

December 6, 2024

The Honorable Cathy McMorris Rodgers
Chair
House Energy & Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20510

The Honorable Frank Pallone
Ranking Member
House Energy & Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20510

Dear Chair McMorris Rodgers and Ranking Member Pallone,

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 request that you include the legislation in the end-of-year package for the 118th Congress.

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.

Last December, your committee [unanimously passed](#) an [amended version](#) of the DSMT Act that would expand the referring providers list and give flexibility for the use of the initial 10 hours. The Congressional Budget Office [estimated](#) that the passage of these two provisions of the DSMT Act would result in an increase or decrease in spending of less than \$500,000 over 10 years due to a reduction in the utilization of acute care services. A request has been made to CBO to score the other three provisions of the bill as well.

The *Expanding Access to DSMT Act* is bipartisan and bicameral legislation led by Representatives Kim Schrier (D-WA-8) and the House Republican Diabetes Caucus co-chair,

Gus Bilirakis (R-FL-12), with support from other members of the House Diabetes Caucus, including Democratic Co-Chair, Rep. Diana DeGette (D-CO-1). The companion bill in the Senate ([S. 1832](#)) is led by Senators Shaheen (D-NH) and Collins (R-ME) who co-chair the Senate Diabetes Caucus.

We strongly encourage you to consider as many provisions of the DSMT Act as possible for inclusion in the end-of-year package. For any questions on the legislation, please contact ADCES Director of Advocacy Hannah Martin (hmartin@adces.org).

Sincerely,

Academy of Nutrition and Dietetics
American Association of Clinical Endocrinology
American Diabetes Association
American Podiatric Medical Association
Association of Diabetes Care & Education Specialists
Black Women's Health Imperative
Diabetes Leadership Council
Diabetes Patient Advocacy Coalition
Endocrine Society
National Association of Chronic Disease Directors
National Council on Aging
National Kidney Foundation
Noom, Inc.
Omada Health, Inc.