



American Association  
of Diabetes Educators  
ADVOCACY

# **WHAT'S IN THE WIND AT THE NATIONAL AND FEDERAL LEVELS FOR DIABETES EDUCATION**

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**HONORING THE PAST WHILE  
REACHING FOR THE FUTURE**

**WASHINGTON ASSOCIATION OF DIABETES EDUCATORS**

**VANCOUVER, WASHINGTON  
MARCH 30, 2012**

# Overview

- The Changing World of Healthcare Delivery
- State Licensure: Why, Where and How
- Federal Legislative Efforts
- Expanding Advocacy Efforts
- The SLC and Grassroots Advocacy
- The Educators Role as an Advocate



**CHANGE  
AHEAD**



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# The Affordable Care Act (ACA)

- Require most U.S. citizens and legal residents to have health insurance.
- Create state-based **American Health Benefit Exchanges** through which individuals can purchase coverage and create separate Exchanges through which small businesses can purchase coverage.
- Impose new regulations on health plans in the Exchanges and in the individual and small group markets.
- Expand Medicaid to 133% of the federal poverty level.

# The Affordable Care Act (ACA)

- Better Health
- Better Health Care
- Lower Costs

# New Delivery Models

- Accountable Care Organizations
- Patient-Centered Medical Home
- Community Health Centers
- Consumer Oriented and Operated Plan – “CO-OPs”.
- Wellness and Prevention Focus

# DSMT Delivery and Payment

- Medicare
  - No provider number for the DE
  - Limited service
- Medicaid
  - Some states have a DSMT benefit
- Private insurer
  - Not all cover DSMT

# Who is Providing DSME/T?

- 16,000 credentialed DEs (CDEs and BC-ADMs);
- Many well trained experienced DEs (without credentials); and
- Many Unqualified and Under-Qualified Providers



# State Licensure: Why? Where? And How?

# ACA Giving Power to the States



# Qualified Healthcare Provider

- States looking to define the QHCP
- How do you determine qualification (for payment) – State Scope of Practice
- Those who have the license have the qualification
- A license defines the profession and their abilities to deliver care

# Diabetes Educators

- Licensed Health Care Professionals → • Legal Scope of Practice for each discipline.
- Credentialed as CDE or BC-ADM → • Voluntary credentials. No Legal Scope of Practice.

## Reason to pursue – Federal experience

Our experience with efforts to gain Medicare provider status for credentialed diabetes educators has taught us that there is no legal definition of the diabetes education provider.

# Diabetes Educators

It is very important that the health care professionals who set themselves out as diabetes educators be well educated and appropriately credentialed in the delivery of quality diabetes education.

# The Credentialed Diabetes Educator

- Diabetes Educators who have a CDE or BC-ADM credential will automatically qualify for licensure without additional education or practice requirements.
- Licensure encourages growth in the profession by opening up employment opportunities which provide the practice hours needed to qualify for the credential.

# State Licensure of the DE

- Intended for the health care professional who has a defined role as a diabetes educator:
  - The diabetes educator (defined by AADE Competency Level 3) not yet credentialed; and
  - Credentialed Diabetes Educators - Certified Diabetes Educator (CDE) or DE board certified in advanced management (BC-ADM).



# Professional Licensure has Numerous Purposes

- Consumer protection,
- Professional recognition and
- Setting quality guidelines for the profession.

# Developing a Case for KY Licensure - What We Knew:

- Diabetes is common in Kentucky – 9.9% of adults have diagnosed diabetes
- Diabetes is a serious chronic condition – It is the 6th leading cause of death in KY and can lead to serious complications
- Diabetes is expensive
- DSMT plays an essential role in the management of diabetes.
- Patients who receive DSMT have fewer complications.
- Management of diabetes is complex.

# KY Diabetes Educators

- In Kentucky, 324,000 adults have diagnosed diabetes, another 81,000 are undiagnosed, and 235,000 adults have diagnosed pre-diabetes. (2009 statistics)
- There are 225 CDEs in the state.
- There are also very well trained and experienced DEs. [Many who have trouble qualifying for the NCBDE – hours required.]

# Kentucky DE Leadership

- Met with the primary diabetes coalition to introduce the concept of a DE Scope of Practice
- KY DE leadership talked with KY DEs
- Met with other local/national organizations (ADA, JDRF, ANA, etc...) to obtain input

# Contracted with a State Lobbyist to Guide the Process

- Not necessary but highly recommended
- Having a professional with experience to navigate the political process can be a valuable commodity.

# AADE Recommendations for State Licensure Requirements

## **Discipline:**

- Healthcare professional disciplines include, but are not limited to registered nurses, registered dietitians, registered pharmacists, licensed mental health professionals, and exercise physiologists.

