January 18, 2011

The Honorable Laurie Monnes Anderson
Chair, Senate Committee on Health, Human Services, and Rural Policy
900 Court Street, NE
Salem, OR 97301

Dear Chair Monnes Anderson and members of the committee:

I am grateful that the Senate Committee on Health has scheduled time today to discuss draft legislation aimed to review and assess Oregon's efforts in battling, controlling and preventing diabetes. As you may know, Novo Nordisk is a healthcare company with 87 years of innovation and leadership in diabetes care, and the U.S. leader in insulin. I welcome the opportunity to call for implementation of the draft legislation before the committee today coupled with an amendment to ensure the effort remains fiscally neutral. I also appreciate the chance to highlight why there is such a need for the Oregon legislature to address the toll diabetes places on Oregon families and taxpayers by enacting this legislation.

The draft legislation, coupled with its amendment before the committee, represents an important step in addressing diabetes which is referred to as "the epidemic of our time." This very language was recently supported by the Council of State Governments (CSG) as suggested state legislation, it was featured as a potential step in battling the reach and scope of diabetes by the National Conference of State Legislatures (NCSL), the American Diabetes Association supports its adoption as a top legislative priority, and a variety of Oregon based groups have expressed support for its adoption by the legislature.

The legislation responds to the reach, scope, and impact diabetes has on Oregon taxpayers. Sadly, Oregon faces a diabetes public health, health system infrastructure and health care financing crisis that is far worse and more profound than that posed by any other disease or condition. Diabetes presents a challenge on par with the most difficult issues discussed or debated within these halls.

Diabetes, its human and financial costs, and its complications are so pronounced and commonplace that unless action occurs now the solvency

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of Oregon's public and private infrastructure will be at risk of bankruptcy within the next 30 years. This is because we are watching the diabetes epidemic explode to unforeseen levels before our eyes.

The evidence behind this conclusion, how we arrived at this critical crossroads, providing an overview of what other states are doing to control diabetes and identification of common sense steps for the legislature to consider are topics I will address today.

EVIDENCE – DIABETES IN OREGON TODAY & TOMORROW

My hope is to not overwhelm you with data related to diabetes. There are some important points to consider though related to the diabetes situation facing Oregon that I should emphasize.

More than 291,200 lived with diabetes in Oregon in 2010. This represents almost a 50% increase in the reach and scope of the disease since 1996. About one in ten adult Oregonians lived with diabetes in 2010. The disease is much more commonplace among Asian/Pacific Islanders, American Indians and Alaska Natives, African Americans, and Hispanics. Also, the demographics of the disease make it much more common in those living at the lower end of the economic scale or possessing a high school diploma or less.

Assuming projections from other states like Texas and Kentucky hold, diabetes will at least quadruple in prevalence within the next thirty years in Oregon. This means that at least 1 million Oregonians will live with diabetes in 2040.

Uncontrolled and inappropriately managed diabetes sheds years of productivity from someone's life while also putting them at risk of premature death. The disease was the sixth leading cause of death in 2005 with greater than 30% of these deaths occurring in people younger than 75. Oregonians with diabetes are twice as likely to report depression while also having increased rates of heart attacks and strokes, blindness, kidney failure and amputations.

EVIDENCE – THE COST OF DIABETES TODAY AND TOMORROW

The cost of managing diabetes, and its complications upon presentation, is taking Oregon's health system to the brink. What it will cost to effectively manage diabetes in the future is more worrisome.

The total financial burden of diabetes in America reached $218 billion in 2007. The American Diabetes Association estimates that this translates to a per capita cost of $11,744 for a person with diabetes.

Diabetes and its complications today consume one in every 10 of America's health care dollars. Data from several states suggests that the financial footprint of diabetes on Medicaid programs has dramatically grown over the past decade. Consider the case of Texas. Today, diabetes is the number one reason for Medicaid office visits. When complications are considered, diabetes is one of the top three reasons for hospitalizations within the Medicaid program.

I do not want to leave you with the impression that diabetes is a Medicaid only problem. Consider the case of Kentucky. Since 2002 the state has experienced an increase in diabetes related hospitalizations in virtually every health insurance coverage category.

