



## **The Expanding Access to Diabetes Self-Management Training Act: “The DSMT Act” (S. 1925, H.R. 3826)**

The Expanding Access to Diabetes Self-Management Training (DSMT) Act amends the Social Security Act to improve access to outpatient DSMT under Medicare Part B. Senators Jean Shaheen (D-NH) and Susan Collins (R-ME) and Representatives Kim Schrier (D-WA-8) and Gus Bilirakis (R-FL-12) have reintroduced the bills for the 119<sup>th</sup> Congress.

### **The Problem**

DSMT is an evidence-based service that teaches people with diabetes how to reduce their risk of diabetes-related complications and improve their quality of life through self-management. DSMT has been a covered benefit under Medicare for more than 20 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 with newly diagnosed diabetes use DSMT services.<sup>1,2</sup>

### **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.
- ❖ Allows referrals for additional hours of DSMT when it is deemed medically necessary.
- ❖ Excludes DSMT services from Part B cost-sharing and deductible requirements.
- ❖ Permits DSMT and Medical Nutrition Therapy (MNT) services to be provided on the same day.
- ❖ Permits all physicians and qualified nonphysician practitioners to refer for DSMT services instead of restricting it to only providers who are personally managing the patient’s diabetes.
- ❖ Establishes a Center for Medicare and Medicaid Innovation demonstration project to test the impact of covering virtual (asynchronous) DSMT under Medicare Part B.

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<sup>1</sup> American Diabetes Association. Standards of Medical Care in Diabetes—2017. *Diabetes Care* 2017; 40 (Suppl.1): S3

<sup>2</sup> Strawbridge LM, Lloyd JT, Meadow A, et al. Use of Medicare’s diabetes self-management training benefit. *Health Education Behavior* 2015; 42: 530-8.

## Financial Impact

DSMT has been shown to result in significant savings from reduced emergency department visits, hospitalizations, prescription drug costs, and more:

- In a study including 250,000 Medicare beneficiaries, beneficiaries who completed initial DSMT demonstrated an average cost savings of \$135 per month.<sup>3</sup>
- An analysis commissioned by the Diabetes Advocacy Alliance in 2019 indicated that a previous, similar version of 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 on DSMT cost-savings.<sup>4</sup>

In March 2024, CBO scored an amended version of H.R. 3842 from the 118<sup>th</sup> Congress (as passed by Energy & Commerce in December 2023). They wrote, “CBO expects that such training would reduce the use of acute-care services, at least partly offsetting that increase in costs. As a result, CBO estimates that enacting the bill would **increase or decrease direct spending by less than \$500,000** over the 2024-2034 period.”

## 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

Preventive Cardiovascular Nurses Association

## Take Action!

**To cosponsor S. 1925**, please contact Nick ([nicholas\\_valenti@shaheen.senate.gov](mailto:nicholas_valenti@shaheen.senate.gov)) or Katherine ([katherine\\_huiskes@collins.senate.gov](mailto:katherine_huiskes@collins.senate.gov)).

**To cosponsor H.R. 3826**, please contact Amy with Rep. Schrier ([amy.zhou@mail.house.gov](mailto:amy.zhou@mail.house.gov)) or Huntley with Rep. Bilirakis ([Huntley.Campbell@mail.house.gov](mailto:Huntley.Campbell@mail.house.gov)).

Contact ADCES Director of Advocacy Hannah Martin ([hmartin@adces.org](mailto:hmartin@adces.org)) with any questions.

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<sup>3</sup> Duncan I, Birkmeyer C, Coughlin S, Li QE, Sherr D, Boren S. Assessing the value of diabetes education. *Diabetes Educ.* 2009;35(5):752-760

<sup>4</sup> Chen F, Chylak D, Su W. Scoring Medicare Coverage of Diabetes Self-Management Training Using Microsimulation. IHS Markit. 2019. Available at: [https://www.adces.org/docs/default-source/tofile/microsimulation-scoring-analysis-medicare-coverage-of-dsmt\\_ihs-markit\\_2019.pdf?sfvrsn=ef05a359\\_1](https://www.adces.org/docs/default-source/tofile/microsimulation-scoring-analysis-medicare-coverage-of-dsmt_ihs-markit_2019.pdf?sfvrsn=ef05a359_1).