



# OLR RESEARCH REPORT

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## DIABETES PROGRAMS AND LAWS

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You asked three questions about state diabetes programs and laws. The questions and answers appear below.

Much of this report is drawn from information provided by the National Conference of State Legislatures (NCSL). More information about state diabetes programs is available on NCSL's website: <http://www.ncsl.org/issues-research/health/diabetes-health-coverage-state-laws-and-programs.aspx>. The Centers for Disease Control and Prevention (CDC) also maintains a website with links to all states' diabetes prevention and control programs: <http://www.cdc.gov/diabetes/states/>.

- 1. For the New England states, New York, and New Jersey, summarize their (a) diabetes prevention and awareness programs including the agency responsible for them and (b) laws concerning diabetes reporting or prevention.***

In addition to coordinating the National Diabetes Prevention Program, the CDC provides funding for state diabetes prevention and control programs. Table 1 below provides an overview of the programs in the states you specified, highlighting significant features or components. The table also includes links to program websites for more information.

There are several common elements to these states' diabetes programs. The programs generally include (1) disease monitoring, (2) professional development or similar initiatives for health care providers

or diabetes educators, and (3) outreach or education for patients. Some states have comprehensive diabetes plans or clinical guidelines for diabetes care. Others have made efforts to address the disparate impact of the disease on certain demographic groups.

For most of these states, there is little detail in statute about the diabetes prevention and control programs or reporting requirements. The table includes citations for those states that include details in their laws.

This report does not address laws concerning student glucose self-testing or other school-specific issues related to diabetes. If you would like information on that topic, or more details on any of the programs summarized below, please let us know.

**Table 1: Diabetes Prevention and Control Programs in Connecticut and Nearby States**

State	Program Description and Links
CT	<p>The Connecticut Diabetes Prevention and Control Program is operated by the Department of Public Health (DPH). The program’s goals include:</p> <ul style="list-style-type: none"> <li>• preventing diabetes;</li> <li>• preventing the complications, disabilities, and burdens associated with diabetes by increasing the rates of eye exams, foot exams, A1C testing, and influenza and pneumococcal vaccines;</li> <li>• eliminating diabetes-related health disparities by working with Community Health Centers and other community based organizations;</li> <li>• maintaining a diabetes surveillance system; and</li> <li>• decreasing the rates of smoking in people with diabetes.</li> </ul> <p>In 2007, DPH prepared the Connecticut Diabetes Prevention and Control Plan 2007-2012 (<a href="http://www.ct.gov/dph/lib/dph/state_health_planning/dphplans/diabetes_prev_contr_plan_2007-2012.pdf">http://www.ct.gov/dph/lib/dph/state_health_planning/dphplans/diabetes_prev_contr_plan_2007-2012.pdf</a>).</p> <p>The program facilitates the Diabetes Review and Update, an annual statewide diabetes conference for health care professionals.</p> <p>Program website: <a href="http://www.ct.gov/dph/cwp/view.asp?a=3135&amp;q=397524">http://www.ct.gov/dph/cwp/view.asp?a=3135&amp;q=397524</a>;  <a href="http://www.ct.gov/dph/cwp/view.asp?a=3135&amp;q=467302">http://www.ct.gov/dph/cwp/view.asp?a=3135&amp;q=467302</a></p>

Table 1 (continued)

State	Program Description and Links
ME	<p>The Maine Diabetes Prevention and Control Program works with public and private partners to reduce diabetes-related death, disability, and healthcare costs. Key program functions include: planning and evaluation, training and technical assistance, coordinating resources, and monitoring trends. The program is operated by the Division of Population Health within the state Department of Health and Human Services.</p> <p>The program, along with the Maine Cardiovascular Health Program and other partners, developed a 10-year, statewide cardiovascular health and diabetes strategic plan in 2011. The strategic plan is intended “as a guiding document for public health leaders, healthcare providers, educators and policy makers to prevent and control cardiovascular disease and diabetes in Maine” (<a href="http://www.maine.gov/dhhs/mecdc/population-health/dcp/documents/MCVH&amp;DMStrategicPlan_2011-2020.pdf">http://www.maine.gov/dhhs/mecdc/population-health/dcp/documents/MCVH&amp;DMStrategicPlan_2011-2020.pdf</a>).</p> <p>Program website: <a href="http://www.maine.gov/dhhs/mecdc/population-health/dcp/">http://www.maine.gov/dhhs/mecdc/population-health/dcp/</a></p>
MA	<p>The Massachusetts Diabetes Prevention and Control Program is operated by the Bureau of Community Health Access and Promotion within the state Department of Public Health.</p> <p>The program has developed clinical guidelines for adult diabetes care, in collaboration with several organizations. The guidelines are revised every two years and distributed to various health care providers and diabetes educators. The program is in the process of developing guidelines concerning diabetes care for children and adolescents (<a href="http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/diabetes/clinical-guidelines.html">http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/diabetes/clinical-guidelines.html</a>).</p> <p>Among other things, the program also (1) maintains a diabetes surveillance system and (2) develops diabetes-related educational materials and media campaigns.</p> <p>Program website: <a href="http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/diabetes/">http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/diabetes/</a></p>