Let's turn our attention back to Oregon. The total estimated medical costs for diabetes were over $2.8 billion while hospitalization costs alone totaled over $1.4 billion in 2010.

Considering the current costs and the current reach of diabetes, is Oregon prepared for a quadrupling of the diabetes population. Perhaps equally important, is Oregon prepared to dedicate well in excess of $5.4 billion per year in 2025 and more than $8 billion in 2040 to combat diabetes?

HOW WE ARRIVED AT THIS CRITICAL CROSSROADS

A credible focus on diabetes is absent at just about every level of government. This lack of focus coupled with an almost complete shift to preventing diabetes in public health circles alongside little evident coordination among entities responsible for paying for diabetes care helps fuel the crisis.

As a first step in understanding the problem consider the federal government's commitment where estimated per capita federal spending on diabetes prevention and research lags far behind that of heart disease, cancer, and HIV/AIDS. Per capita spending for diabetes is $55, vs. $111 for heart disease, $665 for cancer, and $3,609 for HIV/AIDS.

The lack of focus on diabetes is even more apparent in states.

Research conducted last year by the National Conference of State Legislatures (NCSL) strongly suggests that current resources are falling far short of what is required to credibly prevent diabetes, diagnose the disease, and address its complications. The assessment found that of the approximately $60 million available to fight diabetes through the Centers for Disease Control and Prevention (CDC) during the last fiscal year, only $28.4 million in grants was available to the states and territories to battle diabetes, control the disease and prevent it. This total represents a 4.3% decrease in funds from the prior fiscal year.

The essential message from the federal government to Oregon is that you are on your own when it comes to fighting diabetes. An example of this lies in the lack of federal dollars available to combat diabetes and the lack of oversight provided to diabetes control programs in Oregon.

During the 2009 fiscal year the Oregon Diabetes Program had less than $798,000 available as its budget from CDC. This amount was a cut of over $36,000 from the previous year and all indications from CDC suggest these funds will be cut further over the years ahead. This is because CDC has identified Oregon as a lower priority state for future diabetes funding. An interesting aside, the state is obligated to match every $4 received for the Oregon Diabetes Program from CDC with $1. Based on a review of available data, it appears as though the state is not currently providing this match.

Given budget available it is understandable that the Oregon Diabetes Program lacks the programs and resources needed to adequately fight diabetes. Complicating the fight though perhaps is the program's shift over the past few years to focus almost exclusively on working to prevent diabetes.

A letter from the Oregon Diabetes Program to Representative Nick Kahl does a fair job of documenting the trouble Oregon is having in preventing and controlling diabetes. A copy of this letter was provided to members of the committee and I urge you to closely review it. Allow me to summarize some of the more salient points.

The Oregon Diabetes Program focuses the majority of its work on diabetes prevention. Available resources within the program are also being directed to other disease areas like smoking cessation. Minimal tools are available to gauge the program's effectiveness and there is little coordination with other entities like the Oregon Health Plan on diabetes

activities. When assessed individually or collectively these considerations create a situation where little focus exists on controlling diabetes. As a result, the state is spending more and more each year on the complications and problems of diabetes.

OREGON IS NOT ALONE – A REVIEW OF OTHER STATE DIABETES ACTIVITIES

Perhaps there is solace in Oregon not being alone in facing diabetes or what some now refer to as "a public health embarrassment." Also, difficult budget climates make considering or implementing new diabetes control efforts difficult. More problematic though is that there are few models to draw from in developing a state public health and financing action plan against diabetes.

Realizing the limitations of the financial environment in Oregon, some of the more interesting work to review in battling diabetes is occurring in Texas. Late last year the Texas Health Institute released a report documenting the severity of the diabetes crisis facing Texas. The report identifies action steps for the state to implement as soon as possible. This report has the support of many in state government including Medicaid officials, public health government officials, elected representatives, governor appointees and the diabetes community. This report was also embraced by media in Texas with two of the most influential papers in the state writing editorials endorsing the plan and calling for action by state legislators this coming year. Copies of these editorials are contained in today's hearing packet.

