



REGULATORY RESTRICTIONS LIMIT PEOPLE WITH DIABETES FROM RECEIVING NEEDED SELF-MANAGEMENT SKILLS ENACT LEGISLATION THAT RECOGNIZES CREDENTIALLED DIABETES EDUCATORS AS MEDICARE PROVIDERS

ISSUE BACKGROUND

The Balanced Budget Act of 1997 (BBA) provided coverage and reimbursement for diabetes self-management training (DSMT) by physicians and other healthcare providers who are eligible to bill Medicare for services or supplies. However, the statute and accompanying final CMS rule did not recognize credentialed diabetes educators, the most qualified group of healthcare professionals who provide diabetes self-management training, as providers of DSMT.

As a result, Medicare providers, including durable medical equipment (DME) suppliers of items such as canes and wheelchairs, can bill Medicare for DSMT, provided CMS guidelines are met. However, credentialed diabetes educators are precluded from directly billing Medicare for DSMT services.

POLICY JUSTIFICATION

Credentialed diabetes educators are highly skilled professionals who are uniquely trained to help patients with diabetes. Credentialed diabetes educators must be state licensed or registered, have an advanced degree in a relevant public health concentration, have professional practice experience, and meet certification and continuing education requirements in DSMT.

There are around 14,000 credentialed diabetes educators currently in the US, a grossly inadequate number to meet the projected increase in the coming decades in the number of people with diabetes. Including credentialed diabetes educators as Medicare providers of DSMT will enhance patient access to more qualified diabetes educators, and thus enable more patients to successfully manage their diabetes and reduce acute and secondary complications. DSMT will not only dramatically decrease healthcare costs but will improve quality of life for persons with diabetes.

WHY DIABETES SELF-MANAGEMENT TRAINING?

Diabetes is now recognized as one of the top public health threats today. 23.6 million Americans have diabetes. Another 54 million Americans have pre-diabetes. DSMT plays an essential role in the management of diabetes. DSMT serves as the first line of defense in preventing costly and debilitating conditions, including cardiovascular disease, kidney failure, blindness and lower limb amputations. It also helps prevent emergency room visits related to acute complications such as low or high blood sugar reactions. DSMT seeks to ensure patient compliance with individual treatment plans that lead to healthy, active and productive lives.

SOLUTION

Enact bipartisan legislation to recognize state licensed health professionals who are credentialed diabetes educators as Medicare providers for purposes of diabetes outpatient self-management training services.



MEDICARE COVERAGE OF CREDENTIALLED DIABETES EDUCATOR SERVICES

Your support is sought on behalf of Medicare recipients and the credentialed diabetes educators you represent. Enact a needed technical clarification to designate credentialed diabetes educators as providers of Diabetes Self-Management Training (DSMT) under the Medicare program.

The goal of credentialed diabetes educators across the nation is to insure that Medicare beneficiaries receive quality diabetes self-management training by certified diabetes educators.

The proposed language would amend the Social Security Act, Title XVIII, to recognize credentialed diabetes educators as Medicare providers for purposes of diabetes outpatient self-management training services.

Medicare has a DSMT benefit but Congress failed to recognize credentialed diabetes educators as a provider group to deliver it. Congress assumed that existing diabetes education programs in hospitals would be able to provide services to all who were in need. Hospital programs are closing and the DSMT benefit is underutilized.

Diabetes is now widely recognized as one of the top public health threats facing our nation today. More than 23.6 million Americans are currently living with the disease, a number that is estimated to increase to 29 million by the year 2050. The economic cost of diabetes in the U.S. is now at \$174 billion, a 32% increase in diabetes-related costs since 2002.

Credentialed diabetes educators work in many different settings and are the only healthcare providers specifically trained in DSMT. They are not able to bill Medicare directly. This means that patients have limited options for obtaining the training they need to successfully manage their disease and prevent expensive and debilitating complications.

This proposal does not alter in any way the current relationship between the treating physician and his/her patient, or the role of physicians in referring their patients for DSMT treatment and monitoring patients' progress. To the contrary, it will facilitate physicians' ability to provide patient access to quality DSMT care, through federally approved quality benchmark standards inherent in the credentialed diabetes educator designation.

THIS PROPOSAL IS BUDGET NEUTRAL. DSMT is an existing, underutilized, Medicare benefit. The current number of healthcare professionals who provide DSMT for Medicare beneficiaries is grossly inadequate. Adding the more than 14,000 credentialed diabetes educators currently in the U.S. to the DSMT provider pool will help meet the projected need of Medicare beneficiaries living with diabetes.



THE ACCESS TO QUALITY DIABETES EDUCATION ACT OF 2013

WHAT WOULD THE ACCESS TO QUALITY DIABETES EDUCATION ACT OF 2013 ACCOMPLISH?

- Include credentialed diabetes educators as Medicare providers of DSMT services.
- Some credentialed diabetes educators may indirectly be considered Medicare providers of DSMT services at present, but *only* by virtue of holding a different Medicare-approved credential, e.g. Nurse Practitioner or other Advanced Practitioner.

WHY DO WE NEED THIS LEGISLATIVE FIX?

- When Congress enacted DSMT as a Medicare benefit in 1997, the legislative language broadly referred to “Medicare providers” of DSMT. Since credentialed diabetes educators were not named as “Medicare providers”, they do not exist in the statute and cannot be reimbursed by Medicare, or establish the type of DSMT programs needed to reach individuals and communities in need.
- Ensuring that credentialed diabetes educators are recognized as DSMT providers will promote greater quality of care in the Medicare program.
- Federal recognition of credentialed diabetes educators as Medicare DSMT providers will likely strengthen state Medicaid DSMT programs.

HOW DO WE KNOW THAT A CREDENTIALLED DIABETES EDUCATOR WILL BE TRULY QUALIFIED TO PROVIDE DSMT?

- In order to be designated as a credentialed diabetes educator, the bill requires that an individual must first be credentialed as a state-licensed or registered health care professional.
- The bill also requires federal certification to be designated as a credentialed diabetes educator by a federally approved certification body, as well as extensive clinical instruction and continuing education in a diabetes curriculum.

COULD THIS BILL ALTER THE CURRENT ROLE OF THE TREATING PHYSICIAN?

- Absolutely not! The legislation does not change current referral requirements for DSMT programs by treating physicians, and physicians would maintain all current clinical authority, control and direction of their patients’ diabetes treatment regimen.
- The bill would simply designate credentialed diabetes educators as Medicare-approved providers of DSMT services, which would enhance the accessibility and availability of diabetes training and education.
- Medicare recognition would facilitate the ability of credentialed diabetes educators to, e.g.: work with various physician practice groups or offices to provide regular diabetes clinics on site as needed, provide diabetes education in an approved culturally appropriate local community setting, and help reduce diabetes-related minority health disparities due to insufficient access to diabetes education and training in some communities.