Table 1 (continued)

State	Program Description and Links
NH	<p>New Hampshire's Diabetes Education Program is operated by the state Department of Health and Human Services. The program's activities include:</p> <ul style="list-style-type: none"> <li>• provider education, including (1) professional development for health care providers and educators and (2) an annual statewide conference;</li> <li>• community health education;</li> <li>• clinical quality improvement through case management, including (1) publishing the New Hampshire Guidelines for Primary Care, a summary of nationally recognized best practices for diabetes care and (2) promoting the best clinical practices at a network of primary care sites; and</li> <li>• monitoring and reporting.</li> </ul> <p>In 2006, the state prepared the New Hampshire Action Plan for Diabetes. The plan addresses workforce development, public education, and access to care (<a href="http://www.dhhs.nh.gov/dphs/cdpc/diabetes/documents/action-plan.pdf">http://www.dhhs.nh.gov/dphs/cdpc/diabetes/documents/action-plan.pdf</a>).</p> <p>Program website: <a href="http://www.dhhs.nh.gov/dphs/cdpc/diabetes/">http://www.dhhs.nh.gov/dphs/cdpc/diabetes/</a></p>
NJ	<p>The New Jersey Diabetes Prevention and Control Program is run by the state Department of Health. The program seeks to reduce the health impacts of diabetes by:</p> <ul style="list-style-type: none"> <li>• increasing awareness of diabetes and its complications,</li> <li>• improving the quality of diabetes care and access to care,</li> <li>• developing partnerships and increasing community involvement to address diabetes issues, and</li> <li>• utilizing data to better apply resources and improve health outcomes.</li> </ul> <p>The program has prepared Diabetes Disaster Guidelines with information on how patients with diabetes should prepare for the loss of electricity, severe weather events, or similar situations (<a href="http://www.state.nj.us/health/fhs/documents/diabetes_disaster_guidelines.pdf">http://www.state.nj.us/health/fhs/documents/diabetes_disaster_guidelines.pdf</a>).</p> <p>The program includes an outreach component targeted to five counties in the southern part of the state: <a href="http://www.nj.gov/health/fhs/diabetes/what.shtml">http://www.nj.gov/health/fhs/diabetes/what.shtml</a>.</p> <p>Program website: <a href="http://www.state.nj.us/health/fhs/diabetes/index.shtml">http://www.state.nj.us/health/fhs/diabetes/index.shtml</a></p> <p>Citation: <a href="#">N.J. Stat. § 26:2-138 to -142</a></p>

Table 1 (continued)