Texas is beginning to realize that the scope of the diabetes problem requires close and careful planning and execution by its best and brightest. Following this example and implementing the action steps proposed by the Texas Health Institute is something Oregon should consider and act upon.

COMMON SENSE NEXT STEPS FOR CONSIDERATION

Oregon will continue having a difficult time managing the impact of diabetes without having a coordinated effort to contain the disease that involves those in government with an interest in diabetes. Put another way, Oregon will not be able to credibly fight diabetes with a prevention budget of $800,000 when diabetes is growing more than 7 percent per

year and has an impact of $2.8 billion on the state last year for health services alone.

It is imperative for Oregon to accept diabetes will provide a sizable challenge to the state and those families impacted by the disease for years to come. The draft legislation and amendment allow Oregon to take the first steps in recognizing the challenge. Given the impact of diabetes today and tomorrow, I believe supporting the legislation is a means to begin a true fight against diabetes. The bill aims to achieve and implement common sense solutions to the diabetes crisis while also accepting the budget difficulties facing the state.

Legislation similar to that before you was recently signed into law into Kentucky and Texas. In each case the legislation passed the legislature with unanimous votes of support and was coupled with enthusiastic signatures provided by governors making the provisions law. It is interesting to note the broad base of support being shown. Again, the legislation is supported by the American Diabetes Association, Council of State Governments, ALEC, NCSL, WIG, and other Oregon based groups.

A fundamental premise of the proposed legislation and its amendment is that state officials charged with safeguarding the health of Oregonians are best equipped to assess current state activities, develop future plans and guide the legislature in structuring programs to battle the epidemic. Given the reliance on this premise the legislation aims to achieve many objectives including ...

1. Requiring state agencies and related entities (The Oregon Health Authority, the Department of Human Services, and the Public Employees Benefit Board) that devote resources to battling diabetes to conduct biennial assessments of the impact of the disease on state programs. This assessment should be made public to the legislature and others on January 1 after the year of enactment while also identifying the number of lives with diabetes covered by the program, the number of lives with diabetes and family members impacted by prevention and control programs implemented by the entity, the financial toll or impact diabetes places on the program and the state, and the financial toll or impact diabetes places on the program and state in comparison to other chronic diseases and conditions overseen by the program;

2. Requiring agencies and entities that devote resources to battling diabetes to conduct detailed biennial assessments of the benefits of implemented programs and activities. Such assessments should also document the amount and source for any funding directed to the agency or entity for programs and activities aimed a reaching those with diabetes. The reports should be made available to the legislature and public on January 1 after the year of enactment;

3. Requiring state agencies and entities that are charged with battling or paying for diabetes to develop and revise biennially detailed action plans for battling the disease. These plans should identify proposed action steps to reduce the impact of diabetes, pre-diabetes and related complications upon the program, taxpayers and state. The plans should be made available to the legislature and public on January 1 after the year of enactment; and

4. Requiring state agencies and entities that are charged with battling diabetes or paying for health care services to care for people with diabetes to develop a detailed budget blueprint identifying needs, costs and resources required to implement their biennial diabetes action plans. Like other components of the legislation, the budget blueprints should be made available to the legislature and public on January 1 after the year of enactment.

The legislation, coupled with its amendment, is a reasonable first step in battling diabetes. Considering and passing this legislation will help turn Oregon into a leader in the battle against diabetes nationwide and provide the public with an understanding of what the state is doing to combat the disease. Such plans and assessment tools will also greatly help legislators when prioritizing resources available to battle diabetes and its complications.

CONCLUSION

Diabetes is perhaps the most vexing health care problem facing Oregon. The reach of the disease into all communities, ethnicities and income levels make tackling the problem extremely difficult. But, there is reason for hope.

There are opportunities you can seize upon today to ensure the future health of today's children is not dictated by diabetes. Rather, we can begin to dictate the terms by which Oregonians will engage diabetes.

