

Diabetes Self-Management Education and Training (DSME/T): Existing Coverage Requirements and Opportunities for Reform

Background

America is in the grips of a diabetes epidemic. According to the Centers for Disease Control and Prevention, more than 29 million Americans have diabetes, exceeding the entire population of Texas. In 2014, 1.4 million adults were diagnosed with the disease—more than 3,900 every day. One in 3 adults has prediabetes, placing them at high risk for developing diabetes. Low-income populations, populations without a high school degree or postsecondary education, and many communities of color face disproportionately high rates of type 2 diabetes prevalence, incidence, and complications.

Effective diabetes management depends largely on individual self-care, making diabetes self-management education and training (DSME/T) critical to addressing the diabetes epidemic. DSME/T is the “process of facilitating the knowledge, skill, and ability necessary for diabetes self-care.”¹

This process requires incorporating patients’ unique needs and experiences into individualized education and support plans that promote new behaviors and solutions. These solutions include healthy eating, physical activity, self-monitoring, medication use, risk reduction, management of acute and chronic complications, and problem-solving strategies to address psychosocial issues and establish healthy habits.

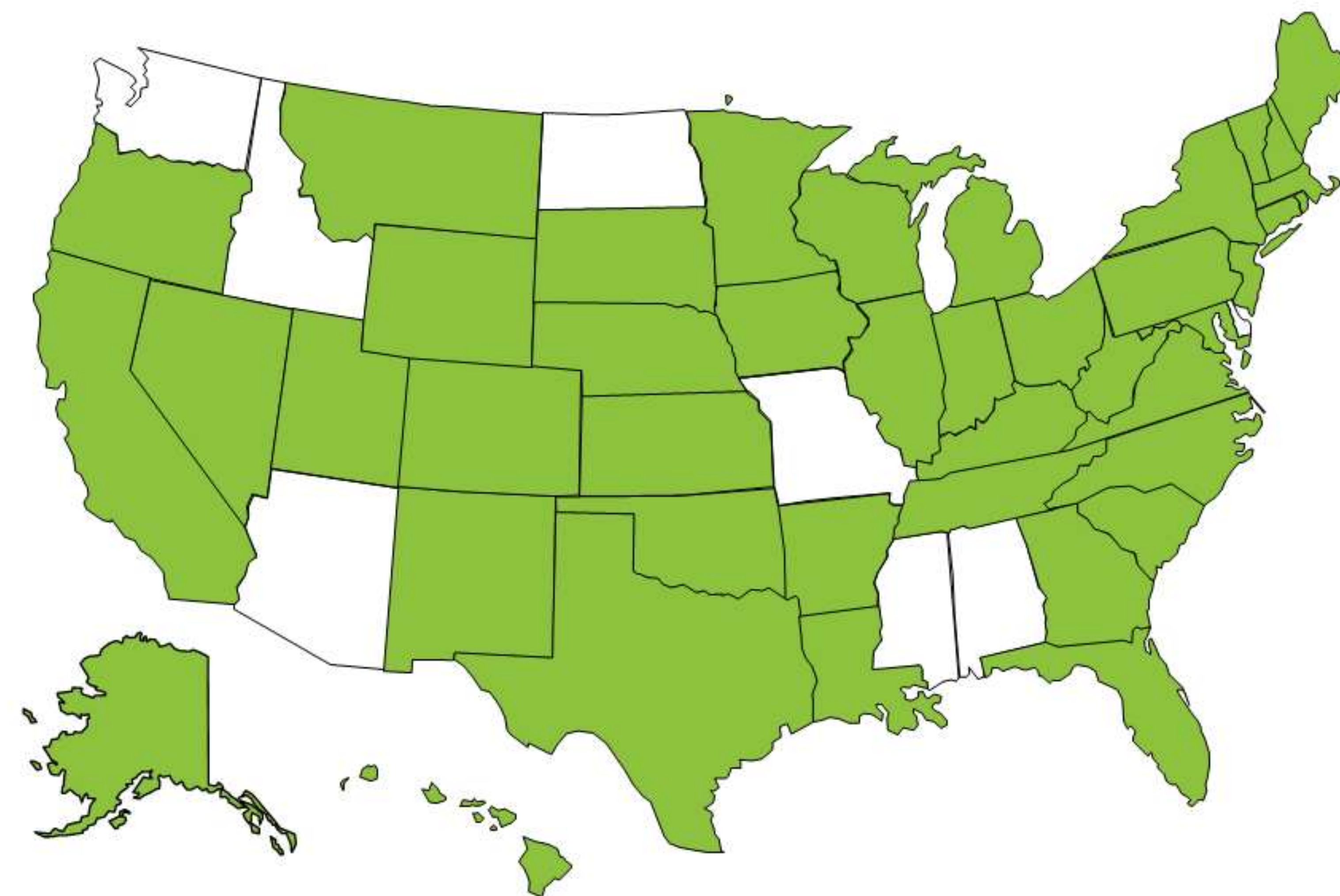
Research shows that by empowering patients to better manage their diabetes, DSME/T significantly improves health outcomes and reduces health care expenditures. Despite this evidence, participation in DSME/T remains low. Insurance coverage for DSME/T presents one policy lever for facilitating delivery of and access to high-quality DSME/T. In many states, statutes, regulations, and policies require public and private insurers to cover DSME/T services.

