



Issue Brief

The Expanding Access to Diabetes Self-Management Training (DSMT) Act (H.R. 5804, S. 2203)

The Expanding Access to Diabetes Self-Management Training (DSMT) Act (H.R. 5804, S. 2203) amends title XVIII of the Social Security Act to improve access to outpatient DSMT services under the Medicare program. Senators Jean Shaheen (D-NH) and Susan Collins (R-ME), along with 8 original cosponsors, introduced this legislation in the Senate on June 24, 2021. Representative Kim Schrier, MD (D-WA-8th) along with 7 members of the Congressional Diabetes Caucus introduced the House companion on November 1, 2021.

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 The COVID-19 pandemic, as well as the disproportionate impact of diabetes on racial and ethnic minority groups, has underscored the urgent need to ensure that Medicare beneficiaries have the support they need to self-manage their diabetes.

How does the Expanding Access to DSMT Act improve access to diabetes self-management services?

This legislation makes 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.
- ❖ 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 (e.g., 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.
- ❖ Establishes a Center for Medicare Innovation demonstration program to test the impact of covering virtual DSMT under the Medicare program.

Financial Impact

As we await an official Congressional Budget Office (CBO) score for this legislation, we urge lawmakers to consider how DSMT services can result in a savings to the Medicare program and out-of-pocket costs for beneficiaries.

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.

Much of this savings comes from reduced emergency department visits, inpatient hospitalizations, prescription drug costs and more. Specific examples are referenced below:

- In a three-year retrospective claims analysis of four million covered lives (including 250,000 Medicare beneficiaries), Medicare beneficiaries who completed DSMT demonstrated an average cost savings of \$135 per month.³
- The annual Medicare cost incurred by each Medicare beneficiary with diabetes is expected to increase from \$17,680 in 2018 to \$23,760 in 2028. By improving utilization of DSMT, the average participant is expected to spend \$670 more on the diabetes management program but save \$10,140 in healthcare expenditure over 10 years, resulting in a net savings to the Medicare program of \$9,470.
- Additional cost-savings estimates show that passage of the Expanding Access to DSMT Act would result in an average cost savings of \$1,276 per year per Medicare beneficiary and added cost-savings to people with diabetes. Click [here](#) for more information.
- Medicaid data also demonstrates that DSMT can result in financial savings.
 - **New York State** compiled cost savings estimates for reimbursing DSMT based on the evidence that Medicaid beneficiaries who take part in DSMT are better able to control their blood sugar. The state estimated that a 1% reduction in blood glucose levels for Medicaid beneficiaries could result in net savings of almost \$22 million per year.
 - A study in **Alaska** found that diabetes patients who participated in DSMT had lower Medicaid costs when compared to those who did not. The state estimated that if all adult Medicaid beneficiaries received DSMT services, the Alaska Medicaid program could save \$36 million per year.

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 of this legislation.

³ 43. Duncan I, Birkmeyer C, Coughlin S, Li QE, Sherr D, Boren S. Assessing the value of diabetes education. *Diabetes Educ.* 2009;35(5):752-760