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Objectives

- Overview of Expanding Access to Diabetes Self-Management Training Act (H.R. 1840, S. 814)
- Purpose of microsimulation modeling for DSMT legislation

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Expanding Access to DSMT Act

- S. 814: Introduced by Senators Jean Shaheen (D-NH) and Susan Collins (R-ME) on March 14
- H.R. 1840: Introduced by Representatives Tom Reed (R-NY) and Diana DeGette (D-CO) on March 21 with 4 original co-sponsors
- **Reminder:** Diabetes Self-Management Training refers to Medicare Benefit
- Conduct analysis of legislation to assess cost-savings



Why is this legislation important?

- Approx. 30.3 million Americans have diabetes
- Over 67% of diabetes care is paid for by government insurance like Medicare
- Complications are costly and life threatening
- DSMT- Medicare benefit since 1997
- Known benefits of DSMT: lowers A1C, improves quality of life, reduces complications, enhances self-efficacy, and more
- Despite this, less than 5% of newly diagnosed beneficiaries access DSMT

Sources:
<https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>
<http://www.diabetes.org/advocacy/news-events/cost-of-diabetes.html>
 Strawbridge LM, Lloyd JT, Meadow A, et al. Use of Medicare's diabetes self-management training benefit. *Health Education Behavior* 2015; 42: 530-8



Expanding Access to DSMT Act

- More flexibility with initial 10 hours of DSMT, option for additional hours
- Increase number of hours available in subsequent years
- DSMT and MNT can be provided on same day
- Remove cost-sharing requirements
- Expand the list of referring providers
- Clarify policy regarding HOPD providing DSMT in community-based locations
- Establish a demonstration project for virtual DSMT

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