coverage of virtual DSMT under the Medicare program.

Action Request

On behalf of Medicare beneficiaries with diabetes and the diabetes care and education specialists who support them, we ask that you support the Expanding Access to DSMT Act by becoming a cosponsor.

- **To cosponsor H.R. 1840**, please contact Thomas Woodburn in Rep. DeGette's office at Thomas.woodburn@mail.house.gov; 02-225-4431 or Logan Hoover in Rep. Reed's office at logan.hoover@mail.house.gov; 202-225-3161.
- **To cosponsor S. 814**, please contact Peter Fise at peter_fise@shaheen.senate.gov; 202-224-2841 or Amy Marie Pellegrino at amy_pellegrino@aging.senate.gov; 202-224-5364.

¹ American Diabetes Association. Standards of Medical Care in Diabetes—2017. *Diabetes Care* 2017; 40 (Suppl.1): S3

² Strawbridge LM, Lloyd JT, Meadow A, et al. Use of Medicare's diabetes self-management training benefit. *Health Education Behavior* 2015; 42: 530-8.