Methods

We searched all laws in the 50 states and the District of Columbia that had been codified as of August 1, 2016 for the terms “diabet!,” “diabetes and Medicaid,” “diabetes /p education or training,” and “diabetes and insulin.”

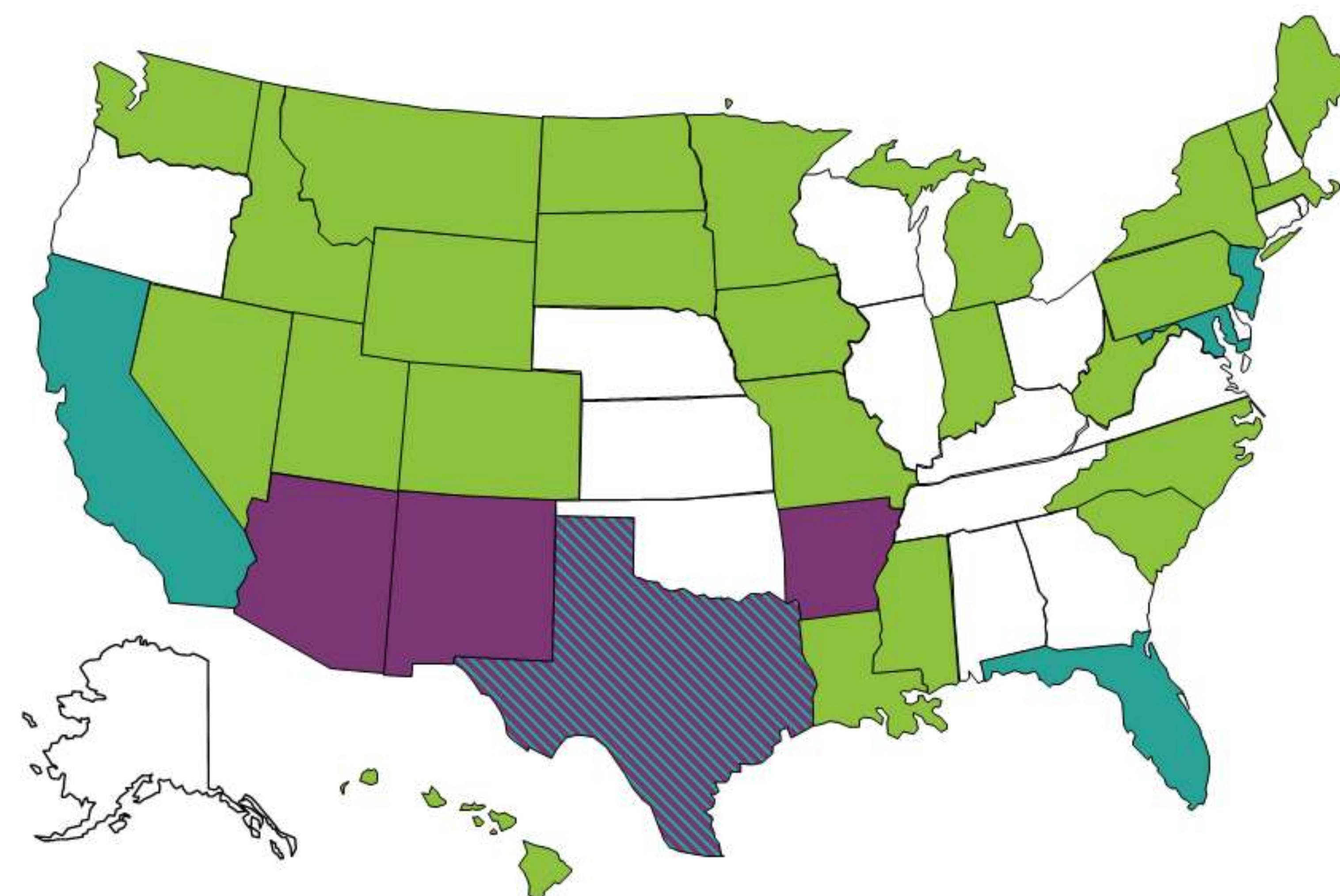
We then reviewed each law identified through this process for provisions related to private insurance and Medicaid coverage for DSME/T. Where state law did not address Medicaid coverage for DSME/T services, we supplemented the dataset with information from sub-regulatory Medicaid materials, such as managed care contracts, provider manuals, and state Medicaid agency guidance. Two legal researchers independently reviewed and redundantly coded specific features of each law and policy.