The absence of a focus upon diabetes allows you and the state to take a leadership position with a blank slate perspective. Bring together the best and the brightest in the government ranks to provide best thinking on how to battle diabetes. Allow them to map out a future battle plan and so you can act upon these plans accordingly when budget becomes available. It is a reasonable step to take in light of the grim news related to the future of diabetes in Oregon.

Oregonians and their government have a chance to understand the reach and scope of how diabetes is being addressed today while also preparing for tomorrow. By appreciating how government supported efforts are succeeding or failing taxpayers and you can help direct resources into diabetes prevention, detection and management programs that work. It is vital to anticipate the future of diabetes in Oregon, prepare for it, and act to control it. The only remaining question is, are we collectively up for the challenge? I hope the answer is yes and that the committee will schedule a work session on this legislation in the near future.

Thank you for the opportunity to comment during this important hearing. I look forward to working with you and all the supporting entities on any and all matters related to diabetes over the months ahead. I sincerely appreciate your time and appropriate consideration of my remarks.

Sincerely,

Tom Boyer
Director, Government Affairs
Novo Nordisk Inc.

PACIFIC WEST

the diabetes epidemic

oregon

oregon
facts and figures

Estimated Economic Impact 2010

Medical cost of diabetes:	$2.0 B
Nonmedical cost: including lost productivity	$0.8 B
Total cost:	$2.8 B

Source: Institute for Alternative Futures Diabetes 2025 Forecasting Model, 2010 http://www.altfutures.org/diabetes2025

Estimated Adult Obesity-Attributable Percentages and Medical Expenditures

Total population (Millions)	5.7% $781
Medicare population (Millions)	6.0% $145
Medicaid population (Millions)	8.8% $180

Behavioral Risk Factor Surveillance System, CDC, 1998-2000. http://www.cdc.gov/obesity/downloads/obesity_trends_2009.ppt

Diabetes Prevalence Rates, 2010

- Approximately 183,000 people are estimated to have diagnosed diabetes.
- Another 108,200 with type 2 diabetes remain undiagnosed.
- An additional 965,600 are estimated to have prediabetes.

Source: Institute for Alternative Futures Diabetes 2025 Forecasting Model, 2010 http://www.altfutures.org/diabetes2025

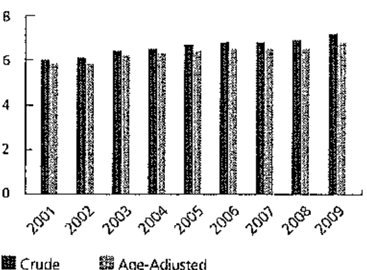
Percentage of Adults with Diagnosed Diabetes, 2001–2009

0
2
4
6
8
2001
2002
2003
2004
2005
2006
2007
2008
2009
Crude
Age-Adjusted

Source: Centers for Disease Control and Prevention: National Diabetes Surveillance System.

Approximately 291,200 adults—7.68% of the state's population—are estimated to have diagnosed or undiagnosed diabetes.

Diagnosed Diabetes Prevalence Rates Among Adults, by County



Low (≤6.9%)
Medium (7.0–10.1%)
High (≥10.2%)

State Population (2010): 3,791,000

Additional Facts and Figures

- The rate of gestational diabetes in Oregon has increased from 4.2% in 1997 to 5.4% in 2006.
- People with diabetes are four times more likely to have heart attacks or angina than people without diabetes (17% vs. 4%) and more than twice as likely to have a stroke (6% vs. 2%).

oregon
estimated projections

Diabetes Data Summary

Total Population	2010	2015	2025
Number with prediabetes	965,600	1,022,100	1,155,400
Total number with diabetes	291,200	379,500	546,000
Diagnosed	183,000	254,300	397,900
Undiagnosed	108,200	125,200	148,100
Contributed deaths	2,200	2,830	3,700
Total annual cost (2010 dollars)*	$2.8 B	$3.7 B	$5.4 B
Medical costs	$2.0 B	$2.6 B	$3.8 B
Nonmedical costs	$0.8 B	$1.1 B	$1.6 B

*Costs include undiagnosed and prediabetes costs.
Source: Institute for Alternative Futures Diabetes 2025 Forecasting Model, 2010 http://www.altfutures.org/diabetes2025

