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Testimony before the Joint Committee on Public Health, March 5, 2014

Senator Gerratana, Representative Johnson, and members of the Public Health Committee, thank you for the opportunity to submit testimony to your committee.

I'm delighted that the Public Health Committee is tackling Care Coordination for Chronic Disease (HB 5386), a continuing concern to not only Connecticut, but all the states.

I'm Bob Godfrey, from Danbury, Connecticut, Deputy Speaker of the Connecticut House of Representatives, and Past Chairman of the Council of State Governments (CSG). Founded at the height of the Great Depression in 1933, the Council of State Governments is the ONLY national organization composed of and serving all three branches of state government. CSG is a region-based forum that fosters the exchange of insights and ideas to help state officials shape public policy.

As part of its work, CSG has offered a series of Policy Academies focusing on issues its member states have been facing. There have been three¹ that dealt specifically with one of the most widespread of chronic diseases, diabetes. There are over 26 million people with diabetes in the United States. I'm one of them. 7 million of that 26 million don't know they have diabetes. And more alarmingly, 1 in 3 Americans (35%) is pre-diabetic. Even more alarming, the American Diabetes Association estimates the total costs of diagnosed diabetes was \$245 billion in 2012, up nearly 17 percent from \$174 billion in 2007.

What will states do? What will Connecticut do?

Happily, we have a plan.

As noted in CSG's newsletter of August 29, 2013:

¹ National CSG meeting in 2012, CSG West and CSG East in 2013

“The Diabetes Action Plan is a new way to help ensure legislators and other policymakers are strategically taking steps toward reducing the prevalence of diabetes in their state. Kentucky and Texas passed Diabetes Action Plan legislation in 2011, while seven other states—Illinois, Louisiana, New Jersey, North Carolina, North Dakota, Oregon and Washington—passed legislation in 2013.

“This is legislation that aims to establish a collaborative process across state agencies,” said Marti Macchi, senior consultant for diabetes for the National Association of Chronic Disease Directors. She was one of the featured speakers for a recent CSG webinar, “Preparing States for Diabetes Action Plan Legislation.”

Macchi said three state agencies are typically included in the legislation—agencies that house the Medicaid program, the state Department of Health, usually the diabetes program staff, and the agency responsible for state employee health benefits.

“Really what the law requires is that these agencies come together and develop a collaborative plan of action,” Macchi said. “This is a biannual report that provides a very narrowly focused look, highlighting the problems and the costs associated with diabetes. ... It does foster collaboration among state agencies to make very specific policy recommendations for people with and at risk of diabetes that are actionable for the state legislature to consider. ... Those recommendations should include a blueprint for cost and no-cost strategies.”

Connie White, deputy commissioner for clinical affairs at the Kentucky Department of Health, said the legislation—KRS 211.752—was a challenge at first.

“The legislation very clearly said what partners would be at the table for this report, this plan,” White said. “It was really not the classic diabetes folks at the table you would expect if you’re writing a diabetes plan. We were scratching our heads a little bit, looking at all the requirements of the legislation and thinking, ‘Oh wow, this is going to be a challenge.’”

Oh, wow, indeed!

I’m asking that the Public Health Committee include in HB 5386 such a Diabetes Action Plan. Knowing that diabetes needs not only to be treated, but in some senses prevented, it seems to me that we would be prudent to address comprehensively a Connecticut approach to tackling diabetes. It is, of course, humane in the first instance, not only to those of us with diabetes but also to our families and loved ones. It could be a way of predicting and reducing the high costs diabetes brings to health care in both the general population, and in state and municipal employees who participate in our health insurance plans. It could also be a means by which health care providers and non-profits (the YMCA in 39 states, including Connecticut, offer an evidence-based diabetes prevention program) join with lead agencies in a widely based effort.

I have provided the committee with language from the Kentucky law, the first in the nation, to guide you in drafting a provision for inclusion in the bill you’re hearing now. I can make other state’s statutes

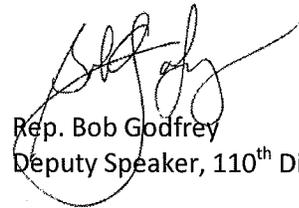
available through CSG, if that would help. I would encourage members and staff who are interested in much more information to visit CSG's Knowledge Center² on both the challenge of diabetes in general and the Diabetes Action Plan more specifically.

I'm also honored to include with my testimony a letter from Stewart Perry, a Past National Chair of the American Diabetes Association (and like me, a person with type 2 diabetes) advocating Connecticut's adoption of a Diabetes Action Plan. He has Connecticut specific statistics (there were more than 294,900 adults in Connecticut with diabetes in 2010 – 8.24% of our population, and more than the population of our biggest city – and the numbers are rising dramatically), and a more detailed description of the provisions of the Plan. He will be visiting with us here in Connecticut in the next few weeks, as soon as we can nail down the schedule; I'll ensure that you are all invited to meet him.

I want to acknowledge two pharmaceutical companies that have been of great help to the Council of State Governments and me in our three-year efforts on diabetes: Novo-Nordisk (I'm sure you've seen or heard their commercials), and Danbury-based Boehringer-Ingelheim, both of which have tasked themselves in solving the challenges of diabetes and chronic diseases. You will hear from BI later in this hearing. I applaud their cooperation.

This idea is hardly a new one. There have been discussions about this here for several years; I've been a part of them. My hope is that this year we can enact a Connecticut Diabetes Action Plan to serve the people of our state, bring costs under control, and develop a comprehensive, inclusive approach to the treatment and prevention of diabetes.

Thank you,



Rep. Bob Godfrey
Deputy Speaker, 110th District

² <http://knowledgecenter.csg.org/kc/search/site/diabetes>