

**Patricia Adams Testimony in Front of Pennsylvania House Professional  
Licensure Committee May 23, 2016**

Dear Chairwoman Harhart, Chairman Readshaw and members of the Pennsylvania House Professional Licensure Committee:

My name is Patricia C. Adams RN, CDE. I am a Certified Diabetes Educator for a major health system in Philadelphia. I am also a resident of the 152<sup>nd</sup> House district.

Thank you for this opportunity to offer testimony on HB 1851, and why I, as a Pennsylvania Diabetes Educator and a citizen of our Commonwealth, believe it is time to ensure that those that provide education, advice, and support to people with diabetes are properly trained and credentialed.

Diabetes is a chronic disease and a health condition draining our health care system. Medicare pays out \$1 of every \$3 for people with diabetes. The financial burden to Pennsylvania citizens is staggering. The American Diabetes Association reports for 2012, direct medical expenses at \$10.2 billion dollars. Add to that, the indirect costs, representing the loss of productivity, \$3.2 billion dollars.

I was recently reminded that people with diabetes spend only 0.007% of the year with the diabetes health care professional. In a 525,600 minute year, that's about 37 minutes. What are the credentials of the person working with that person so they learn how to live with diabetes. Providing that service requires additional training in the pathophysiology and the techniques of motivation, education, and support. Many educators are Certified Diabetes Educators (CDE), which does evaluate and certify candidates' knowledge in these areas. But certification does not provide Pennsylvania citizens legal protection from providers that do not have specialized training. HB 1851 is the best beginning to provide specific requirements to identify the diabetes educator in Pennsylvania.

Diabetes Self-Management Education and Support (DSMES) is a recognized, evidence based therapy with measured clinical and behavioral outcomes. DSMES must also be prescribed by a provider, either Nurse Practitioner, Physician Assistant or a Physician. Yet in most states, with exception of Kentucky and soon Indiana, anyone can call themselves a diabetes educator or provide diabetes education. Many have a role in supporting the person with diabetes, but a baseline amount of special diabetes knowledge and focused practice in this therapy should be expected by people with diabetes in Pennsylvania, and required by the state of Pennsylvania. HB 1851 is meant to establish the entry level requirements. As with any other prescribed therapy, there should be rules that define who has the qualifications to provide that therapy.

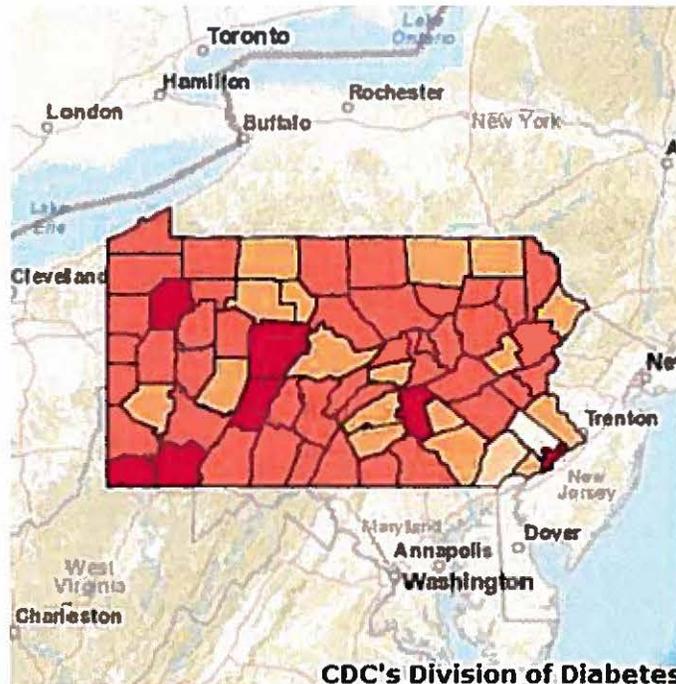
DSMES is provided by a unique subgroup of multi-disciplined healthcare professionals. By creating the Licensed Diabetes Educator credential we will also have an opportunity to develop a legal scope of practice that would be inclusive of all disciplines. Personally, I have had many opportunities to learn my craft and those mentors were multi-disciplined -- Registered

Dietitians, Physical Therapists, and Exercise Physiologists. From them, I received instruction on insulin, technology and living with diabetes.

Diabetes is an expensive, complicated disease. Access to healthcare and healthcare costs should be bipartisan issues. DSMES does reduce cost, improve quality of life, and prevents the complications. I urge you to move HB 1851 to the full House for a vote to protect our citizens.

In the previous version of this graphic, only 3 counties were "red". Sadly, we now have doubled that amount. Red counties have a rate of diabetes at over 10.6%.

Thank you for your time and consideration of HB 1851.



CDC's Division of Diabetes Translation