

March 5, 2014

Public Health Committee

Connecticut Legislature

State Capitol

Hartford, CT 06106

Dear Chairpersons:

My name is Stewart Perry. I am a Past National Chair of the Board of the American Diabetes Association, a person with Type 2 diabetes and a Diabetes Advocate and Consultant. I write today in support of legislation to create a Diabetes Action Plan for the state of Connecticut. The aim of this legislation is to establish a review and assessment of Connecticut's efforts in controlling and preventing diabetes. It accomplishes this goal by calling upon the state agencies with a vested interest in containing the reach of the diabetes epidemic to develop a systematic plan of action to confront the disease, provide a report and recommendations to the legislature, and to revisit and revise the plan every two years to assure efforts.

Legislation supporting the creation and updating of state Diabetes Action Plans enjoys broad interest from various groups, including the Council of State Governments (CSG) which recently identified the Diabetes Action Plan legislation as suggested state legislation. Women in Government (WIG) have a national effort underway to work with legislators to enact the bill and the National Association of Chronic Disease Directors (NACDD) has provided technical assistance to some states to help assemble the envisioned report. The National Conference of State Legislatures (NCSL) has featured this legislation in publications as a potential step in battling the reach and scope of diabetes. Finally, the American Diabetes Association (ADA), American Association of Diabetes Educators and a host of other organizations have supported similar Diabetes Action Plan legislation across the country.

DIABETES PREVALENCE IN CONNECTICUT: YESTERDAY, TODAY & TOMORROW

Diabetes is a serious issue for Connecticut. Unlike other chronic diseases, *diabetes prevalence trends are increasing*. It knows no boundaries. It affects men and women, all races and ethnicities, age groups, education levels and income brackets. However, research shows there are overwhelming disparities among the elderly, minority populations, and lower income and education levels.

More than 294,900 adults in Connecticut or 8.24% of adults lived with diabetes in 2010, compared with 173,000 in 2000. This represents a 60 **percent** increase in just the past 10 years! An additional 911,200 lived with pre-diabetes in 2010. Taken together, one in every three people in Connecticut in 2010 lived with diabetes, or its precursor – pre-diabetes.

Without significance efforts to address these trends, the burden of diabetes will only continue to grow over the years ahead. In 2025, projections suggest 477,300 Connecticut residents will live with diabetes. The population with pre-diabetes will also grow to 940,100 in 2025.

THE HUMAN TOLL OF DIABETES IN CONNECTICUT

The prevalence numbers tell only part of the story. Uncontrolled diabetes can lead to devastating complications like visual impairment that can lead to blindness, kidney failure and amputations of lower extremities. Compared with rates in 2010, projections suggest that in 2025 in Connecticut, there will be marked increases in the number of annual cases of visual impairment due to diabetes, in renal failure attributed to diabetes and in the number of lower extremity amputations directly caused by diabetes.

Uncontrolled and inappropriately managed diabetes can cost years of productivity and increase chances of premature death. Those with diabetes in Connecticut are twice as likely to report depression while also having increased rates of heart attacks and strokes, blindness, kidney failure and amputations. The heart attack risk alone for people with diabetes is **four times** greater than those living without the disease. **Eighteen percent** of all pregnancies are impacted by gestational diabetes; women with gestational diabetes are **seven times** more likely to develop type 2 diabetes post-pregnancy and their babies are at a higher risk for obesity and type 2 diabetes later in life.

THE COST OF DIABETES TODAY AND TOMORROW

The total financial burden of diabetes in America reached \$299 billion in 2010, and diabetes and its complications today **consume one in every 10 of America's health care dollars. One in three Medicare dollars is spent on people with diabetes.** People with diabetes have healthcare costs that are two times higher than people without diabetes. In Connecticut alone the **total estimated medical costs** for diabetes in 2010 were over \$2.0 billion, and nonmedical costs were \$0.8 billion for a total cost of **\$2.8 billion.** According to projections for 2025, the total cost of diabetes for the state of Connecticut will reach **\$4.7 billion** – representing an almost \$2.0 billion, or **60 percent increase**, in costs from 2010. This trend is unsustainable.

WHAT YOU CAN DO TO COMBAT CONNECTICUT'S DIABETES CRISIS

As these startling statistics demonstrate, diabetes will be a sizable health and budgetary challenge for years to come. Passing this proposed legislation will allow Connecticut to take a concrete step in recognizing and systematically responding to the challenge.

A fundamental premise of the proposed legislation is that state officials and others charged with safeguarding the health of Connecticut's families are best equipped to assess the current state of diabetes here. Upon presentation of the Diabetes Action Plan's findings, it will be up to the legislature and the governor to take the next step and identify how best to work with as a team to fight the disease. Legislation similar has been signed into law in multiple other states -- Kentucky, Texas, New Jersey, North Carolina, Illinois, Washington, Oregon, Louisiana and North Dakota after near unanimous approval

in each legislature. The report from Kentucky recently became public and provides an excellent blueprint for other states to follow.

The legislation calls for a report every two years assessing the impact of diabetes on state programs, the benefits of existing diabetes focused programs and activities, funding needs and the development of a coordinated action plan to reduce the impact of diabetes, pre-diabetes and related complications upon the program, taxpayers and state. The plan would also include a budget blueprint identifying needs, costs and resources required to implement the biennial diabetes action plans along with other recommendations for action.

The biennial Diabetes Action Plan will offer immediate opportunities to intervene and interrupt the trends in diabetes prevalence that are having such a devastating effect on individuals and on the health care budget. It will have larger benefits in addressing chronic disease as well. By focusing on the Diabetes problem first. As Dr. Stephanie Mayfield Gibson, Kentucky's Commissioner of Health, said in support of their own Diabetes Action Plan legislation, "If we can get a handle on diabetes and its complications, we deal with a large portion of our Chronic Disease problem."

CONCLUSION

Enacting the Diabetes Action Plan legislation is an important next step in battling diabetes and associated chronic disease in Connecticut and will establish Connecticut's leadership in the effort. It will also let the citizens of the state know what their government is doing to improve coordination and eliminate duplication among state agencies and programs to improve health. The action plans and assessment tools will also greatly help legislators to prioritize resources and pursue policies to battle diabetes and its complications.

I sincerely appreciate your time and consideration of my remarks. I encourage you to approve this legislation and look forward to working with you and all the supporting entities on any and all matters related to diabetes over the months ahead.

Stewart Perry

Diabetes Advocate and Consultant