The Expanding Access to Diabetes Self-Management Training Act
(“The DSMT Act”)

The Expanding Access to Diabetes Self-Management Training (DSMT) Act (S. 1832/H.R. 3842) updates the Medicare DSMT benefit to improve access under Medicare Part B. Senators Jean Shaheen (D-NH) and Susan Collins (R-ME), along with 5 original Senate cosponsors, and Representatives Kim Schrier, MD, (D-WA-8) and Gus Bilirakis (R-FL-12) along with 6 original House cosponsors introduced the bill in the 118th Congress.

The Problem

DSMT is an evidence-based service that teaches people with diabetes how to live better and reduce their risk of diabetes-related complications through self-management. DSMT has been a covered benefit under Medicare for nearly 25 years. Despite DSMT’s proven ability to help people with diabetes achieve lower hemoglobin A1C, weight loss, improved quality of life, healthy coping skills and reduced healthcare costs, only 5 percent of Medicare beneficiaries use DSMT services within a year of being newly diagnosed with diabetes.1,2 The disproportionate impact of diabetes on racial and ethnic minority groups underscores the need to ensure that Medicare beneficiaries have the support they need to self-manage their diabetes.

How does the DSMT Act improve access to care?

This legislation makes necessary changes to help increase access to the DSMT benefit to better meet the needs of Medicare beneficiaries with diabetes.

❖ Allows the initial 10 hours of DSMT to remain available until fully used.
❖ Permits DSMT and Medical Nutrition Therapy (MNT) to be provided on the same day.
❖ Excludes DSMT services from Part B cost-sharing and deductible requirements.
❖ Permits a broader range of physicians and qualified nonphysician practitioners (e.g., podiatrists, emergency department providers, physician assistants, nurse practitioners, or clinical nurse specialists) to refer for DSMT services.
❖ Establishes a Center for Medicare Innovation demonstration program to test the impact of covering virtual DSMT.

Fiscal Impact

A CBO score has been requested by the Senate Finance Committee and House Energy & Commerce Committee and we are awaiting those results. DSMT has been shown to result in significant savings from reduced emergency department visits, hospitalizations, prescription drug costs and more, including:

- In a study including 250,000 Medicare beneficiaries, beneficiaries who completed DSMT demonstrated an average cost savings of $135 per month.³
- An analysis commissioned by the Diabetes Advocacy Alliance indicated that the Expanding Access to DSMT Act would result in an average cost savings of $1,276 per year per Medicare beneficiary. Click here for more information on DSMT cost-savings.⁴

Take Action!

To cosponsor S. 1832, please contact Vic Goetz at vic_goetz@shaheen.senate.gov or Maria Olson maria_olson@collins.senate.gov.

To cosponsor H.R. 3842, please contact Kate Rohr at kate.rohr@mail.house.gov or Chris Jones at chris.jones@mail.house.gov.

Organizations that support the DSMT Act

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

Please contact ADCES Director of Advocacy Hannah Martin (hmartin@adces.org) with any questions.