States Mandating Private Insurance DSME/T Coverage



All or nearly all private health insurance policies required to cover DSME/T (41 states + DC): AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, ME, MT, NE, NV, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WV, WI & WY

States Mandating Medicaid DSME/T Coverage



Require DSME/T coverage for all or nearly all Medicaid beneficiaries (25 states): CO, HI, ID, IN, IA, LA, ME, MA, MI, MN, MO, MS, MT, NV, NY, NC, ND, PA, SC, SD, UT, VT, WA, WV & WY

Require DSME/T coverage for beneficiaries receiving benefits through managed care organizations (“MCO”) (5 States): CA, FL, MD, NJ & TX

Other Medicaid DSME/T coverage (4 states): AZ,¹ AR,² NM² & TX¹

¹ Coverage limited to specific populations.

² Coverage limited to beneficiaries receiving an Alternative Benefit Plan.

Examples of DSME/T Coverage Requirements

State	Requirement
	Private: No coverage requirement
ID	Medicaid: Covers 24 hours of group DSME/T and 12 hours of individual DSME/T every 5 years
LA	Private: Must cover \$500 for a one-time DSME/T program and \$100 in follow-up DSME/T every year (follow-up DSME/T subject to a \$2,000 lifetime limit) Medicaid: Covers 10 hours of initial DSME/T and 2 hours of follow-up DSME/T every year
NY	Private: Must cover DSME/T Medicaid: Covers 10 hours of DSME/T every 6 months for beneficiaries with a new diabetes diagnosis or medically complex conditions; covers 1 hour of DSME/T every 6 months for medically stable beneficiaries
NV	Private: Must cover DSME/T Medicaid: Covers 10 hours of initial DSME/T; additional DSME/T requires prior authorization
TX	Private: Must cover DSME/T Medicaid: MCOs must cover DSME/T; also covers 10 hours of DSME/T for select high-cost/high-risk patients

Conclusion

Forty-one states and the District of Columbia require private health insurance policies to cover DSME/T, but only 25 states require such coverage for all or nearly all Medicaid beneficiaries. Populations with the greatest diabetes burden are significantly more likely to have Medicaid coverage than private insurance coverage. Therefore, these findings suggest that those most likely to benefit from DSME/T may not have coverage for DSME/T services. State laws that require private insurance and Medicaid coverage for DSME/T services may help improve access to DSME/T.

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¹ Powers MA, Bardsley J, Cypress M, et al. Diabetes Self-management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. Diabetes Care. 2015;38(7):1372-1382.