2010 Statistics for Seniors (65 & older) and Minorities

Subgroups	Seniors	African Americans	Hispanics	Asian Americans	Native Americans
Number with prediabetes	247,200	16,400	102,400	33,800	20,300
Total number with diabetes	133,000	7,300	36,000	9,700	9,000
Diagnosed	97,100	4,600	22,600	6,100	5,700
Undiagnosed	35,900	2,700	13,400	3,600	3,300
Contributed deaths	1,345	105	370	54	110
Total annual cost (2010 dollars)	$1.3 B	$67 M	$340 M	$95 M	$83 M
Medical costs	$0.9 B	$47 M	$244 M	$69 M	$59 M
Nonmedical costs	$0.4 B	$20 M	$ 96 M	$26 M	$24 M

Source: Institute for Alternative Futures Diabetes 2025 Forecasting Model, 2010 http://www.altfutures.org/diabetes2025

solutions

This resource is a call to action.

The following no-cost and low-cost proposals were developed by the Texas Health Institute in collaboration with multiple state government advocates and nonprofit entities. They can easily be implemented in your state. Many have already been implemented or are currently under review in Texas, Kentucky, Oregon, North Carolina, and other states.

No-cost strategies

1. Assess the current reach and scope of diabetes prevention and treatment in your state, including on-going efforts in multicultural and minority communities.
2. Recalibrate ongoing public-health activities to ensure an adequate focus on diabetes, given this is where the healthcare system (including Medicaid) is experiencing the most critical costs.
3. Require biannual reports from Medicaid to the legislature and governor identifying priorities and progress in addressing diabetes.
4. Develop a budget blueprint identifying needs, costs, and resources for diabetes and its complications to guide policymakers and elected officials in fighting the disease.
5. Evaluate programs throughout the state that address health disparities with a focus on diabetes, and identify best practices within those programs.
6. As your state implements health-information technology, focus on improved outcomes for diabetes patients, and promote the best information technology available to enable better diabetes management.

We can stop the broad reach, the devastating impact, and the mounting costs of diabetes across the country.

Strategies with costs

1. Implement a statewide program within the healthcare setting to screen adults and children at increased risk for diabetes.
2. Expand Medicaid self-management training and other cost-effective interventions for people with diabetes; focus on those currently utilizing healthcare services.
3. Pursue a federal/state plan amendment to close the benefit gap between Medicaid and CHIP to give pregnant women with CHIP perinatal benefits access to essential diabetes supplies (e.g., glucose meters, test strips, lancets, and syringes).

contact us

Our ambition is to defeat diabetes by advancing awareness, prevention, and education.

Novo Nordisk is a global healthcare company with more than 87 years of innovation and achievement in diabetes care.

It is the only company in the United States offering a comprehensive portfolio of diabetes treatments, including insulin delivery systems. Novo Nordisk also has a leading position in hemostatis management, growth hormone therapy, and hormone therapy for women.

Our ambition is to defeat diabetes by advancing awareness, prevention, and education and to be at the forefront of research and development in other critical areas of healthcare.

In the United States, Novo Nordisk employs more than 4,400 people who are specialized in medical, clinical, manufacturing, marketing, or sales. They're based either as employees in our New Jersey headquarters or facilities in Washington State or North Carolina, or they work within their communities as sales and medical representatives.

Our U.S. presence

The **North American Headquarters** of Novo Nordisk is located in Princeton, New Jersey.

Novo Nordisk Pharmaceutical Industries, Inc. in Clayton, North Carolina, manufactures insulin products for people with diabetes in North America, Europe, New Zealand, and Australia.

Located in Seattle, Washington, the **Novo Nordisk Inflammation Research Center** utilizes the company's strengths in the field of proteins to further build a clinical pipeline of treatments for chronic inflammatory diseases.

Our team

Our State Government Affairs team is available to share information about Novo Nordisk and to help fight diabetes in your state.

