



March 17, 2020

Administrator Seema Verma  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Acting Director Jean Moody-Williams  
Center for Clinical Standards & Quality  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**RE: Request to Temporarily Waive Restrictions Related to the Diabetes Self-Management Training Benefit in Response to COVID-19 Pandemic**

Dear Administrator Verma and Acting Director Moody-Williams:

The American Diabetes Association (ADA), the Association of Diabetes Care & Education Specialists (ADCES), formerly known as the American Association of Diabetes Educators (AADE), and the Endocrine Society strongly request that the Centers for Medicare & Medicaid Services (CMS) temporarily waive restrictions related to the Diabetes Self-Management Training (DSMT) benefit in response to the COVID-19 pandemic. According to the Centers for Disease Control and Prevention (CDC), older adults and people with chronic medical conditions like heart disease, lung disease, and diabetes face the highest risk for getting sick from this disease, making Medicare beneficiaries with diabetes an especially vulnerable population<sup>1</sup>. The ADA, ADCES, and Endocrine Society urge CMS to take immediate action to ensure that Medicare beneficiaries have access to the care they need during this national public health emergency.

As the two National Accrediting Organizations (AOs) that accredit DSMT programs, the AADE (now ADCES) Diabetes Education Accreditation Program (DEAP) and the ADA Education Recognition Program (ERP) have a network of over 2,500 programs in over 5,000 locations nationally and reach close to one million people with diabetes annually. Both AOs are hearing directly from DSMT programs that their hospitals and facilities have banned group classes in an effort to mitigate the spread of COVID-19. This is

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<sup>1</sup> <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>

an important measure to protect the health of the public; however, due to the statutory and regulatory restrictions around DSMT, many Medicare beneficiaries have no way to access this covered benefit in a time of great need.

The ADA, ADCES, and Endocrine Society have identified four critical actions that CMS can take to ensure continued access to DSMT services for at-risk individuals with diabetes through calendar year 2020:

- Temporarily allow for all hours of DSMT, whether part of the initial training or follow-up training, to be provided on an individual (one-on-one) basis. We believe it is critically important to waive the requirement that DSMT services be provided in a group setting. Currently, an exception exists only in certain circumstances. We ask that the option for individual training be extended to all individuals.
- Temporarily remove current telehealth requirements that require beneficiaries to go to an “originating site”<sup>2</sup>. We ask CMS to allow Medicare beneficiaries to receive one-on-one DSMT telehealth services from home, rather than requiring services to be provided in-person or via telehealth in a group setting to reduce the unnecessary risk of exposure to COVID-19.
- Temporarily remove the geographic limitations on telehealth originating sites.
- Allow DSMT programs to provide one-on-one DSMT services via phone to account for Medicare beneficiaries who do not have access to the internet or a computer.
- For calendar year 2020, waive the requirement that the initial 10 hours of DSMT training must be furnished within a continuous 12-month period. Currently, Medicare beneficiaries are unable to participate in DSMT group trainings and are losing valuable time in utilizing their full DSMT benefit within the calendar year, especially given the uncertainty of how long this pandemic will last.

We strongly urge CMS to consider the items that we have proposed and act immediately to address these barriers to care and to implement these changes nationally for all Medicare beneficiaries with diabetes.

It is vital that all Medicare beneficiaries with diabetes, especially those who are newly diagnosed with diabetes, have access to DSMT services during this critical time. DSMT services, provided by diabetes care and education specialists through our accredited programs, offer essential support for people with diabetes. In the face of a pandemic, diabetes care and education specialists can help:

- Reduce diabetes-related emergency department visits and hospitalizations.<sup>3, 4, 5, 6</sup>

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<sup>2</sup> Originating sites such as physician or practitioner offices, hospitals, critical access hospitals, rural health clinics, federally qualified health centers, hospital-based or critical access hospital-based renal dialysis centers, skilled nursing facilities and community mental health centers

<sup>3</sup> Duncan I, Ahmed T, Li Q (Emily), Stetson B, Ruggiero L, Burton K, et al. Assessing the value of the diabetes educator. *The Diabetes Educator*. 2011 Sep 1;37(5):638–57.

<sup>4</sup> Robbins JM, Thatcher GE, Webb DA, Valdmanis VG. Nutritionist Visits, Diabetes Classes, and Hospitalization Rates and Charges The Urban Diabetes Study. *Dia Care*. 2008 Apr 1;31(4):655–60.

<sup>5</sup> Strawbridge LM, Lloyd JT, Meadow A, Riley GF, Howell BL. One-Year Outcomes of Diabetes Self-Management Training Among Medicare Beneficiaries Newly Diagnosed With Diabetes. *Medical Care*. 2017 Apr;55(4):391–397.

<sup>6</sup> Healy SJ, Black D, Harris C, Lorenz A, Dungan KM. Inpatient diabetes education is associated with less frequent hospital readmission among patients with poor glycemic control. *Diabetes Care*. 2013 Oct;36(10):2960–7.

- Advise people with diabetes on how they can manage their unique risks in a national emergency/pandemic.
- Ease the burden on hospital systems, emergency departments, and primary care providers by providing care and support for people with diabetes.
- Help people with diabetes manage their health at this stressful and uncertain time to forestall the need for more intensive interventions.
- Provide support for people with diabetes who may be self-quarantined or discouraged from leaving their homes. This includes assisting them in creating or revising eating and physical activity plans. Additionally, stress and a change in daily routine can negatively impact blood sugar or blood glucose levels for people with diabetes further increasing risk for complications or adverse events. Diabetes care and education specialists can mitigate these risks.
- Coordinate with the physician team on medication adjustments.
- Connect people with diabetes to important community resources and vetted public health information.

We appreciate your leadership during this critical time and appreciate your consideration of our request. We recognize that you must work within your statutory authority and wish to offer the resources and expertise of each of our organizations to implement these requested actions. Please contact Sacha Uelmen, ADCES' Director of Diabetes Education and Prevention Programs at [suelmen@adces.org](mailto:suelmen@adces.org), Theresa Alban, ADA's Director, Public Policy, at [talban@diabetes.org](mailto:talban@diabetes.org), or Meredith Dyer, the Endocrine Society's Director, Health Policy, at [mdyer@endocrine.org](mailto:mdyer@endocrine.org).

Sincerely,

American Diabetes Association  
Association of Diabetes Care & Education Specialists  
Endocrine Society