

119TH CONGRESS  
1ST SESSION

# H. R. 3826

To amend title XVIII of the Social Security Act to improve access to diabetes outpatient self-management training services, to require the Center for Medicare and Medicaid Innovation to test the provision of virtual diabetes outpatient self-management training services, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 6, 2025

Ms. SCHRIER (for herself, Mr. BILIRAKIS, Ms. DELBENE, Ms. WASSERMAN SCHULTZ, and Ms. NORTON) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend title XVIII of the Social Security Act to improve access to diabetes outpatient self-management training services, to require the Center for Medicare and Medicaid Innovation to test the provision of virtual diabetes outpatient self-management training services, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Expanding Access to  
3 Diabetes Self-Management Training Act of 2025”.

4 **SEC. 2. IMPROVING ACCESS TO DIABETES OUTPATIENT**  
5 **SELF-MANAGEMENT TRAINING SERVICES.**

6 (a) IN GENERAL.—Section 1861(qq) of the Social Se-  
7 curity Act (42 U.S.C. 1395x(qq)) is amended—

8 (1) in paragraph (1)—

9 (A) by striking “the Secretary determines  
10 appropriate” and inserting “specified in para-  
11 graph (3)”; and

12 (B) by striking “the physician who is man-  
13 aging the individual’s diabetic condition” and  
14 inserting “a physician or qualified nonphysician  
15 practitioner”;

16 (2) in paragraph (2)(B), by striking “para-  
17 graph” and inserting “subparagraph”; and

18 (3) by adding at the end the following new  
19 paragraph:

20 “(3)(A) For purposes of paragraph (1) and subject  
21 to subparagraph (B), the times specified in this paragraph  
22 are the following:

23 “(i) An initial 10 hours of individual or group  
24 educational and training services to remain available  
25 until used.

1           “(ii) An additional 2 hours of individual or  
2           group educational and training services each year,  
3           beginning with the year in which the initial 10 hours  
4           described in subparagraph (A) are completed.

5           “(B) The Secretary shall not limit the quantity or  
6           duration of educational and training services furnished by  
7           a certified provider to an individual with diabetes if such  
8           services are deemed medically necessary by a physician or  
9           qualified non-physician practitioner.”.

10          (b) MEDICAL NUTRITION THERAPY SERVICES.—Sec-  
11          tion 1861(s)(2)(V) of the Social Security Act (42 U.S.C.  
12          1395x(s)(2)(V)) is amended—

13                 (1) by striking clause (i);

14                 (2) by redesignating clauses (ii) and (iii) as  
15                 clauses (i) and (ii), respectively; and

16                 (3) in clause (ii), as so redesignated, by striking  
17                 “after consideration of” and inserting “consistent  
18                 with”.

19          (c) COST-SHARING.—Section 1833 of the Social Se-  
20          curity Act (42 U.S.C. 1395l) is amended—

21                 (1) in subsection (a)(1)—

22                         (A) by striking “and (HH)” and inserting  
23                         “(HH)”; and

24                         (B) by inserting the following before the  
25                         semicolon at the end: “and (II) with respect to

1 diabetes outpatient self-management training  
2 services (as defined in section 1861(qq)), the  
3 amount paid shall be 100 percent of the lesser  
4 of the actual charge for the services or the  
5 amount determined under the fee schedule that  
6 applies to such services under this part;” and  
7 (2) in subsection (b), in the first sentence—

8 (A) by striking “, and (13)” and inserting  
9 “(13)”; and

10 (B) by striking “1861(n)..” and inserting  
11 “1861(n), and (14) such deductible shall not  
12 apply with respect to diabetes outpatient self-  
13 management training services (as defined in  
14 section 1861(qq))”.

15 (d) APPLICATION.—The amendments made by this  
16 section shall apply with respect to items and services fur-  
17 nished on or after January 1, 2027.

18 **SEC. 3. CMI TESTING OF PROVIDING VIRTUAL DIABETES**  
19 **OUTPATIENT SELF-MANAGEMENT TRAINING**  
20 **SERVICES.**

21 Section 1115A of the Social Security Act (42 U.S.C.  
22 1315a) is amended—

23 (1) in subsection (b)(2)(A), by adding at the  
24 end the following new sentence: “The models se-  
25 lected under this subparagraph shall include the

1 testing of the model described in subsection (h).”;  
2 and

3 (2) by adding at the end the following new sub-  
4 section:

5 “(h) TESTING OF PROVIDING VIRTUAL DIABETES  
6 OUTPATIENT SELF-MANAGEMENT TRAINING SERV-  
7 ICES.—

8 “(1) ESTABLISHMENT.—Not later than Janu-  
9 ary 1, 2026, the Secretary shall implement a model  
10 to test the impact of providing coverage under title  
11 XVIII for virtual diabetes outpatient self-manage-  
12 ment training services furnished to applicable bene-  
13 ficiaries with respect to improved health outcomes  
14 for such applicable beneficiaries and reduced expend-  
15 itures under such title XVIII.

16 “(2) MODEL DESIGN.—

17 “(A) IN GENERAL.—The Secretary shall  
18 design the model under this subsection in such  
19 a manner to allow for the evaluation of demo-  
20 graphic characteristics of applicable bene-  
21 ficiaries participating in such model and the ex-  
22 tent to which such model accomplishes the fol-  
23 lowing purposes:

1           “(i) Improvement in health outcomes  
2           with respect to the diabetic conditions, in-  
3           cluding by reducing A1c levels.

4           “(ii) Reduced hospitalizations due to  
5           diabetic-related complications.

6           “(iii) Increased utilization of diabetes  
7           outpatient self-management training serv-  
8           ices as evidenced by, for example, Medicare  
9           beneficiary participation and utilization of  
10          covered hours during the first year and  
11          subsequent years or use of diabetes out-  
12          patient self-management training services  
13          in rural and underserved communities.

14          “(iv) Improved medication adherence.

15          “(v) Reduced expenditures under this  
16          title attributable to the model.

17          “(B) CONSULTATION.—In designing the  
18          model under this subsection, the Secretary  
19          shall, not later than 3 months after the date of  
20          the enactment of this subsection, consult with  
21          stakeholders in the field of diabetes care and  
22          education, clinicians in the primary care com-  
23          munity, experts in digital health, and bene-  
24          ficiary groups.

25          “(3) DEFINITIONS.—In this subsection:

1           “(A) APPLICABLE BENEFICIARY.—The  
2 term ‘applicable beneficiary’ means an indi-  
3 vidual with diabetes as described in section  
4 1861(qq).

5           “(B) QUALIFIED WEB-BASED PROGRAM.—  
6 The term ‘qualified web-based program’ means  
7 a web-based program—

8                   “(i) designed to furnish educational  
9 and training services to an individual with  
10 diabetes to ensure therapy compliance with  
11 respect to the individual’s diabetic condi-  
12 tion or to provide the individual with nec-  
13 essary skills and knowledge (including  
14 skills related to the self-administration of  
15 injectable drugs) to participate in the indi-  
16 vidual’s management of such condition;  
17 and

18                   “(ii) that meets the quality standards  
19 described in section 1861(qq)(2)(B).

20           “(C) VIRTUAL DIABETES OUTPATIENT  
21 SELF-MANAGEMENT TRAINING SERVICES.—The  
22 term ‘virtual diabetes outpatient self-manage-  
23 ment training services’ means any diabetes out-  
24 patient self-management training services (as  
25 defined in section 1861(qq)) furnished by a

1 qualified web-based program for synchronous or  
2 asynchronous diabetes outpatient self-manage-  
3 ment training services.”.

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