State	Program Description and Links
NY	<p>New York's Diabetes Prevention and Control Program is operated by the state Department of Health. In collaboration with the New York Diabetes Coalition, the program developed a Diabetes Prevention and Management Toolkit for health care providers (<a href="http://www.health.ny.gov/diseases/conditions/diabetes/toolkit_descriptions.htm">http://www.health.ny.gov/diseases/conditions/diabetes/toolkit_descriptions.htm</a>).</p> <p>The program also developed professional training webcasts, in collaboration with the University of Albany School of Public Health.</p> <p>The state health department also maintains a website with links to disaster planning for patients with diabetes. Among other things, it provides information on emergency access to diabetes syringes without a prescription (<a href="http://www.health.ny.gov/diseases/aids/harm_reduction/needles_syringes/index.htm">http://www.health.ny.gov/diseases/aids/harm_reduction/needles_syringes/index.htm</a>).</p> <p>The state health department also coordinates "Creating Healthy Places to Live, Work and Play," an initiative intended to promote healthy lifestyles and prevent obesity and type 2 diabetes (<a href="http://www.health.ny.gov/prevention/nutrition/healthy_places.htm">http://www.health.ny.gov/prevention/nutrition/healthy_places.htm</a>).</p> <p>Program website: <a href="http://www.health.ny.gov/diseases/conditions/diabetes/projects_and_initiatives.htm">http://www.health.ny.gov/diseases/conditions/diabetes/projects_and_initiatives.htm</a> <a href="#">N.Y. Public Health Law § 2796</a></p>
RI	<p>The Rhode Island Diabetes Prevention and Control Program coordinates the Rhode Island Statewide Diabetes Health System (RI-SDHS), comprised of over 700 agencies and individuals.</p> <p>In 2010, the state prepared a diabetes state plan for 2010-2015 (<a href="http://www.health.ri.gov/publications/stateplans/2010-2015Diabetes.pdf">http://www.health.ri.gov/publications/stateplans/2010-2015Diabetes.pdf</a>).</p> <p>The program provides information and resources for health care providers to improve the care of patients who have or are at risk for diabetes. Other program focus areas include:</p> <ul style="list-style-type: none"> <li>• the Certified Diabetes Outpatient Education Program, which certifies nurses, dietitians, and pharmacists in diabetes education (<a href="http://ridiabeteseducators.org/">http://ridiabeteseducators.org/</a>);</li> <li>• the Multicultural Diabetes Education Program, which provides multilingual and multicultural basic diabetes education and support in select communities; and</li> <li>• TEAMWORKS, a 3-hour diabetes self-management program for adults, presented by a team of diabetes educators and a physician.</li> </ul> <p>Program website: <a href="http://www.health.ri.gov/programs/diabetespreventionandcontrol/index.php">http://www.health.ri.gov/programs/diabetespreventionandcontrol/index.php</a></p>

Table 1 (continued)

State	Program Description and Links
VT	<p>The Vermont Diabetes Prevention and Control Program is operated by the state Department of Health.</p> <p>In addition to disease surveillance, program activities or products include a diabetes toolkit and several other publications for the public or health care providers. The program also maintains a list of hospitals and medical centers that provide diabetes self-management education programs  <a href="http://healthvermont.gov/prevent/diabetes/documents/DiabetesEducProg1-09.pdf">                     (http://healthvermont.gov/prevent/diabetes/documents/DiabetesEducProg1-09.pdf)</a>.</p> <p>Program website: <a href="http://healthvermont.gov/prevent/diabetes/diabetes.aspx">http://healthvermont.gov/prevent/diabetes/diabetes.aspx</a></p>

Sources: NCSL; state program websites

**2. Summarize laws concerning diabetes insurance coverage in the New England states, New York, and New Jersey.**

All New England states, New York, and New Jersey require private insurance plans to provide diabetes coverage. These states also provide coverage under Medicaid or other public insurance options.

Table 2 below provides information on these states' general requirements concerning private insurance coverage for diabetes-related medication, equipment, supplies, education, and services. In some cases, the states specify particular items within each category that are included; in other cases, the statute sets a basic standard but does not identify particular items that are covered. The table also includes information on (1) allowable co-pays or deductibles and (2) statutory citations and links.

More information about mandated diabetes insurance coverage in Connecticut and New York, including the legislative history of New York's insurance mandate, is available in OLR Report [2012-R-0284](#).

**Table 2: Required Private Insurance Coverage for Diabetes in Connecticut and Nearby States**

<b>Connecticut</b>	
Medication	Yes: not specified
Equipment and Supplies	Yes: not specified
Education	Yes: including medical nutrition therapy
Services	Yes: outpatient self-management training, including initial training visits after diagnosis
Copayments or Deductibles	Same terms and conditions that apply to other benefits under the policy
Citations and Links	<a href="#">CGS §§ 38a-492d, 38a-492e, 38a-518d, 38a-518e</a>
<b>Maine</b>	
Medication	Yes: insulin
Equipment and Supplies	Yes: oral hypoglycemic agents, monitors, test strips, syringes, and lancets
Education and Services	Yes: out-patient self-management training and educational services provided by the state's Diabetes Control Project
Copayments or Deductibles	Not specified
Citations and Links	Me. Rev. Stat. tit. 24, § 2332-F; tit. 24-A, §§ 2754, 2847-E, 4240 <a href="http://www.mainelegislature.org/legis/statutes/">http://www.mainelegislature.org/legis/statutes/</a>

Table 2 (continued)