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LC 151
2012 Regular Session
12/21/11 (GMZ/ps)

DRAFT

SUMMARY

Requires Oregon Health Authority, ~~Department of Human Services~~ and Public Employees' Benefit Board to develop goals, benchmarks and plans to address diabetes, diabetes care and complications from diabetes. Requires biennial report to Legislative Assembly on data, programs, outcomes and proposed next steps.

A BILL FOR AN ACT

Relating to diabetes.

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) As used in this section, "diabetes" includes all types of diabetes.

(2) The Oregon Health Authority, the Department of Human Services and the Public Employees' Benefit Board shall collaborate to identify goals and benchmarks, while also developing agency-specific plans, aimed at reducing the incidence of diabetes in Oregon, improving diabetes care and controlling medical complications associated with diabetes.

(3) The authority, the department and the board shall report on the following to the Legislative Assembly by January 10 of each oddnumbered year:

(a) The extent of the financial impact of diabetes (INSERT ... *of all types*) on each agency, the state and localities, including, but not limited to:

(A) ~~The number of employees and clients of each entity who have diabetes and the number of family members of those employees and clients~~(OPTION 1 STRONGLY RECOMMENDED INSERT ... *The number of lives with diabetes impacted or covered by the entity*).

(OPTION 2 INSERT ... *The number of lives with diabetes and the number of those at risk for diabetes enrolled in programs or who are covered by the agency or entity for health insurance or diabetes control and management related purposes*).

(B) The number of individuals identified in subparagraph (A) of this paragraph who are affected by diabetes prevention and control programs implemented by each entity under subsection (2) of this section.

(C) The cost of diabetes and complications from diabetes for programs operated by each entity and how that cost compares to the financial impact of other chronic diseases or conditions.

(b) An assessment of the benefits of programs implemented by each agency that are aimed at preventing and controlling diabetes and the amount and source of funding for each program.

(c) A description of the coordination between the agencies with respect to activities, programs and communications related to preventing,

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managing or treating diabetes and complications from diabetes.
(d) Detailed action plans for combating diabetes, including, for each plan:
(A) A range of options for the Legislative Assembly to consider;
(B) Benchmarks for controlling and preventing each type of diabetes;
(C) Proposed action steps to reduce the impact of prediabetes, diabetes and diabetes complications; and
(D) The outcomes of the proposed action steps to be expected in the following biennium.
(e) A detailed budget blueprint identifying the needs, costs and resources required to implement the detailed action plans described in paragraph (d) of this subsection, including a budget range for all options presented by each agency for the Legislative Assembly to consider.

(INSERT ... *SECTION 2. (1) The requirements of Section 1 of this Act shall be limited to the diabetes information, data, initiatives, and programs within each agency prior to the effective date of this Act, unless there is unobligated funding for diabetes in each agency that may be used for new research, data collection, reporting, or other requirements of Section 1 of this Act.)*

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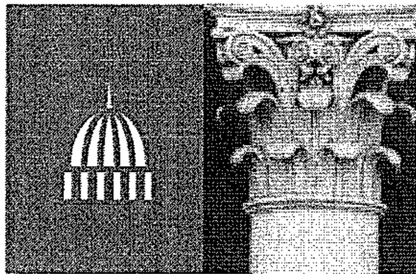


National Conference of State Legislatures

LEGISBRIEF

BRIEFING PAPERS ON THE IMPORTANT ISSUES OF THE DAY

AUGUST-SEPTEMBER 2011 VOL. 19, NO. 31

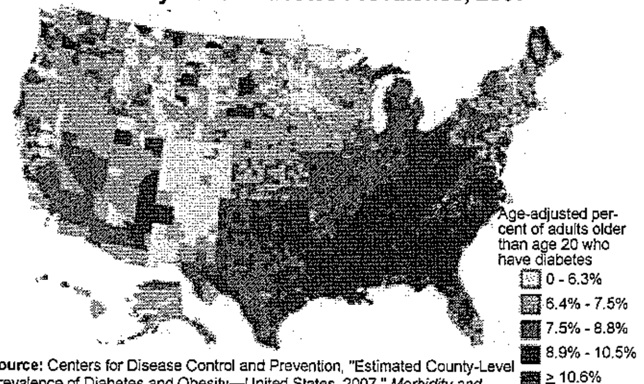
State Approaches to Prevent and Control Diabetes

By Katherine Mason

Diabetes is expected to become more prevalent.

