

118TH CONGRESS  
1ST SESSION

# S. 1832

To amend title XVIII of the Social Security Act to improve access to diabetes outpatient self-management training services, to require the Center for Medicare and Medicaid Innovation to test the provision of virtual diabetes outpatient self-management training services, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

JUNE 6, 2023

Mrs. SHAHEEN (for herself, Ms. COLLINS, Mr. KING, Mr. CRAMER, Ms. STABENOW, Ms. SINEMA, and Mr. VAN HOLLEN) introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To amend title XVIII of the Social Security Act to improve access to diabetes outpatient self-management training services, to require the Center for Medicare and Medicaid Innovation to test the provision of virtual diabetes outpatient self-management training services, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Expanding Access to  
5 Diabetes Self-Management Training Act of 2023”.

1 **SEC. 2. IMPROVING ACCESS TO DIABETES OUTPATIENT**  
2 **SELF-MANAGEMENT TRAINING SERVICES.**

3 (a) IN GENERAL.—Section 1861(qq) of the Social Se-  
4 curity Act (42 U.S.C. 1395x(qq)) is amended—

5 (1) in paragraph (1)—

6 (A) by striking “the Secretary determines  
7 appropriate” and inserting “specified in para-  
8 graph (3)”;

9 (B) by inserting “or qualified nonphysician  
10 practitioner” after “only if the physician”; and

11 (C) by inserting “(or other physician or  
12 qualified nonphysician practitioner furnishing  
13 items or services to such individual, in coordina-  
14 tion with the physician or qualified nonphysi-  
15 cian practitioner managing such individual’s di-  
16 abetic condition)” after “managing the individ-  
17 ual’s diabetic condition”;

18 (2) in paragraph (2)(B), by striking “para-  
19 graph” and inserting “subparagraph”; and

20 (3) by adding at the end the following new  
21 paragraph:

22 “(3) For purposes of paragraph (1), the times speci-  
23 fied in this paragraph are the following:

24 “(A) An initial 10 hours of educational and  
25 training services to remain available until used.

1           “(B) No more than 2 hours of individual or  
2           group educational and training services each year,  
3           including the year in which the initial 10 hours de-  
4           scribed in subparagraph (A) are completed.”.

5           (b) MEDICAL NUTRITION THERAPY SERVICES.—Sec-  
6           tion 1861(s)(2)(V) of such Act (42 U.S.C.  
7           1395x(s)(2)(V)) is amended—

8                   (1) by striking clause (i);

9                   (2) by redesignating clauses (ii) and (iii) as  
10           clauses (i) and (ii), respectively; and

11                   (3) in clause (ii), as so redesignated, by striking  
12           “after consideration of” and inserting “consistent  
13           with”.

14           (c) COST-SHARING.—Section 1833 of the Social Se-  
15           curity Act (42 U.S.C. 1395l) is amended—

16                   (1) in subsection (a)(1)—

17                           (A) by striking “and (HH)” and inserting  
18                           “(HH)”; and

19                           (B) by inserting the following before the  
20                           semicolon at the end: “and (II) with respect to  
21                           diabetes outpatient self-management training  
22                           services (as defined in section 1861(qq)), the  
23                           amount paid shall be 100 percent of the lesser  
24                           of the actual charge for the services or the

1 amount determined under the fee schedule that  
 2 applies to such services under this part;” and  
 3 (2) in subsection (b), in the first sentence—

4 (A) by striking “, and (13)” and inserting  
 5 “(13)”; and

6 (B) by striking the period at the end and  
 7 inserting “, and (14) such deductible shall not  
 8 apply with respect to diabetes outpatient self-  
 9 management training services (as defined in  
 10 section 1861(qq))”.

11 (d) APPLICATION.—The amendments made by this  
 12 section shall apply with respect to items and services fur-  
 13 nished on or after January 1, 2025.