<b>Massachusetts</b>	
Medication	Yes: insulin and prescribed oral diabetes medications that influence blood sugar levels
Equipment and Supplies	Yes: several specified items including blood glucose monitors and monitoring strips, voice-synthesizers for blood glucose monitors for use by persons who are blind, visual magnifying aids for the blind, urine glucose strips, ketone strips, lancets, insulin syringes, specified laboratory tests, urinary protein/microalbumin and lipid profiles, insulin pumps and related supplies, insulin pens, and therapeutic/molded shoes and shoe inserts for people with severe diabetic foot disease
Education and Services	Yes: medical nutritional therapy and outpatient self-management training by specified providers
Copayments or Deductibles	Not specified
Citations and Links	Mass. Gen. Laws ch. 32A, § 17G; ch.118E, §10C; ch. 175, § 47N; ch. 176A, § 8P; ch. 176B, § 4S; ch. 176G, § 4H  <a href="http://www.malegislature.gov/laws/generallaws">http://www.malegislature.gov/laws/generallaws</a>
<b>New Hampshire</b>	
Medication	Yes: insulin and oral agents
Equipment and Supplies	Yes: not specified
Education and Services	Yes: including outpatient self-management training and medical nutritional therapy
Copayments or Deductibles	Not specified
Citations and Links	N.H. Rev. Stat. §§ 415:6-e, 415:18-f, 420-A:17-a, 420-B:8-k  <a href="http://www.gencourt.state.nh.us/rsa/html/indexes/default.html">http://www.gencourt.state.nh.us/rsa/html/indexes/default.html</a>



Table 2 (continued)

<b>New Jersey</b>	
Medication	Yes: insulin and oral agents for controlling blood sugar
Equipment and Supplies	Yes: blood glucose monitors including those for the legally blind, test strips for glucose monitors and visual reading and urine testing strips, injection aids, insulin cartridges for the legally blind, syringes, insulin pumps and related parts, and insulin infusion devices
Education and Services	Yes: self-management education
Copayments or Deductibles	Benefits must be provided to the same extent as for any other sickness under the policy
Citations and Links	N.J. Stat. §§ 17:48-6n, 17:48A-7l, 17:48E-35.11, 17B:26-2.1l, 17B:27-46.1m, and 26:2J-4.11  <a href="http://www.njleg.state.nj.us/">http://www.njleg.state.nj.us/</a> (click "Statutes" under "Laws and Constitution" on the left)
<b>New York</b>	
Medication	Yes: insulin, oral and injectable agents for controlling blood sugar, and oral agents for treating hypoglycemia
Equipment and Supplies	Yes: long list of specified items including lancets and automatic lancing devices; glucose test strips; alcohol swabs; skin prep wipes; IV prep equipment; blood glucose monitors including those for the visually impaired; control solutions used in blood glucose monitors; data management systems for managing blood glucose; urine testing products for glucose and ketones; insulin infusion devices; injection aids; cartridges for the visually impaired; disposable injectable insulin cartridges and pen cartridges; other disposable injectable medication cartridges and pen needles used for diabetes therapies; glucagon emergency kits; syringes; and insulin pumps, equipment, and pump supplies
Education and Services	Yes: self-management training
Copayments or Deductibles	Subject to same conditions as required for similar types of benefits under the policy
Citations and Links	N.Y. Ins. Law §§ 3216, 3221, 4303, 4321  <a href="http://public.leginfo.state.ny.us/menugetf.cgi?COMMONQUERY=LAWS">http://public.leginfo.state.ny.us/menugetf.cgi?COMMONQUERY=LAWS</a>  <a href="http://www.health.ny.gov/diseases/conditions/diabetes/private_health_insurance_plans.htm">http://www.health.ny.gov/diseases/conditions/diabetes/private_health_insurance_plans.htm</a>

Table 2 (continued)

<b>Rhode Island</b>	
Medication	Yes: insulin and oral agents for controlling blood sugar
Equipment and Supplies	Yes: blood glucose monitors including those for the legally blind, test strips for glucose monitors and visual reading devices, injection aids, cartridges for the legally blind, syringes, insulin pumps and related parts, insulin infusion devices, and therapeutic or molded shoes to prevent amputation
Education and Services	Yes: medical nutritional therapy and self-management education
Copayments or Deductibles	Co-pays or deductibles can be no greater than those imposed for other supplies, equipment, or physician office visits
Citations and Links	R.I. Gen. Laws §§ 27-18-38, 27-19-35, 27-20-30, 27-41-44 <a href="http://webserver.rilin.state.ri.us/Statutes/TITLE27/INDEX.HTM">http://webserver.rilin.state.ri.us/Statutes/TITLE27/INDEX.HTM</a>
<b>Vermont</b>	
Medication	Yes: not specified
Equipment and Supplies	Yes: not specified
Education and Services	Yes: includes medical nutrition therapy and outpatient self-management training
Copayments or Deductibles	Benefits must be subject to the same dollar limits, deductibles, and coinsurance factors as for other benefits within the policy
Citations and Links	Vt. Stat. tit. 8, § 4089c <a href="http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=08&amp;Chapter=107&amp;Section=04089c">http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=08&amp;Chapter=107&amp;Section=04089c</a>