Approximately 25.8 million Americans live with diabetes. This number has more than doubled during the past two decades, and researchers expect diabetes to become even more prevalent in coming years.

County-Level Diabetes Prevalence, 2007



Source: Centers for Disease Control and Prevention, "Estimated County-Level Prevalence of Diabetes and Obesity—United States, 2007," *Morbidity and Mortality Weekly Report* 58, no. 45 (Nov. 20, 2009: 1259-1263.

Diabetes is a medical condition in which the body does not produce or properly use insulin. Although there is no cure, effective treatments exist that allow most patients to live relatively normal lives. With proper education in self-management of the disease, and with appropriate supplies and equipment for administering medication and monitoring blood glucose levels, most people with diabetes can treat and manage their disease with minimal supervision from health professionals.

Approximately 10 percent of all U.S. health care spending is for diabetes.

Researchers attribute approximately 10 percent of all U.S. health care spending to diabetes. In 2007, diabetes cost the nation more than $174 billion—$116 billion on direct treatment, and an estimated $58 billion on lost productivity. According to an American Diabetes Association report, "People with diagnosed diabetes, on average, have medical expenditures that are approximately 2.3 times higher than the expenditures would be in the absence of diabetes."

Federal Action The Centers for Disease Control and Prevention (CDC) provides funding and technical assistance for diabetes prevention and control programs (DPCPs) in all 50 states, the District of Columbia, and some U.S. territories. The CDC awards state health departments an average of $725,000 annually. The programs help to prevent diabetes among those at highest risk, adopt diabetes care guidelines in health care delivery settings, educate providers and the public about the best care and self-management techniques, and involve communities in controlling the onset of the disease.

State programs help improve diabetes prevention and treatment.

State Action State diabetes prevention and control programs have been associated with noticeable improvements in diabetes prevention and treatment. State research and experience demonstrate that these programs help to delay and potentially prevent the development of type 2 diabetes, manage both type 1 and type 2 diabetes effectively, and prevent long-term complications that are responsible for high costs and diminished quality of life for those with diabetes.

National Conference of State Legislatures

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In 2010, the Georgia Diabetes Control Grant Program was established to develop, establish and promote a statewide effort to address the proliferation of type 2 diabetes and pre-diabetes. The program's advisory committee, appointed by the governor, includes a physician, a registered nurse, a pharmacist, a dietitian, a diabetes educator, a business community representative and a consumer who has diabetes. Grants to promote diabetes understanding and prevention will be awarded to fund new, expanded or innovative approaches, and are to include middle and high schools. The grants also can be used by health care providers to support effective diabetes programs for education, screening, disease management and self-management for those at greatest risk for pre-diabetes, diabetes and the complications of diabetes. Grants also may be awarded to address evidence-based activities that focus on policy, systems and environmental changes that support diabetes prevention, early detection and treatment.

Some statewide diabetes action plans exist.

Some states also have created statewide diabetes action plans. In 2011, Kentucky and Texas passed legislation to develop such plans. Similar legislation in Oregon failed.

Texas law requires statewide diabetes screening.

The Texas plan was developed in response to concerns of the Texas Health and Human Services Commission, which released data indicating that Medicaid clients were seen most often for diabetes. The Texas Health Institute worked with lawmakers to develop the action plan, which includes several no-cost options such as requiring agencies to assess current activities aimed at treating or preventing diabetes, refocusing agency activities on those currently living with diabetes, and planning for the coming years. The action plan also requires a biannual Medicaid report on priorities for battling diabetes, and calls for agencies with a financial role in managing diabetes to develop a budget blueprint to guide legislators. The law requires a statewide screening program, expanded self-management training for Medicaid patients with diabetes, and more equal Medicaid and CHIP benefits for pregnant mothers. Under CHIP, perinatal benefits allow access to essential supplies for monitoring and managing gestational diabetes.

