

108TH CONGRESS  
2D SESSION

# S. 2431

To amend title XVIII of the Social Security Act to improve access to diabetes self-management training by designating certified diabetes educators recognized by the National Certification Board of Diabetes Educators as certified providers for purposes of outpatient diabetes education services under part B of the medicare program.

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IN THE SENATE OF THE UNITED STATES

MAY 18, 2004

Mr. NELSON of Nebraska (for himself and Mrs. HUTCHISON) introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To amend title XVIII of the Social Security Act to improve access to diabetes self-management training by designating certified diabetes educators recognized by the National Certification Board of Diabetes Educators as certified providers for purposes of outpatient diabetes education 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 “Diabetes Self-Manage-  
5       ment Training Act of 2004”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) Diabetes is the fifth leading cause of death  
4 in the United States. Over 18,000,000 Americans  
5 (6.2 percent of the population) currently are living  
6 with diabetes, a number that is estimated to increase  
7 to 29,000,000 by the year 2050. In 2002, diabetes  
8 accounted for \$132,000,000,000 in direct and indi-  
9 rect health care costs. Diabetes is widely recognized  
10 as one of the top public health threats facing our  
11 Nation today.

12 (2) Diabetes can occur in 2 forms—type 1 dia-  
13 betes is caused by the body’s inability to produce in-  
14 sulin, a hormone that allows glucose or sugar to  
15 enter and fuel cells and type 2 diabetes, which oc-  
16 curs when the body fails to make enough insulin or  
17 fails to properly use it. People with type 1 diabetes  
18 are required to take daily insulin injections to stay  
19 alive. While some people with type 2 diabetes need  
20 insulin shots, others with type 2 diabetes can control  
21 their diabetes through healthy diet, nutrition, and  
22 lifestyle changes. Type 2 diabetes accounts for up to  
23 95 percent of all diabetes cases affecting 8 percent  
24 of the population age 20 and older. The prevalence  
25 of type 2 diabetes has tripled in the last 30 years,

1 with much of that increase due to an upsurge in  
2 obesity.

3 (3) In 2002, the Diabetes Prevention Program  
4 study found that participants (all of whom were at  
5 increased risk of developing type 2 diabetes) who  
6 made lifestyle changes reduced their risk of getting  
7 type 2 diabetes by 58 percent.

8 (4) Diabetes self-management training  
9 (DSMT), also called diabetes education, provides  
10 knowledge and skill training to patients with diabe-  
11 tes, helping them identify barriers, facilitate problem  
12 solving, and develop coping skills to effectively man-  
13 age their diabetes. Unlike many other diseases, dia-  
14 betes requires constant vigilance on the part of the  
15 patient and demands far more than just taking pills  
16 or insulin shots. A certified diabetes educator is a  
17 health care professional—often a nurse, dietitian, or  
18 pharmacist, who specializes in helping people with  
19 diabetes develop the self-management skills needed  
20 to stay healthy and avoid costly acute complications  
21 and emergency care, as well as debilitating sec-  
22 ondary conditions caused by diabetes.

23 (5) There are currently over 20,000 diabetes  
24 educators in the United States, most of whom are  
25 certified diabetes educators (CDEs) credentialed by

1 the National Certification Board for Diabetes Edu-  
2 cators (NCBDE). To earn a CDE designation, a  
3 health care professional must be licensed or reg-  
4 istered, or have received an advanced degree in a rel-  
5 evant public health concentration, have professional  
6 practice experience and have met minimum hours re-  
7 quirements in diabetes self-management training,  
8 and have met certification and recertification re-  
9 quirements. Many other health care professionals  
10 that are able to bill for diabetes education through  
11 the medicare program have far less experience or  
12 ability to provide the skilled expertise to help people  
13 with diabetes self-manage the disease.

14 (6) CDEs represent the only group of health  
15 care professionals who provide diabetes self-manage-  
16 ment training that have not been recognized as  
17 health care providers and are therefore precluded  
18 from directly billing the medicare program for  
19 DSMT. Adding CDEs as providers to that program  
20 would give diabetes patients access to the care they  
21 need.

1 **SEC. 3. RECOGNITION OF CERTIFIED DIABETES EDU-**  
2 **CATORS AS MEDICARE PROVIDERS FOR PUR-**  
3 **POSES OF DIABETES OUTPATIENT SELF-MAN-**  
4 **AGEMENT TRAINING SERVICES.**

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

7 (1) in paragraph (2)—

8 (A) in subparagraph (A), by inserting  
9 “and includes a certified diabetes educator (as  
10 defined in paragraph (3)) who is credentialed  
11 by a nationally recognized certifying body for  
12 diabetes educators and who provides services  
13 within a diabetes self-management training pro-  
14 gram that is lawfully operated under all appli-  
15 cable Federal, State, and local laws and regula-  
16 tions” before the semicolon at the end; and

17 (B) in subparagraph (B), by inserting be-  
18 fore the period at the end the following: “or is  
19 a certified diabetes educator (as so defined)  
20 who is credentialed by a nationally recognized  
21 certifying body for diabetes educators and who  
22 provides services within a diabetes self-manage-  
23 ment training program that is lawfully operated  
24 under all applicable Federal, State, and local  
25 laws and regulations”; and

26 (2) by adding at the end the following:

1       “(3) For purposes of paragraph (2), the term ‘cer-  
2 tified diabetes educator’ means an individual who—

3               “(A) is a health care professional who special-  
4 izes in helping individuals with diabetes develop the  
5 self-management skills needed to overcome the daily  
6 challenges and problems caused by the disease;

7               “(B) has an advanced degree in a relevant pub-  
8 lic health concentration or is a licensed or registered  
9 health care professional, has met eligibility require-  
10 ments for initial certification, including meeting the  
11 minimum requirements for professional practice ex-  
12 perience and hours for diabetes self-management,  
13 and has passed a certification exam approved by a  
14 nationally recognized certifying body for diabetes  
15 educators; and

16               “(C) has periodically renewed certification sta-  
17 tus following initial certification.”.

18       (b) GAO STUDY AND REPORT.—

19               (1) STUDY.—The Comptroller General of the  
20 United States shall conduct a study to identify the  
21 barriers that exist for individuals with diabetes in  
22 accessing diabetes self-management training, includ-  
23 ing economic and geographic barriers and avail-  
24 ability of appropriate referrals and access to ade-  
25 quate, qualified providers.

1           (2) REPORT.—Not later than 1 year after the  
2           date of enactment of this Act, the Comptroller Gen-  
3           eral of the United States shall submit a report to  
4           Congress regarding the study conducted under para-  
5           graph (2).

6           (c) EFFECTIVE DATE.—The amendments made by  
7           subsection (a) shall apply to diabetes outpatient self-man-  
8           agement training services furnished on or after the date  
9           that is 6 months after the date of enactment of this Act.

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