

Congress of the United States
Washington, DC 20515

March 31, 2008

The Honorable Max Baucus
Chairman, Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Charles Grassley
Ranking Member, Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Senators Baucus and Grassley,

As Co-Chairs of the Diabetes Caucus, we respectfully request that the Finance Committee consider including in its Medicare proposal a needed technical clarification to designate Certified Diabetes Educators (CDEs) as providers of Diabetes Self Management Training (DSMT) under the Medicare program. The relevant statutory provisions to provide this clarification are contained in H.R. 4218, the Medicare Diabetes Self Management Training Act.

CDEs are health professionals, such as nurses, dietitians and pharmacists, who are specially trained and uniquely qualified to teach patients with diabetes how to improve their health and avoid serious diabetes related complications. There is no cure for diabetes, and effective self management is considered a crucial part of the overall diabetes care regimen. These same self management skills, ranging from appropriate eating habits, medication monitoring, and diabetes-specific problem solving, are provided in a DSMT program taught by CDEs.

However, the 1997 authorizing DSMT statute did not include CDEs as Medicare providers of this critical service. Over the last decade, it has become an increasingly difficult and overly cumbersome process to ensure that DSMT is available to patients who need these services, including patients who may have special cultural or linguistic needs, those in rural areas, or those who may not be able to travel to an ever-shrinking number of hospital diabetes outpatient programs. As a result, many Medicare beneficiaries are not receiving the training and education they need to manage their diabetes and mitigate other diabetes complications.

A January 2008 study by the American Diabetes Association (ADA) indicates that costs associated with diabetes in the U.S. continue to increase at alarming and unprecedented levels. Totaling \$174 billion annually, these costs include \$116 billion in direct medical expenditures, with most such costs arising from treatment and hospitalization of diabetes related complications. The actual national burden is likely much higher, given the 6 million individuals who we believe have diabetes but have not been diagnosed.

We urge you to include in the Committee's mark the relevant provisions contained in H.R. 4218, in order to increase access to care for diabetes education and training and thereby reduce other serious health costs associated with this terrible disease.

Thank you for your consideration. We look forward to working with you to improve the health care of individuals with diabetes.

Sincerely,



Diana DeGette
Co-chair, Congressional Diabetes Caucus



Xavier Becerra
Vice-chair, Congressional Diabetes Caucus



Michael Castle
Co-chair, Congressional Diabetes Caucus



Mark Kirk
Vice-chair, Congressional Diabetes Caucus