

September 18, 2023

The Honorable Cathy McMorris Rodgers  
Chair  
Energy & Commerce Committee  
2188 Rayburn House Office Building  
Washington, DC 20515

The Honorable Brett Guthrie  
Chair  
E&C Subcommittee on Health  
2434 Rayburn House Office Building  
Washington, DC 20515

The Honorable Frank Pallone  
Ranking Member  
Energy & Commerce Committee  
2107 Rayburn House Office Building  
Washington, DC 20515

The Honorable Anna Eshoo  
Ranking Member  
E&C Subcommittee on Health  
272 Cannon House Office Building  
Washington, DC 20515

Dear Chair McMorris Rodgers, Ranking Member Pallone, Chair Guthrie, and Ranking Member Eshoo:

Diabetes is a serious, costly chronic condition affecting roughly one in four Medicare beneficiaries and requiring access to a range of medications and services to help treat the disease. The undersigned national organizations support the bipartisan Expanding Access to Diabetes Self-Management Training Act ([H.R. 3842](#)) and thank you for including the bill in the upcoming Subcommittee on Health hearing, *Innovation Saves Lives: Evaluating Medicare Coverage Pathways for Innovative Drugs, Medical Devices, and Technology*.

Diabetes self-management training (DSMT) is an evidenced-based service that has been covered under Medicare Part B since 2001 to give beneficiaries the tools to manage their diabetes, reduce their risk of complications, and improve their quality of life. Even though DSMT has been consistently shown to help participants achieve lower hemoglobin A1c, weight loss, improved quality of life, and healthy coping skills, only 5 percent of Medicare beneficiaries with newly diagnosed diabetes utilize the service due to myriad barriers—many of which Congress can remove or reduce. This legislation is critical to improving outcomes for Medicare beneficiaries living with diabetes and, therefore, generating savings for the Medicare program.

The *Expanding Access to DSMT Act* would improve access to the DSMT benefit by—

- Excluding DSMT services from Part B cost-sharing and deductible requirements;
- Allowing beneficiaries the flexibility to access their initial 10 hours of DSMT services when needed rather than having hours expire after one year;
- Permitting DSMT and Medical Nutrition Therapy to be provided on the same day avoiding arbitrary waiting periods;
- Permitting all physicians and qualified nonphysician practitioners working in coordination with the beneficiaries treating provider to refer for DSMT services; and
- Establishing a CMS Innovation Center demonstration program to test the coverage of virtual DSMT within Medicare.

The *Expanding Access to DSMT Act* is bipartisan legislation led by Representatives Bilirakis (R-FL-12) and Schrier (D-WA-8). There is a companion bill in the Senate led by Senators Shaheen

(D-NH) and Collins (R-ME). Importantly, this legislation is also supported by the Diabetes Caucus.

Thank you again for including the bill in your upcoming hearing. As the 118<sup>th</sup> Congress proceeds, we also encourage you to consider this important legislation for markup and passage.

Sincerely,

Academy of Nutrition and Dietetics  
Association of Diabetes Care & Education Specialists  
Diabetes Leadership Council  
Diabetes Patient Advocacy Coalition  
Endocrine Society  
National Kidney Foundation  
Omada Health, Inc.