## **Education:**

- Bachelor's degree or education that meets the states healthcare professional licensure requirements for the primary discipline.
- Completion of AADE's Core Concepts Course or a diabetes education program sponsored by any advanced academic or continuing education organization that meets state-determined standards and provides a minimum of 15 hours of learning in the biological and social sciences, communication, counseling, and education.
- 5 hours of continuing education related to diabetes self-management education and training each year

## **Professional Practice Experience:**

- 250 hours – within a two (2) year time frame; specific to diabetes self-management education and training. As evidence of experience in the care of people with diabetes.

## **CDEs/BC-ADMs Automatically Qualify**

# Licensure In The States

- Passed in Kentucky 2011. Currently in the Regulatory Process
  - Two AADE members on the Board.
- Pending legislation in Indiana (challenges with outgoing administration)
  - Reintroduce in 2013 legislative session
- Beginning the process in Georgia and Maryland
- AADE Members Have Expressed Interest
  - Alaska (needs based)
  - Florida
  - Mississippi
  - Virginia
  - New York

# The Licensure Process: How to Get Started in Your State!

The first step in starting the licensure process would be to begin creating a strategy and to determine how best to approach the licensure effort in your state. Each state is unique and the processes will vary but the core of all the efforts is as follows:

- Gain support from your fellow constituents and state groups.
- Work with AADE national to familiarize yourself with the licensure process in your state
- Identify key contacts/liaisons
- Identify champion(s) in the state legislature
- Work with champion(s) to get support



# Federal Legislative Efforts

# Federal Legislation

## The Medicare Diabetes Self-Management Acts of 2011

H.R. 2787: Rep. Ed Whitfield (R-KY-1)

S. 1468: Senator Jeanne Shaheen (D-NH)

To amend title XVIII of the Social Security Act to improve access to diabetes self-management training by authorizing credentialed diabetes educators to provide diabetes self-management training services, including as part of tele-health services, under part B of the Medicare program.

## H.R.2787

**Latest Title:** Medicare **Diabetes** Self-Management Training Act of 2011

**Sponsor:** [Rep Whitfield, Ed](#) [KY-1] (introduced 8/1/2011) [Cosponsors](#) (20)

**Related Bills:** [S.1468](#)

**Latest Major Action:** 8/5/2011 Referred to House subcommittee. Status: Referred to the Subcommittee on Health.

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**COSPONSORS(20), BY DATE** [order is left to right]: (Sort: [alphabetical order](#))

[Rep DeGette, Diana](#) [CO-1] - 8/1/2011

[Rep Peterson, Collin C.](#) [MN-7] - 9/12/2011

[Rep Paul, Ron](#) [TX-14] - 9/12/2011

[Rep Heinrich, Martin](#) [NM-1] - 9/13/2011

[Rep Lujan, Ben Ray](#) [NM-3] - 9/20/2011

[Rep Pastor, Ed](#) [AZ-4] - 9/20/2011

[Rep Eshoo, Anna G.](#) [CA-14] - 10/5/2011

[Rep Grijalva, Raul M.](#) [AZ-7] - 10/5/2011

[Rep Roybal-Allard, Lucille](#) [CA-34] - 10/11/2011

[Rep Lofgren, Zoe](#) [CA-16] - 10/11/2011

[Rep Heck, Joseph J.](#) [NV-3] - 11/14/2011

[Rep Altmire, Jason](#) [PA-4] - 11/17/2011

[Rep Guthrie, Brett](#) [KY-2] - 1/23/2012

[Rep Rahall, Nick J., II](#) [WV-3] - 2/1/2012

[Rep Olver, John W.](#) [MA-1] - 2/1/2012

[Rep McCotter, Thaddeus G.](#) [MI-11] - 2/1/2012

[Rep Towns, Edolphus](#) [NY-10] - 2/8/2012

[Rep Burgess, Michael C.](#) [TX-26] - 2/8/2012

[Rep Barrow, John](#) [GA-12] - 2/29/2012

[Rep Connolly, Gerald E. "Gerry"](#) [VA-11] - 2/29/2012



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## S.1468

**Latest Title:** Medicare **Diabetes** Self-Management Training Act of 2011

**Sponsor:** [Sen Shaheen, Jeanne](#) [NH] (introduced 8/2/2011) [Cosponsors](#) (10)

**Related Bills:** [H.R.2787](#)

**Latest Major Action:** 8/2/2011 Referred to Senate committee. Status: Read twice and referred to the Committee on Finance.

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**COSPONSORS(10), ALPHABETICAL** [followed by Cosponsors withdrawn]: (Sort: [by date](#))

[Sen Akaka, Daniel K.](#) [HI] - 12/15/2011

[Sen Feinstein, Dianne](#) [CA] - 12/5/2011

[Sen Franken, Al](#) [MN] - 10/5/2011

[Sen Hagan, Kay](#) [NC] - 9/8/2011

[Sen Harkin, Tom](#) [IA] - 10/20/2011

[Sen Johnson, Tim](#) [SD] - 10/5/2011

[Sen Klobuchar, Amy](#) [MN] - 11/14/2011

[Sen Landrieu, Mary L.](#) [LA] - 10/11/2011

[Sen Stabenow, Debbie](#) [MI] - 11/29/2011

[Sen Tester, Jon](#) [MT] - 8/2/2011



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# Expanding Advocacy Efforts

