

# Supporting Diabetes Health Care Providers: The Essential Role of Diabetes Education

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Over the past several years, questions have been raised about the American Diabetes Association's position on provider reimbursement legislation. In 2008, the Association adopted the following policy (both reaffirming its prior position on this topic and clarifying its role as a voluntary health association):

The American Diabetes Association will focus on advocating for adequate and affordable health care coverage for all people with diabetes and for services to support improved prevention and better care of diabetes and its complications. We believe the health care system should support all health care providers in the provision of optimal care.

The American Diabetes Association does not advocate on issues related to reimbursement for any specific health care profession, discipline, or specialty. We believe this is the function and imperative of organizations that represent particular health care professions or specialties.

Although this policy means that the Association does not lobby for reimbursement on behalf of specific provider groups, it by no means suggests that the Association does not recognize and support the tremendous efforts that these groups make to improve the lives of patients with diabetes.

One very important example is the Association's support of the work of diabetes educators. The Association is keenly aware of the problems many patients face in accessing the diabetes self-management education (DSME) they need to successfully manage their disease. We are firmly committed to promoting greater access to DSME and to supporting the crucial role of the diabetes educator.

Over the past year, the Association has actively supported and fought for a number of provisions in the federal health reform debate that would greatly improve access to DSME. These include ending the discrimination that permits insurance companies to refuse insurance to people with diabetes or to charge them significantly higher insurance rates because they

have diabetes, ending lifetime and annual caps on benefits, capping annual out-of-pocket expenses, and increasing affordability of coverage through expanding Medicaid and implementing subsidies for those who cannot otherwise afford insurance. In addition, specific to DSME, the Association has been working to secure coverage of diabetes self-management education through the minimum benefits package that would be established under reform legislation and to eliminate all cost-sharing (i.e., co-pays and deductibles) for DSME under Medicare. These federal efforts are similar to the actions the Association takes at the state level to ensure coverage of DSME in state-regulated insurance plans—a key advocacy priority of the Association for over a decade.

The diabetes educator is an essential part of the team that makes good diabetes care possible. The Association will continue to promote the importance of DSME and of diabetes educators throughout our public policy, education, scientific, and medical areas.