14 **SEC. 3. CMI TESTING OF PROVIDING VIRTUAL DIABETES**  
 15 **OUTPATIENT SELF-MANAGEMENT TRAINING**  
 16 **SERVICES.**

17 Section 1115A of the Social Security Act (42 U.S.C.  
 18 1315a) is amended—

19 (1) in subsection (b)(2)(A), by adding at the  
 20 end the following new sentence: “The models se-  
 21 lected under this subparagraph shall include the  
 22 testing of the model described in subsection (h).”;  
 23 and

24 (2) by adding at the end the following new sub-  
 25 section:

1       “(h) TESTING OF PROVIDING VIRTUAL DIABETES  
2 OUTPATIENT SELF-MANAGEMENT TRAINING SERV-  
3 ICES.—

4           “(1) ESTABLISHMENT.—Not later than Janu-  
5 ary 1, 2025, the Secretary shall implement a model  
6 to test the impact of providing coverage under title  
7 XVIII for virtual diabetes outpatient self-manage-  
8 ment training services furnished to applicable bene-  
9 ficiaries with respect to improved health outcomes  
10 for such applicable beneficiaries and reduced expend-  
11 itures under such title XVIII.

12           “(2) MODEL DESIGN.—

13           “(A) IN GENERAL.—The Secretary shall  
14 design the model under this subsection in such  
15 a manner to allow for the evaluation of demo-  
16 graphic characteristics of applicable bene-  
17 ficiaries participating in such model and the ex-  
18 tent to which such model accomplishes the fol-  
19 lowing purposes:

20           “(i) Improvement in health outcomes  
21 with respect to the diabetic conditions, in-  
22 cluding by reducing A1c levels.

23           “(ii) Reduced hospitalizations due to  
24 diabetic-related complications.

1           “(iii) Increased utilization of diabetes  
2           outpatient self-management training serv-  
3           ices as evidenced by, for example, Medicare  
4           beneficiary participation and utilization of  
5           covered hours during the first year and  
6           subsequent years or use of diabetes out-  
7           patient self-management training services  
8           in rural and underserved communities.

9           “(iv) Improved medication adherence.

10           “(v) Reduced expenditures under this  
11           title attributable to the model.

12           “(B) CONSULTATION.—In designing the  
13           model under this subsection, the Secretary  
14           shall, not later than 3 months after the date of  
15           the enactment of this subsection, consult with  
16           stakeholders in the field of diabetes care and  
17           education, clinicians in the primary care com-  
18           munity, experts in digital health, and bene-  
19           ficiary groups.

20           “(3) DEFINITIONS.—In this subsection:

21           “(A) APPLICABLE BENEFICIARY.—The  
22           term ‘applicable beneficiary’ means an indi-  
23           vidual with diabetes as described in section  
24           1861(qq).

1                   “(B) QUALIFIED WEB-BASED PROGRAM.—

2                   The term ‘qualified web-based program’ means  
3                   a web-based program—

4                   “(i) designed to furnish educational  
5                   and training services to an individual with  
6                   diabetes to ensure therapy compliance with  
7                   respect to the individual’s diabetic condi-  
8                   tion or to provide the individual with nec-  
9                   essary skills and knowledge (including  
10                  skills related to the self-administration of  
11                  injectable drugs) to participate in the indi-  
12                  vidual’s management of such condition;  
13                  and

14                  “(ii) that meets the quality standards  
15                  described in section 1861(qq)(2)(B).

16                  “(C) VIRTUAL DIABETES OUTPATIENT  
17                  SELF-MANAGEMENT TRAINING SERVICES.—The  
18                  term ‘virtual diabetes outpatient self-manage-  
19                  ment training services’ means any diabetes out-  
20                  patient self-management training services (as  
21                  defined in section 1861(qq)) furnished by a  
22                  qualified web-based program for synchronous or  
23                  asynchronous diabetes outpatient self-manage-  
24                  ment training services.”.

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