Sources: NCSL; Westlaw research; state websites

**3. Summarize the Diabetes Action Plan legislation that passed in Kentucky and Texas, including the fiscal note for the legislation.**

**Kentucky.** In 2011, Kentucky passed legislation requiring the Department for Medicaid Services, Department for Public Health, Office of Health Policy, and Personnel Cabinet to collaborate to identify goals and benchmarks and develop individual entity plans to reduce the incidence of diabetes in Kentucky, improve diabetes care, and control diabetes-associated complications (2011 Kentucky Laws Ch. 83 (SB 63), codified at Ken. Stat. §§ 211.751 to 211.753).

Under the act, these four agencies must report every two years on specified measures related to diabetes in the state. The report must include:

1. information on the disease's financial impact and reach;
2. an assessment of diabetes prevention and control programs and the level of coordination between the entities on diabetes issues;
3. information on the development or revision of detailed action plans for battling diabetes, including items for the state legislature to consider; and
4. information on the development of a detailed budget blueprint identifying needs, costs, and resources required to implement the action plan.

The act specifies that these requirements are limited to existing diabetes information, data, initiatives, and programs within each agency prior to the act's effective date, unless there is unobligated diabetes funding in each agency for new research, data collection, reporting, or other requirements under the act.

The text of the bill, including amendments, is available at <http://www.lrc.ky.gov/record/11rs/SB63.htm>. The codified statutes can be accessed at <http://www.lrc.ky.gov/KRS/211-00/CHAPTER.HTM>.

We spoke to Theresa Renn, the coordinator for the Kentucky Diabetes Prevention and Control Program, about the act's fiscal note or expected cost. She stated that the program has not quantified the act's cost, although substantial staff resources across the four agencies have been expended for over a year implementing the act. These resources have involved existing staff.

She also stated that an earlier version of the legislation had a fiscal note but the version that became law required implementing the act using existing information or programs. Thus, without that limitation, the act would likely have required hiring additional people to gather and analyze data. The legislature adopted an amendment adding the limitation specified above.

Information about Kentucky's Diabetes Prevention and Control program is available at <http://chfs.ky.gov/dph/info/dpqi/cd/diabetes.htm>.

**Texas.** Since 1989, Texas law has required the Texas Diabetes Council to develop and implement a state plan for diabetes treatment, education, and training. The plan may include provisions ensuring that (1) individual and family needs are assessed statewide and all available

resources are coordinated to meet those needs and (2) health care provider needs are assessed statewide and strategies are developed to meet those needs. The council must submit the state plan in odd-numbered years.

Each state agency affected by the plan must determine (1) what resources would be required to implement the portions affecting that agency and (2) whether that agency will seek funds to implement that portion of the plan. State agencies affected by the plan, in even-numbered years, must report this information, as well as any deviation from the proposed plan and an explanation for the deviation (Texas Health & Safety Code § 103.013).

In 2011, Texas passed legislation requiring the council, in conjunction with developing the state plan, to conduct a statewide assessment of existing state programs for the prevention and treatment of diabetes. As part of the assessment, the council must collect data regarding the (1) number of people served by the programs, (2) areas where prevention services and diabetes treatment are unavailable, and (3) number of health care providers treating individuals with diabetes under the programs. The law requires the council to report these findings in odd-numbered years (2011 Tex. Sess. Law Serv. Ch. 409 (S.B. 796), codified at Texas Health & Safety Code § 103.0131). These statutes are available at <http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.103.htm>.

The fiscal note for the 2011 legislation reported that no significant fiscal impact to the state was anticipated, as the Department of State Health Services anticipated that any additional work resulting from the bill's passage could be reasonably absorbed within current resources (<http://www.capitol.state.tx.us/tlodocs/82R/fiscalnotes/pdf/SB00796E.pdf#navpanes=0>).

The most recent Texas state diabetes plan is available on the Texas Diabetes Council's website: <https://www.dshs.state.tx.us/diabetes/default.shtm>. The 2012-2013 plan includes five priorities and several goals within each priority category. We have contacted the council for information about the financial cost of implementing the plan. We will forward to you any information we receive from the council.

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