# How?

- Regional Coordinators
- Expanding our Advocacy reach through increased Collaborations
  - Diabetes Advocacy Alliance
  - National Council of State Legislators
  - Women in Government
  - State Diabetes Control Programs and Networks
- Supportive collaborations with our industry partners
- CE presentations at state and local trainings
- DOC/Bloggers: Involving the patients
- National Trainings for SLCs (DC and AM)

# The SLC and Grassroots Advocacy

Coordinating bodies and Local Networking Groups are an integral part of the success of AADE's advocacy efforts. In order to be effective, every state coordinating body should have one member designated as the state legislative coordinator (SLC). That person is responsible for mobilizing their fellow constituents and key stakeholders around important legislative issues.



# STATE LEGISLATIVE COORDINATOR

## THE SLC IS:

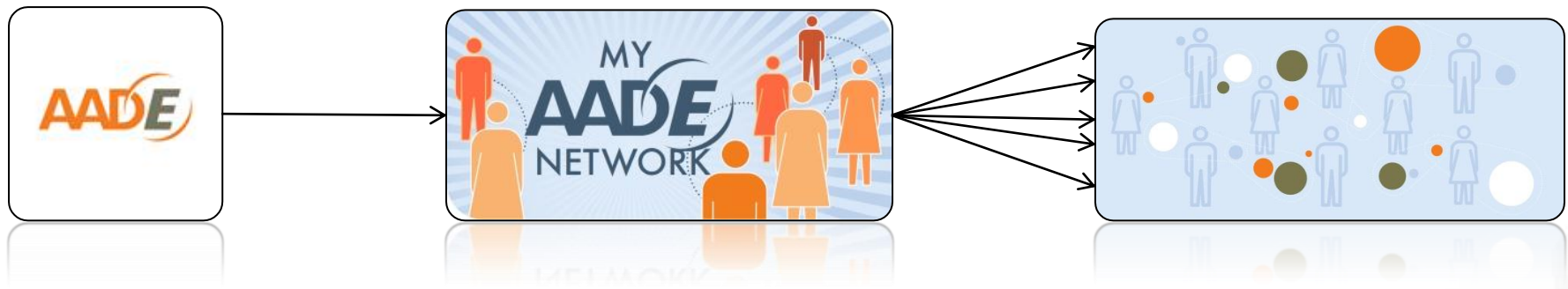
- Main Advocacy contact for the State.
- Conduit for advocacy information to state leadership, AADE members, non-member supporters and stakeholders.

## THE SLC WILL:

- Receive and communicate to state leaders and members the information regarding AADE legislative initiatives
- Serve as the Advocacy expert in their state\*
- Coordinate “calls to action” on national and statewide legislative and reimbursement issues
- Identify and establish relationships with local state legislators and congressional representatives to acquaint them with the role of the diabetes educator as an essential member of the healthcare team and AADE’s legislative agenda.
- Work with the AADE Advocacy team on issues regarding reimbursement for diabetes education and protection of the profession and patient
- Assist with state participation in a local or regional diabetes coalitions or associations sharing mutual legislative and public policy interests.



# How We Expect the Information to Move in the MYAADE Era



**AADE National  
Communicates With the  
State Legislative  
Coordinator (SLC) as part  
of the Coordinating Body**

**The SLC will push the  
information out to the  
state and LNG advocates  
via the MY AADE  
NETWORK with an  
emphasis on time  
sensitive action alerts**

**The LNGs and State members  
will take action where  
applicable with the hope and  
understanding that all action  
alerts will be forwarded to  
those that support the AADE  
legislative Agenda**

# The Educators Role as an Advocate

**“Never doubt that  
a small group of  
thoughtful,  
committed citizens  
can change the  
world; indeed, it's  
the only thing that  
ever has.”**

**- Margaret Mead**



# Two Approaches to Grassroots Communication

## Formal Argument

- ★ Logical Connection
- ★ Indexing Power



## Personal Story

- ★ Emotional Connection
- ★ Anecdotal Power

# Your Role As Advocate

- Two Approaches to Grassroots
  - ✓ Just the Facts
  - ✓ Personal Information
- Communication
  - ✓ Contact your representatives
  - ✓ Deliver your message
  - ✓ Get to know your MOC's staff

# Be a Resource

- Your Expertise
- Your Ability to Find Answers
- Your Sphere of Influence

# Tell Your Story

- Make it personal
- Make a connection
- Make it often

# Increased and Better Communication Leads to Better Outcomes





## Resources:

[www.diabeteseducator.org/PolicyAdvocacy](http://www.diabeteseducator.org/PolicyAdvocacy)

- Federal & State Legislation
- Policy Positions & Comments
- Advocacy Action Center
- e-Advocacy Newsletter
- Advocacy Tools and Resources
- State Licensure Initiative
- Grassroots Training Series

**For More Information Please Contact**

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# Thank You!

# Questions?