



National Certification Board for Diabetes Educators

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Statement on Kentucky Diabetes Educator Licensure Law

NCBDE supports goals to increase the number of qualified diabetes educators to care for a significantly increasing population of persons with diabetes or pre-diabetes. We also support initiatives to broaden recognition of the discipline. Achievement of such goals can dramatically improve the quality of care for, and lifestyle of, our fellow citizens who must live with this devastating disease.

Unfortunately, we believe the Kentucky diabetes educator licensure law falls far short of fulfilling those goals. Indeed, as written, we believe the Kentucky law will encourage the licensure of health care practitioners who are inadequately prepared and unqualified to provide Diabetes Self-Management Education/Training (DSME/T).

More specifically, the Kentucky law embodies a number of serious flaws:

1. The law establishes eligibility pathways, one of which is significantly less rigorous than the other;
 - Those health care professionals who are either exempted from licensure or those who have successfully met NCBDE Certified Diabetes Educator[®] (CDE[®]) or American Association of Diabetes Educator Board Certified-Advanced Diabetes Management (BC-ADM) discipline requirements, practice hours and continuing education criteria and who have passed a psychometrically validated examination.
 - Those health care practitioners who merely need to “complete” the AADE Core Concepts Course and accumulate an as yet unspecified number of supervised practice hours.

Given this two-tiered structure, there is no guarantee that an acceptable standard of diabetes care will be achieved. In fact, the law “lowers the bar” by licensing educators on the basis of the lowest common denominator. The net effect will be the recognition of health care practitioners who are unqualified and incompetent to provide DSME/T. This is particularly troublesome when one contemplates the licensure of someone who has failed NCBDE’s or AADE’s certification examinations to become either a CDE[®] or BC-ADM.

2. Non-licensed or non-certified health care workers merely need to complete AADE’s Core Concepts program as the sole source for acquiring a fundamental knowledge base to provide DSME/T.

AADE’s Core Concepts program is an excellent continuing education program for building upon and refining the knowledge base of a diabetes educator. However, there is no evidence that it

singularly imparts the requisite knowledge for providing DSME/T. Indeed, a number of continuing education programs, sponsored by reputable and nationally recognized organizations, also focus upon the knowledge needed to competently care for persons with diabetes. This legislation also ignores academic programs that comprehensively address diabetes and diabetes education. For example, in September 2011 Columbia State Teachers College (Columbia University) will enroll its first post-baccalaureate academic class to become Masters prepared as diabetes educators. The Kentucky law would ignore that Masters program as an equivalent or superior educational program to the Core Concepts program.

3. The Kentucky Law does not require a non-licensed or non-certified health care practitioner to successfully pass a standardized, psychometrically valid competency assessment examination.

As crafted, not all Kentucky licensed diabetes educators will have had to demonstrate the ability to apply DSME/T knowledge to the care of persons with diabetes. While eligibility pathways may vary in certification programs, all eligible candidates must take and pass a standardized examination, thus creating a “level playing field.” In so doing, a certification program establishes a single, consistent foundation for awarding a credential. The Kentucky licensure program does not do that. Rather, it permits certain health care practitioners to receive the same credential (in this case a license) as all diabetes educators without having to pass a standardized examination and, thus, demonstrate competency and knowledge.

4. It is argued that licensure and certification are not “mutually exclusive.”

We agree, when standards for licensure and certification are synergistic they do support the improvement of standards of care. In the case of the Kentucky law, the licensure and certification standards are so incompatible that we believe standards of care will be adversely affected. It will discourage health care professionals from seeking peer recognition through certification in favor of easily obtaining a license without demonstrating competency to provide care.

NCBDE understands that state licensure laws are intended to protect the welfare of its citizens. With respect to this law, however, we believe that it will achieve the opposite. It will place its citizens at risk by failing to minimize opportunities for unqualified and incompetent health care practitioners to care for persons with diabetes. For this reason, NCBDE cannot support the Kentucky law and will communicate its concerns to the state’s legislative and regulatory leaders. We will strongly advocate that the development of regulatory rules to administer this law include provisions that address these matters. We will also establish lines of communications, to express

our views, with the legislative leadership of other states that may be considering the enactment of similar laws.

Finally, NCBDE will develop “model” state licensure legislation. The elements of this model will more appropriately address features intended to assure that a state’s constituency can reasonably expect to receive quality diabetes education care from health care professionals determined to be competent to provide such care.