



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.