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Christopher H. Smith

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Dear Congressman Smith,

As a registered nurse, certified diabetes educator (CDE) and your constituent, I am writing to ask you to co-sponsor H.R. 2787, the “Diabetes Self-Management Training Act of 2011.” H.R. 2787, introduced on August 1, 2011 by Congressman Ed Whitfield (R-KY), will allow certified diabetes educators to provide diabetes self-management training under part B of the Medicare program. This bill will not impose any additional costs or requirements to the Medicare program, but rather will allow increased access to diabetes education.

In 1997, Congress approved diabetes self-management training as a benefit covered by Medicare. At the time the bill was written, CDEs were not recognized as Medicare providers, thus preventing them from being reimbursed by Medicare. The American Association of Diabetes Educators has recognized CDEs as the largest and most qualified group of healthcare professionals capable of providing DSMT. Your support of H.R. 2787 will allow CDEs to bill for this very important and much needed service.

Diabetes is increasing at an alarming rate in the United States population. In 2011, the Centers for Disease Control and Prevention (CDC) estimated that diabetes affects 25.8 million people and is the seventh leading cause of death in the U.S. Among adults in the U.S., diabetes is the leading cause of kidney failure, nontraumatic lower limb amputation, and new cases of blindness and is a major cause of heart disease and stroke.

In order to control their diabetes, individuals must have the ability to manage complex regimens of diet, exercise, medication and meal planning. Self-care behaviors such as healthy eating, being active and monitoring blood sugar levels are critical for control of diabetes and prevention of complications. DSMT allows individuals with diabetes to acquire the knowledge and skills necessary to manage their condition. By meeting with a diabetes educator, an individual can learn how to gain the knowledge and problem solving skills necessary to manage his or her disease.

The long-term cost of diabetes to families, the health care system and the economy is astounding. According to the CDC, estimated diabetes costs in the U.S. in 2007 were $174 billion. Allowing CDEs to provide DSMT under Medicare part B will lesson some of this burden and allow individuals to receive the training and education they need to manage their diabetes and prevent long term complications.

In August of 2011, H.R. 2787 was referred to the House Subcommittee on Health, where it awaits committee action. Please co-sponsor H.R. 2787 and actively promote it to your colleagues. Thank you for your consideration of this matter.

Sincerely,

Denise Force, RN, CDE

According to the Centers for Disease Control and Prevention (CDC, 2011), diabetes affects approximately 25.8 million people, or 8.3% of the United States population. Diabetes is a leading cause of kidney failure, nontraumatic lower-limb amputation, and new cases of blindness and is a major cause of heart disease and stroke (CDC, 2011). The CDC (2011) estimates that the United States spent $174 billion in 2007 for total diabetes costs. Research has shown that patients using diabetes self-management training (DSMT) have lower than average health care costs than patients who do not use DSMT (Duncan, et. al., 2009).

DSMT allows the person with diabetes to gain the knowledge necessary to provide skilled self-care and make lifestyle changes necessary to prevent or delay the onset of serious complications. In a study that assessed the value of DSMT, the authors found that increased knowledge has helped patients with diabetes to lead an improved quality of life (Boren, Fitzner, Panhalkar, & Specker, 2009). One of the largest and most qualified groups of healthcare professionals capable of providing DSMT is Certified Diabetes Educators (CDE). In order to become certified as a CDE, one must be a licensed or registered health care professional; have a minimum of two years of professional practice experience; have a minimum of 1000 hours of diabetes self-management education experience; and have a minimum of 15 hours of continuing education activities pertaining to diabetes within the two years prior to applying for certification (National Certification Board of Diabetes Educators, 2012). The American Association of Diabetes Educators (2011) recommends seven self-care behaviors for the educator to follow when providing DSMT. These behaviors include educating the patient regarding healthy eating, being active, monitoring, taking medication, problem solving, healthy coping and reducing risks. By meeting with a CDE and focusing on the self-care behaviors recommended by the American Association of Diabetes Educators, the patient will be able to reduce the risk of complications and the increased financial consequences of treating these complications.

By allowing CDEs to provide DSMT, it can be expected that Medicare costs will be reduced. In a study performed to assess the value of diabetes education, the study results show that Medicare members who use diabetes education cost, on average, 14% less than members who do not (Duncan, et. al., 2009) ). These savings are due to lower claims for acute services, which tend to cost more, and higher claims for primary preventive services, which tend to cost less. Patients who participate in DSMT are more likely to follow best practice treatment recommendations, including annual preventative testing and eye exams (Duncan, et. al., 2009). In a systematic review of published literature exploring the costs and benefits associated with diabetes education, the authors found that the benefits of DSMT are positive and outweigh the costs associated with the training (Boren, et. al., 2009). In order to allow the maximum amount of patients to receive these critical services, title XVIII of the Social Security Act must be revised to allow CDEs to be reimbursed by Medicare for providing DSMT.

References

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