

**Please send emails to bill sponsors:**

Representative DeGette at [Tommy.Walker@mail.house.gov](mailto:Tommy.Walker@mail.house.gov)

Representative Whitfield at [Ed.Kim@mail.house.gov](mailto:Ed.Kim@mail.house.gov)

[Your congressperson for both your home and work addresses](#) (if different districts)

Feel free to use the template below with the name of the representative to whom it is being sent in the salutation line, and copy and paste into the body of your email. To reach your representative, visit their website and locate their email contact information.

Dear Representative \_\_\_\_\_,

Thank you for your work to increase access to diabetes services. I am a clinical nutritionist with an advanced degree holding the nationally recognized Certified Nutrition Specialist® credential, and am well qualified in the area of diabetes and pre-diabetes prevention, care and management.

As currently written, I oppose HR 1726 to add certified diabetes educators as state regulated Medicare providers of diabetes self management training (DSMT). Expanding access to all kinds of diabetes care including DSMT is critical for our country. However, as written, HR 1726 will do just the opposite by making it harder, and more costly, for existing, qualified providers under Medicare to offer this service.

Medicare already defines providers of DSMT in (qq) (2)(B) as an “individual or entity (who) meets applicable standards originally established by the National Diabetes Advisory Board”.

By defining certified diabetes educators as state licensed or registered, HR 1726 would:

- Generate unnecessary and costly state regulations based on a specific disease
- Require a second licensure for health professionals to provide a service they can already provide
- Create a new regulatory structure in direct conflict with existing occupation-based regulation
- Replace continuing education with a regulatory regime promoting private associations as gatekeepers

I support those with diabetes educator credentials becoming Medicare eligible providers for DSMT, but not by replacing the existing federal standard for other qualifying providers to provide DSMT, and adding an entirely new regulatory regime for a single disease. As written, HR 1726 will effectively diminish the pool of qualified providers of an important service.

Sincerely,

Your Name Here