

117TH CONGRESS  
1ST SESSION

# H. R. 5804

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 HOUSE OF REPRESENTATIVES

NOVEMBER 1, 2021

Ms. SCHRIER (for herself, Mr. REED, Ms. DEGETTE, Mr. UPTON, Ms. DELBENE, Mr. KELLY of Pennsylvania, Mr. RUIZ, and Mr. SCHWEIKERT) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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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,*

1 **SECTION 1. SHORT TITLE.**

2       This Act may be cited as the “Expanding Access to  
3 Diabetes Self-Management Training Act of 2021”.

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

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

8           (1) in paragraph (1)—

9               (A) by striking “the Secretary determines  
10 appropriate” and inserting “specified in para-  
11 graph (3)”;

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

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

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

23           (3) by adding at the end the following new  
24 paragraph:

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

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

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

7           (b) MEDICAL NUTRITION THERAPY SERVICES.—Sec-  
8           tion 1861(s)(2)(V) of such Act (42 U.S.C.  
9           1395x(s)(2)(V)) is amended—

10           (1) by striking clause (i);

11           (2) by redesignating clauses (ii) and (iii) as  
12           clauses (i) and (ii), respectively; and

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

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

18           (1) in subsection (a)(1)—

19           (A) by striking “and (DD)” and inserting  
20           “(DD)”; and

21           (B) by striking the semicolon at the end  
22           and inserting “and (EE) with respect to diabe-  
23           tes outpatient self-management training serv-  
24           ices (as defined in section 1861(qq)), the  
25           amount paid shall be 100 percent of the lesser

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

5 (A) by striking “and (12)” and inserting  
 6 “(12)”; and

7 (B) by striking the period at the end and  
 8 inserting “, and (13) such deductible shall not  
 9 apply with respect to diabetes outpatient self-  
 10 management training services (as defined in  
 11 section 1861(qq)).”

12 (d) APPLICATION.—The amendments made by this  
 13 section shall apply with respect to items and services fur-  
 14 nished on or after January 1, 2023.

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

18 Section 1115A of the Social Security Act (42 U.S.C.  
 19 1315a) is amended—

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

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

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

6           “(1) ESTABLISHMENT.—Not later than Janu-  
7       ary 1, 2023, the Secretary shall implement a model  
8       to test the impact of providing coverage under title  
9       XVIII for virtual diabetes outpatient self-manage-  
10      ment training services furnished to applicable bene-  
11      ficiaries with respect to improved health outcomes  
12      for such applicable beneficiaries and reduced expend-  
13      itures under such title XVIII.

14       “(2) MODEL DESIGN.—

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

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

1 “(ii) Reduced hospitalizations due to  
2 diabetic-related complications.

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

11 “(iv) Improved medication adherence.

12 “(v) Reduced expenditures under this  
13 title attributable to the model.

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

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

23 “(A) APPLICABLE BENEFICIARY.—The  
24 term ‘applicable beneficiary’ means an indi-

1           vidual with diabetes as described in section  
2           1861(qq).

3           “(B) QUALIFIED WEB-BASED PROGRAM.—  
4           The term ‘qualified web-based program’ means  
5           a web-based program—

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

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

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

- 1 asynchronous diabetes outpatient self-manage-
- 2 ment training services.”.