Kentucky's law is similar. It requires the Department for Medicaid Services, the Department for Public Health, the Office of Health Policy and the Personnel Cabinet to collaborate to identify goals and benchmarks to reduce the incidence of diabetes, improve care and control complications. The law requires each agency to report on the results of its programs and activities for controlling and preventing diabetes, develop new action plans to address the disease, and create budget plans for programs that address diabetes.

Contact for More Information

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SOURCE: American Diabetes Association

December 28, 2011 11:13 ET

American Diabetes Association Announces 2012 Legislative Priorities in the Fight to Stop Diabetes®

ALEXANDRIA, VA--(Marketwire - Dec 28, 2011) - The American Diabetes Association, the nation's leading voluntary health organization in the fight to Stop Diabetes®, is pleased to announce its legislative priorities for 2012, including both legislative and regulatory work the Association performs in targeted areas. Each year, the Association identifies the leading legislative priorities and policy goals as a key part of the effort to Stop Diabetes®. Nearly 26 million American adults and children are living with diabetes and an additional 79 million have prediabetes. The national price tag for diabetes is at an astounding $174 billion per year. Factoring in the additional costs of undiagnosed diabetes, prediabetes and gestational diabetes brings the total cost of diabetes in the United States to $218 billion.

"Diabetes is a serious disease that is taking a devastating physical and financial toll on our country. More needs to be done to end this epidemic," said Janel Wright, National Chair, Advocacy Committee, American Diabetes Association. "If current trends continue, as many as one in three American adults will have diabetes by 2050. While the numbers are staggering, there is hope. The American Diabetes Association is committed to working with Congress and state legislators to ensure we have the programs and resources in place to save lives and Stop Diabetes."

The American Diabetes Association's federal priorities for 2012 include:

- **Federal Funding for Diabetes Research and Programs:** Funding for programs at the National Institutes of Health's National Institute of Diabetes and Digestive and Kidney Diseases, and the Centers for Disease Control and Prevention's Division of Diabetes Translation; reauthorization of Special Diabetes Programs; funding for the National Diabetes Prevention Program and additional innovative ways to increase the overall federal funding dedicated to diabetes research and prevention
- **Health Reform Defense and Implementation:** Defend the Patient Protection and Affordable Care Act against attempts to repeal or weaken the law and ensure it is implemented in ways that best meet the needs of people with diabetes and prediabetes
- **Prevention:** Focus on primary prevention of type 2 diabetes including nutrition and physical activity
- **Health Disparities:** Eliminating Disparities in Diabetes Prevention and Access to Care Act addressing racial and ethnic disparities
- **Research and Surveillance:** Stem Cell Research and Gestational Diabetes Act
- **Health Entitlement Programs** - Medicare and Medicaid
- **Discrimination Issues**
- **Bills Related to Complications and Comorbidities of Diabetes**
- **National Diabetes Clinical Care Commission Act**

The American Diabetes Association's state priorities for 2012 include:

- **Health Insurance:** Diabetes Cost Reduction Acts, Implementation of the Affordable Care Act and Medicaid
- **Discrimination Issues:** Safe at School campaign to ensure students with diabetes are medically safe and have access to the same educational opportunities as their peers and opposition to laws and policies with blanket treatment of people with diabetes, including private driver's licenses
- **Prevention:** Focus on primary prevention of type 2 diabetes including nutrition and physical activity
- **Research and Surveillance:** Diabetes Prevention and Control Programs and Stem Cell Research
- **Diabetes Action Plans:** Support bills requiring state agencies involved with diabetes to review and prioritize their efforts and develop action plans

- **Bills Related to Complication of Diabetes**
- **Reducing Sugar-Sweetened Beverage Consumption**

The American Diabetes Association is leading the fight to Stop Diabetes and its deadly consequences and fighting for those affected by diabetes. The Association funds research to prevent, cure and manage diabetes; delivers services to hundreds of communities; provides objective and credible information; and gives voice to those denied their rights because of diabetes. Founded in 1940, our mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. For more information please call the American Diabetes Association at 1-800-DIABETES (1-800-342-2383) or visit www.diabetes.org.

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