

Issue Brief

Permanently Expand Access to Medicare Telehealth Services for Diabetes Care

During the COVID-19 public health emergency (PHE), the Centers for Medicare & Medicaid Services (CMS) temporarily expanded coverage for telehealth services, including diabetes self-management training (DSMT) services, to ensure that Medicare beneficiaries could continue to access care from their homes while minimizing exposure to the virus. As telehealth becomes more widely utilized, healthcare providers, consumers, and advocacy groups have called on policymakers and legislators to make these temporary telehealth flexibilities permanent.

ADCES has identified the following long-term telehealth priorities. ADCES supports legislation like the CONNECT for Health Act (S. 1512, H.R. 2903) that takes important steps to make these changes permanent and address these priorities.¹

- Extend the temporary CMS telehealth flexibilities that allow DSMT programs to furnish and bill for DSMT services provided via telehealth by diabetes care and education specialists like registered nurses, pharmacists, and registered dietitians.²
- Add an additional flexibility to the DSMT benefit by waiving the requirement that the initial 10 hours of DSMT training must be furnished within a continuous 12-month period.
- Allow services to be provided in an audio-only format. DSMT was one of the few services CMS authorized as audio-only under the public health emergency.
- Make permanent the flexibilities offered to Medicare Diabetes Prevention Program (MDPP) suppliers by expanding the use of virtual sessions and eliminating the once-per-lifetime benefit restriction.
- Continue to waive the six month in-person visit requirements for continuous glucose monitors (CGM) and insulin pumps.
- Remove geographic and originating site requirements to allow beneficiaries to continue to access telehealth services from their homes.
- Expand telehealth in Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs).
- Implement policies that reduce telehealth disparities. Telehealth can be unavailable for those without broadband access or cellphone minutes. Consider approaches to make digital care more accessible for all beneficiaries.

¹ Summary of the CONNECT for Health Act of 2021:

https://www.schatz.senate.gov/imo/media/doc/CONNECT%20for%20Health%20Act%20of%202021_Summary.pdf

² <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf> (page 88)