Diabetes Self-Management Training (DSMT) has been a covered benefit under Medicare for more than 15 years. Despite the undisputed benefits of DSMT for people with diabetes – lower hemoglobin A1c, weight loss, improved quality of life, healthy coping skills and reduced health care costs – only 5 percent of Medicare beneficiaries with newly diagnosed diabetes used DSMT services. The legislation amends title XVIII of the Social Security Act to expand access to diabetes outpatient self-management training (DSMT) services under the Medicare program.

**Improving Access to Diabetes Outpatient Self-Management Training Services**

This section of the bill would do the following:

- Expand access to DSMT services by permitting physicians and *qualified nonphysician practitioners* who are not managing an individual's diabetic condition, but who are acting in coordination with the physician or qualified nonphysician practitioner managing the individual's diabetic condition to order DSMT services.
- Extends the initial 10 hours of DSMT covered by Medicare beyond the first year until fully utilized. In addition, allows an additional 6 hours (or greater if determined appropriate by the Secretary) of DSMT services during the year in which the initial 10 hours are exhausted, if there is a determination of medical necessity.
- Allow 6 additional hours (or a greater number if determined appropriate by the Secretary) of DSMT services per year, each year, after the year in which the initial 10 hours are used, if there is a determination of medical necessity.
- Allows additional hours to be permitted if there is a determination of medical necessity.
- Remove the restriction relating to coverage of DSMT and Medical Nutrition Therapy services furnished on the same day.
- Removes Part B cost-sharing for DSMT services and excludes DSMT from the deductible requirements.
- Revise the Medicare Benefit Policy Manual to allow DSMT services to be furnished by a hospital outpatient department at a nonhospital site, such as a community-based location.

**Virtual DSMT Demonstration Program**

The legislation requires the Secretary of HHS to launch a 2-year demonstration program to test the impact of furnishing DSMT through a *qualified online platform* beginning no later than January 1, 2019. The Secretary must evaluate and report to Congress on the demonstration's impact on health outcomes, health care cost savings, and other criteria determined appropriate by the Secretary. Finally, the legislation gives the Secretary of HHS the authority to expand the demonstration through rulemaking if the demonstration program meets certain benchmarks outlined.