Sen. Mattie Hunter

Filed: 3/20/2015

AMENDMENT TO SENATE BILL 1792

AMENDMENT NO. _____. Amend Senate Bill 1792 by replacing everything after the enacting clause with the following:

"Section 5. The Illinois Public Aid Code is amended by adding Section 12-4.49 as follows:

(305 ILCS 5/12-4.49 new)

Sec. 12-4.49. Medicaid Pilot Program for Diabetes Self-Management Education/Training.

(a) Legislative findings. It is the intent of the General Assembly to ensure that the State can help reduce Medicaid healthcare costs associated with the treatment of diabetes and its related complications. Diabetes education is a service that is underutilized and not readily available. Unlike most other chronic health conditions, diabetes treatment deeply relies on education to assist patients in modifying their unhealthy behaviors to better self-manage their condition. An accredited

Diabetes Self-Management Education (DSME) program can help. A quality DSME program is one that is certified by a Nationally Accredited Organization (NAO). Currently both the American Association of Diabetes Educators (AADE) and the American Diabetes Association (ADA) are NAOs who certify DSME programs. Diabetes Educators are a part of the team that make up a certified DSME program. A diabetes educator works with patients to develop a plan to stay healthy and to give them the tools and ongoing support to make that plan a regular part of their lives. Studies have found that teaching patients how to effectively control their diabetes through self-management and on-going support is considered one of the most important and cost-effective tools in the arsenal of diabetes treatment in order to avoid the deadly and costly comorbidities associated with the disease.

To test whether outpatient diabetes education can reduce the State's healthcare costs and improve overall health, the General Assembly finds that a Medicaid Pilot Program for Diabetes Self-Management Education/Training (DSME/T) utilizing qualified diabetes educators in a quality DSME program certified by one of the NAOs is needed to achieve these goals.

(b) Pilot program. The Department of Healthcare and Family Services shall establish a 2-year countywide Medicaid Pilot Program for DSME/T that covers the following: full initial individualized assessment, plan of care, education based on healthy eating, being active, monitoring, medication, reducing

risk, problem solving and healthy coping, measurable behavioral goals, improved clinical outcome measures, ongoing support, follow-up, and continuous quality improvement.

(c) Reimbursement formula. The reimbursement formula for qualified diabetes educators shall be based on the hours of treatment and shall be set up similar to the Medicare Part B model. This training can be set up in groups or individual. The patient shall receive an initial 10 hours of education followed by 2 hours for follow-up.

(d) AADE. The Department of Healthcare and Family Services shall develop more than one pilot program in consultation with the American Association of Diabetes Educators (AADE) and with any other group of qualified diabetes educators.

(e) Required standards. The required standards for qualified diabetes educators shall be found in the National Standards for Diabetes Self-Management Education and Support. These standards were revised in 2012 and are evidenced based.

(f) Program quality. Quality and qualified diabetes educators must meet requirements of certification by one of the NAOs who include the AADE or the ADA.

(g) Continuing education. Continuing education shall be a requirement of a certified Diabetes Self-Management Education and Support Program.

(h) Final report. The pilot program shall operate for 2 years. At the end of the 2-year period the Department shall submit a final report to the General Assembly that provides a

comparison analysis of the results of the various county pilot programs to the healthcare results of counties of a comparable size that do not provide the diabetes services offered under the pilot program. The report shall also include guidance, recommendations, and best practices on how to lower glucose levels, treat hypoglycemia, and show a reduction in re-hospitalization and emergency department admissions caused by uncontrolled diabetes.

Section 99. Effective date. This Act takes effect January 1, 2016.".