Statement on 114th Congress Legislation
“Access to Quality Diabetes Education Act of 2015”
(H.R. 1726 and S. 1345)

Overview of Legislation:
In the past, the U.S. House of Representatives and U.S. Senate have introduced legislation to improve access to diabetes self-management training. These legislative initiatives have never become law.

On March 26, 2015, Representative Ed Whitfield (R-KY) introduced H.R. 1726 to the U.S. House of Representatives. Senator Jeanne Shaheen (D-NH) introduced S.1345 on May 14, 2015. The goal of the bills is to improve access to diabetes self-management training. Both bills are titled “Access to Quality Diabetes Education Act of 2015” and are virtually identical.

This legislation, if passed, will amend title XVIII (Medicare) of the Social Security Act to improve access to diabetes self-management training, also known as diabetes self-management education or diabetes education, 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.

Additionally, it directs the Comptroller General to study the barriers that exist for Medicare beneficiaries with diabetes to access self-management training services under the Medicare program. It also directs the Director of the Agency for Health Care Research to develop a series of recommendations on effective outreach methods to educate physicians and other health care providers and the public about the benefits of diabetes self-management training.

Background:
The mission of the National Certification Board for Diabetes Educators (NCBDE) is to define, develop, maintain and protect the certification and credentialing process to promote ongoing quality diabetes education and support, which includes the protection of the Certified Diabetes Educator® (CDE®) credential. To obtain the CDE credential, health professionals must meet stringent eligibility requirements and pass an examination to verify knowledge related to diabetes and diabetes education. Individuals must also renew their certification on a regular basis.

With a goal to expand access to diabetes education provided by CDEs, NCBDE has supported similar legislation in the past and also encouraged CDEs to support it. However, the language in the current bills includes two different definitions for a ‘certified diabetes educator’. It is NCBDE’s understanding that the development of state licensure for diabetes educators has been the reason for the different definitions in the bills. Whenever documentation or discussion includes more than one definition of a Certified Diabetes Educator, the number of stakeholders that are unclear about NCBDE’s certification program, and what it means to be a CDE, will increase.

NCBDE believes that the provision of diabetes education should be vested in health professionals who have fulfilled requirements for NCBDE certification as a diabetes educator. NCBDE also believes that a state that has determined a diabetes educator licensure law is
necessary to protect the health and welfare of its citizens should also embody similar requirements.

To date, two states have passed laws to establish diabetes educator licensure. Kentucky – the one state that has actively implemented licensure – and the majority of current state licensing efforts include a pathway that allows for CDEs to become licensed through a fairly simple application process. But, more importantly, these efforts also include another pathway that allows health professionals to become licensed as diabetes educators. This pathway – though it does require an education course and some training in diabetes education – does not require an assessment/examination process to verify the individuals’ knowledge about diabetes prior to licensure. A process that allows for an individual to obtain a license in a health-related profession, without assessing that the individual has acquired a minimum level of knowledge related to that profession, is a potential issue for both consumers receiving the services and for providers who would be referring individuals to receive these services. Currently, if either bill passes into law, it appears possible that a state licensed diabetes educator would be able qualify for reimbursement for diabetes education services without ever having had an assessment of the educator’s diabetes knowledge.

NCBDE has been communicating its issues regarding licensure to the American Association of Diabetes Educators (AADE), the organization actively promoting state licensure in its current form. NCBDE is hopeful that future state licensing efforts will include a modification to the pathway for those who are not CDEs that will require an examination, likely administered by NCBDE. If the licensure examination is administered by NCBDE, NCBDE would support licensed diabetes educators pursuing certification when they are able to document meeting all eligibility requirements. In the hope that many of these licensed individuals would become CDEs, the degree of concern about the language in H.R. 1726 and S. 1345 is less than in the previous drafts of the legislation.

Conclusion:
NCBDE understands the vital importance of making diabetes education more accessible to people who are working to successfully self-manage this disease. Therefore, though there is concern about some of the language in the bill, NCBDE believes it is still the most significant opportunity to increase access to quality diabetes education provided by individual CDEs at this time. In that vein, we support the bill.

NCBDE has reached out to Representative Whitfield’s office and other legislators to make them aware of the organization and its role as the certifying body for diabetes educators, as well as our support of CDEs being able to receive reimbursement on an individual basis through these bills. We will continue to communicate with AADE about the need for the state licensure model to be changed to support inclusion of an examination, administered by NCBDE, for those who do not already hold the CDE credential.

We look forward to the possibility that CDEs will qualify for reimbursement of diabetes education services.

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