The Expanding Access to Diabetes Self-Management Training Act (DSMT Act)

The Expanding Access to Diabetes Self-Management Training (DSMT) Act amends the Social Security Act to improve access to outpatient DSMT under Medicare Part B. Senators Jean Shaheen (D-NH) and Susan Collins (R-ME) and Representatives Kim Schrier, MD (D-WA-8) and Gus Bilirakis (R-FL-12) plan to reintroduce the bill very soon, with text mirroring that from the 117th Congress.

The Problem

DSMT is an evidence-based service that teaches people with diabetes how to reduce their risk of diabetes-related complications and improve their quality of life through self-management. DSMT has been a covered benefit under Medicare for more than 20 years. Despite DSMT’s proven ability to help people with diabetes achieve lower hemoglobin A1C, weight loss, improved quality of life, healthy coping skills and reduced healthcare costs, only 5 percent of Medicare beneficiaries with newly diagnosed diabetes use DSMT services.¹² The disproportionate impact of diabetes on racial and ethnic minority groups underscores the 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.

❖ Allows the initial 10 hours of DSMT to remain available until fully used.
❖ Excludes DSMT services from Part B cost-sharing and deductible requirements.
❖ Permits DSMT and Medical Nutrition Therapy (MNT) services to be provided on the same day.
❖ Permits a broader range of physicians and qualified nonphysician practitioners (e.g., podiatrists, emergency department providers, physician assistants, nurse practitioners, or clinical nurse specialists) to refer for DSMT services.
❖ Establishes a Center for Medicare and Medicaid Innovation demonstration project to test the impact of covering virtual DSMT under Medicare Part B.

Financial Impact

A Congressional Budget Office (CBO) score has been requested by the Senate Finance Committee and we are awaiting those results. DSMT has been shown to result in significant savings from reduced emergency department visits, inpatient hospitalizations, prescription drug costs and more, including:

- Medicare beneficiaries who completed DSMT demonstrated an average cost savings of $135 per month based on a retrospective claims analysis including over 250,000 beneficiaries.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 expenditures, resulting in net savings to the Medicare program of $9,470 over 10 years.
• Based on outside analysis, passage of the Expanding Access to DSMT Act would save an average of $1,276 per year per Medicare beneficiary with diabetes. Click here for more information on DSMT cost-savings.

Action Request

On behalf of Medicare beneficiaries with diabetes and the diabetes care and education specialists who serve them, we ask you to:

- **Cosponsor the Expanding Access to DSMT Act**
- Encourage the committees of jurisdiction (Senate Finance, House Energy & Commerce, House Ways & Means) and your leadership to include it in a markup this Congress.

To cosponsor in the House, please contact Alicia Bissonnette (Schrier) at alicia.bissonnette@mail.house.gov.
To cosponsor in the Senate, please contact Vic Goetz (Shaheen) at vic.goetz@shaheen.senate.gov.