

112TH CONGRESS
1ST SESSION

S. 1468

To amend title XVIII of the Social Security Act to improve access to diabetes self-management training by authorizing certified diabetes educators to provide diabetes self-management training services, including as part of telehealth services, under part B of the Medicare program.

IN THE SENATE OF THE UNITED STATES

AUGUST 2, 2011

Mrs. SHAHEEN (for herself and Mr. TESTER) introduced the following bill;
which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to improve access to diabetes self-management training by authorizing certified diabetes educators to provide diabetes self-management training services, including as part of telehealth services, under part B of the Medicare program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicare Diabetes
5 Self-Management Training Act of 2011”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) Diabetes self-management training, also
2 called diabetes education, provides critical knowledge
3 and skills training to patients with diabetes, helping
4 them manage medications, address nutritional
5 issues, facilitate diabetes related problem solving,
6 and make other critical lifestyle changes to effec-
7 tively manage their diabetes.

8 (2) A certified diabetes educator is a State li-
9 censed or registered health care professional who
10 specializes in helping people with diabetes develop
11 the self-management skills needed to stay healthy
12 and avoid costly acute complications and emergency
13 care, as well as debilitating secondary conditions
14 caused by diabetes.

15 (3) Diabetes self-management training has been
16 proven effective in helping to reduce the risks and
17 complications of diabetes and is a vital component of
18 an overall diabetes treatment regimen. Patients
19 under the care of a certified diabetes educator are
20 better able to control their diabetes and improve
21 their health status.

22 (4) Lifestyle changes, such as those taught by
23 certified diabetes educators, directly contribute to
24 better glycemic control and reduced complications
25 from diabetes. Evidence shows that the potential for

1 prevention of the most serious medical complications
2 caused by diabetes to be as high as 90 percent
3 (blindness), 85 percent (amputations), and 50 per-
4 cent (heart disease and stroke) with proper medical
5 treatment and active self-management.

6 (5) Despite its effectiveness in reducing diabe-
7 tes related complications and associated costs, diabe-
8 tes self-management training has been recognized by
9 policymakers as an underutilized Medicare benefit.
10 Enhancing access to diabetes self-management train-
11 ing programs that are taught by Certified Diabetes
12 Educators is an important public policy goal that
13 can help improve health outcomes, ensure quality,
14 and reduce escalating diabetes-related health costs.

15 **SEC. 3. RECOGNITION OF CERTIFIED DIABETES EDU-**
16 **CATORS AS AUTHORIZED PROVIDERS OF**
17 **MEDICARE DIABETES OUTPATIENT SELF-**
18 **MANAGEMENT TRAINING SERVICES.**

19 (a) IN GENERAL.—Section 1861(qq) of the Social Se-
20 curity Act (42 U.S.C. 1395x(qq)) is amended—

21 (1) in paragraph (1), by striking “by a certified
22 provider (as described in paragraph (2)(A)) in an
23 outpatient setting” and inserting “in an outpatient
24 setting by a certified diabetes educator (as defined

1 in paragraph (3)) or by a certified provider (as de-
 2 scribed in paragraph (2)(A))”; and

3 (2) by adding at the end the following new
 4 paragraphs:

5 “(3) For purposes of paragraph (1), the term ‘cer-
 6 tified diabetes educator’ means an individual who—

7 “(A) is licensed or registered by the State in
 8 which the services are performed as a health care
 9 professional;

10 “(B) specializes in teaching individuals with di-
 11 abetes to develop the necessary skills and knowledge
 12 to manage the individual’s diabetic condition; and

13 “(C) is certified as a diabetes educator by a
 14 recognized certifying body (as defined in paragraph
 15 (4)).

16 “(4) For purposes of paragraph (3)(C), the term ‘rec-
 17 ognized certifying body’ means a certifying body for diabe-
 18 tes educators which is recognized by the Secretary as au-
 19 thorized to grant certification of diabetes educators for
 20 purposes of this subsection pursuant to standards estab-
 21 lished by the Secretary.”.

22 (b) TREATMENT AS A PRACTITIONER, INCLUDING
 23 FOR TELEHEALTH SERVICES.—Section 1842(b)(18)(C) of
 24 the such Act (42 U.S.C. 1395u(b)(18)(C)) is amended by
 25 adding at the end the following new clause:

1 “(vii) A certified diabetes educator (as defined
2 in section 1861(qq)(3)).”.

3 (c) GAO STUDY AND REPORT.—

4 (1) STUDY.—The Comptroller General of the
5 United States shall conduct a study to identify the
6 barriers that exist for Medicare beneficiaries with di-
7 abetes in accessing diabetes self-management train-
8 ing services under the Medicare program, including
9 economic and geographic barriers and availability of
10 appropriate referrals and access to adequate and
11 qualified providers.

12 (2) REPORT.—Not later than 1 year after the
13 date of the enactment of this Act, the Comptroller
14 General of the United States shall submit to Con-
15 gress a report on the study conducted under para-
16 graph (1).

17 (d) AHRQ DEVELOPMENT OF RECOMMENDATIONS
18 FOR OUTREACH METHODS AND REPORT.—

19 (1) DEVELOPMENT OF RECOMMENDATIONS.—
20 The Director of the Agency for Healthcare Research
21 and Quality shall, through use of a workshop and
22 other appropriate means, develop a series of rec-
23 ommendations on effective outreach methods to edu-
24 cate primary care physicians and the public about
25 the benefits of diabetes self-management training in

1 order to promote better health outcomes for patients
2 with diabetes.

3 (2) REPORT.—Not later than 1 year after the
4 date of the enactment of this Act, the Director of
5 the Agency for Healthcare Research and Quality
6 shall submit to Congress a report on the rec-
7 ommendations developed under paragraph (1).

8 (e) EFFECTIVE DATE.—The amendments made by
9 this section shall apply to items and services furnished on
10 or after January 1, 2013.

○