

108TH CONGRESS  
1ST SESSION

# H. R. 3194

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 HOUSE OF REPRESENTATIVES

SEPTEMBER 25, 2003

Mr. WELDON of Pennsylvania (for himself and Ms. DEGETTE) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Diabetes Self-Manage-  
3 ment Training Act of 2003”.

4 **SEC. 2. FINDINGS.**

5 Congress makes the following findings:

6 (1) Diabetes is the fifth leading cause of death  
7 in the United States. Over 17,000,000 Americans  
8 (6.2 percent of the population) currently are living  
9 with diabetes, a number that is estimated to increase  
10 to 29,000,000 by the year 2050. In 2002, diabetes  
11 accounted for \$132,000,000,000 in direct and indi-  
12 rect health care costs. Diabetes is widely recognized  
13 as one of the top public health threats facing our na-  
14 tion today.

15 (2) Diabetes can occur in 2 forms—type 1 dia-  
16 betes is caused by the body’s inability to produce in-  
17 sulin, a hormone that allows glucose or sugar to  
18 enter and fuel cells, and type 2 diabetes, which oc-  
19 curs when the body fails to make enough insulin, or  
20 fails to properly use it. People with type 1 diabetes  
21 are required to take daily insulin injections to stay  
22 alive. While some people with type 2 diabetes need  
23 insulin shots, others with type 2 diabetes can control  
24 their diabetes through healthy diet, nutrition, and  
25 lifestyle changes. Type 2 diabetes accounts for up to  
26 95 percent of all diabetes cases affecting 8 percent

1 of the population age 20 and older. The prevalence  
2 of type 2 diabetes has tripled in the last 30 years,  
3 with much of that increase due to an upsurge in  
4 obesity.

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

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

1           (5) There are currently over 13,000 diabetes  
2 educators in the United States, most of whom are  
3 certified diabetes educators (CDEs). To earn a CDE  
4 designation, a health care professional must be li-  
5 censed or have received a masters degree in a rel-  
6 evant public health concentration, have completed 2  
7 years of professional practice experience in diabetes  
8 self-management training, and have provided a min-  
9 imum of 1000 hours of diabetes self-management  
10 training. Many other health care professionals that  
11 are able to bill for diabetes education through the  
12 medicare program have far less experience or ability  
13 to provide the skilled expertise to help people with  
14 diabetes self-manage the disease. CDEs are the best  
15 trained health care professionals to provide DSMT  
16 and their experience and background is in stark con-  
17 trast to the 12 hours of continuing education that  
18 non-physician health care providers or suppliers  
19 must obtain every 2 years, as required by the Cen-  
20 ters for Medicare & Medicaid Services.

21           (6) CDEs represent the only group of health  
22 care professionals who provide diabetes self-manage-  
23 ment training that have not been recognized as  
24 health care providers and are therefore precluded  
25 from directly billing the medicare program for

1 DSMT. Adding CDEs as providers to that program  
2 would give diabetes patients access to the care they  
3 need.

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

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

10 (1) in paragraph (2)—

11 (A) in subparagraph (A), by inserting  
12 “and includes a certified diabetes educator (as  
13 defined in paragraph (3)) who is recognized by  
14 the National Certification Board of Diabetes  
15 Educators and is working within a recognized  
16 diabetes education program” before the semi-  
17 colon at the end; and

18 (B) in subparagraph (B), by inserting be-  
19 fore the period at the end the following: “or is  
20 a certified diabetes educator (as so defined)  
21 who is recognized by the National Certification  
22 Board of Diabetes Educators and is working  
23 within a recognized diabetes education pro-  
24 gram”; and

25 (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) is a licensed nurse, occupational therapist,  
8 optometrist, pharmacist, physical therapist, physi-  
9 cian assistant, podiatrist, a registered dietitian, or  
10 has an advanced degree in nutrition, social work,  
11 clinical psychology, exercise physiology, health edu-  
12 cation or a related public health area such as health  
13 education, health promotion, health and social be-  
14 havior or health communication;

15               “(C) has at least 2 years of professional prac-  
16 tice experience in diabetes self-management training;

17               “(D) has provided a minimum of 1000 hours of  
18 diabetes self-management training to patients within  
19 the most recent 5 years; and

20               “(E) has passed a certification exam approved  
21 by the National Certification Board of Diabetes  
22 Educators.”.

23       (b) GAO STUDY AND REPORT.—

24               (1) STUDY.—The Comptroller General of the  
25 United States shall conduct a study to determine the

1 barriers, if any, that exist in rural areas to success-  
2 fully becoming a recognized diabetes education pro-  
3 gram, including the difficulty of rural health care  
4 professionals in becoming certified diabetes edu-  
5 cators (as defined in section 1861(qq)(3) of the So-  
6 cial Security Act (as added by subsection (a)(2))),  
7 and whether individuals with diabetes who live in  
8 rural areas have barriers to accessing diabetes self-  
9 management training.

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

15 (c) EFFECTIVE DATE.—The amendments made by  
16 subsection (a) apply to diabetes outpatient self-manage-  
17 ment training services furnished on or after October 1,  
18 2003.

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