



## STATE DIABETES PROGRAMS

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### ISSUE

This report answers a series of questions on diabetes that address (1) its prevalence and associated health care costs in Connecticut, (2) states' outreach and prevention programs and activities, and (3) states' Medicaid coverage of diabetes education.

#### ***1. What is Connecticut's Diabetes Prevention and Control Program?***

The Department of Public Health (DPH) administers the state's [Diabetes Prevention and Control Program](#). The program provides residents and health care professionals with resources that promote diabetes awareness, prevention, and information. It also works with local public health systems to examine diabetes issues statewide and share program successes. The program's goals include:

1. preventing diabetes and promoting awareness of and programs for pre-diabetes among people at high-risk for type 2 diabetes;
2. preventing diabetes-related complications, disabilities, and burdens by increasing rates of eye and foot exams, hemoglobin A1C testing, and influenza and pneumococcal vaccines;
3. promoting participation in diabetes self-management education programs (a) recognized by the American Diabetes Association (ADA), (b) accredited by the American Association of Diabetes Educators, or (c) licensed by Stanford medical school;
4. increasing the use of chronic disease self-management programs in community settings;

5. providing training and technical assistance to health care workers, community-based organizations, and others working on diabetes projects and policy;
6. collaborating and coordinating with other chronic disease programs;
7. decreasing smoking rates in people with diabetes; and
8. promoting social, environmental, and systems approaches to diabetes prevention and control.

Additionally, the department maintains a [diabetes surveillance system](#) that collects and disseminates statewide information on diabetes and associated risk factors and complications.

## ***2. Does Connecticut use federal funds to administer the Diabetes Prevention and Control Program?***

According to DPH, the federal Centers for Disease Control and Prevention (CDC) funds the Diabetes Prevention and Control Program. In FY 16, the program received \$454,688 from the CDC's Prevention and Public Health Fund (PPHF) and \$283,164 in non-PPHF funds. The department also received \$46,115 from the CDC's Preventive Health and Health Services Block grant in FYs 14 and 15. The department must use the funds for diabetes prevention and control programs and policy and cannot use them for direct patient care.

## ***3. Are there additional state initiatives that address diabetes outreach and prevention?***

According to DPH, the Diabetes Prevention and Control Program is the state's primary initiative to address diabetes outreach and prevention. The program also collaborates with the Department on Aging and the state's five area agencies on aging to provide information and referrals to chronic disease and diabetes self-management programs in Connecticut. These programs provide (1) techniques to deal with the emotional aspects of disease management; (2) appropriate exercise for improving physical strength, flexibility, and endurance; (3) appropriate use of medications; (4) communicating effectively with loved ones and health professionals; (5) nutrition; (6) decision making; and (7) methods for evaluating new treatments.

Additionally, DPH provides a range of diabetes-related information on its website, including (1) a list of ADA-recognized diabetes education programs in Connecticut; (2) resources to help consumers choose health care providers specializing in diabetes; and (3) Internet links to the state's smoking "quitline," which provides cessation counseling and information.

#### **4. When was Connecticut's Diabetes Prevention and Control Plan last updated?**

DPH, in consultation with over seventy partners, developed the state's Diabetes Prevention and Control Plan for 2007 through 2012. The plan's purpose was to help residents delay or prevent diabetes' onset, reduce diabetes-related complications, and enhance the quality of life for those affected by the disease. The department updated the plan annually from 2008 to 2011 and made a final update in 2013. (A copy of the full report is available at [http://www.ct.gov/dph/lib/dph/aids\\_and\\_chronic/chronic\\_disease/pdf/dpcp\\_plan\\_8\\_10\\_07.pdf](http://www.ct.gov/dph/lib/dph/aids_and_chronic/chronic_disease/pdf/dpcp_plan_8_10_07.pdf).)

DPH subsequently issued "Live Healthy Connecticut: A Coordinated Disease Prevention and Health Promotion Plan" in April 2014. The plan identifies 12 priority areas for 2014 through 2018, including diabetes prevention and disease management. (A copy of the full report is available at [http://www.ct.gov/dph/lib/dph/hems/chronic\\_dis/connecticut\\_chronic\\_disease\\_plan\\_april\\_2014.pdf](http://www.ct.gov/dph/lib/dph/hems/chronic_dis/connecticut_chronic_disease_plan_april_2014.pdf).)

#### **5. How many Connecticut residents have diabetes or pre-diabetes? What are the associated health costs of these conditions on the state's health care system? Does the ADA collect any related data?**

**Diabetes and Pre-diabetes Prevalence.** The CDC's Behavioral Risk Factor Surveillance System (BRFSS) telephone survey collects state data on residents' health-related risk behaviors, chronic health conditions, and use of preventive services. According to BRFSS 2011 through 2013 data, an estimated 250,000 Connecticut residents ages 18 and older have been diagnosed with diabetes. This accounts for 8.9% of the state's adult population. An additional 83,000 adults are unaware that they have the disease.

These statistics vary by gender, race, ethnicity, and socioeconomic status. For example, Connecticut's African American and Hispanic adults have higher diabetes rates than white adults (13.6%, 10.6%, and 8.1%, respectively). As another example, adults with annual household incomes less than \$25,000 have the highest diabetes rates, and those who did not graduate high school have the highest rates of undiagnosed diabetes.

BRFSS 2011-2013 data also found that an estimated 6.4% of Connecticut adults have been diagnosed with pre-diabetes. However, only 56.2% of adults without diagnosed diabetes report having been tested for the disease in the past three years. Rates of diabetes testing varied by gender, ethnicity, and age as follows:

1. females were more likely than males to report having been tested for diabetes in the last three years;
2. adults categorized as "other" race and ethnicity were the least likely to report such testing; and
3. adults ages 18 to 44 were significantly less likely to report such testing compared to adults ages 45 and older.

**Associated Health Care Costs.** According to the DPH website, in 2012 diabetes cost the state \$2.92 billion in direct and indirect health care costs. The department's March 2015 Diabetes Statistics [report](#) found that 20.2% of all 2012 hospital discharges were diabetes-related and 1.6% had diabetes as the primary diagnosis (excluding pregnancy and newborn hospitalizations). Diabetes-related hospitalizations generated 17.7% of all hospital charges (\$2.3 billion) in 2012 and 1.3% of all hospital charges (\$170 million) were for hospitalizations with diabetes as the primary diagnosis. (The full report is available at [http://www.ct.gov/dph/lib/dph/hems/chronic\\_dis/diabetes/ct\\_diabetes\\_stats\\_16apr\\_2015\\_final.pdf](http://www.ct.gov/dph/lib/dph/hems/chronic_dis/diabetes/ct_diabetes_stats_16apr_2015_final.pdf).)

**ADA Data.** We contacted the ADA's New England office to determine if they collect any Connecticut-specific data. We have not yet received a response and will forward any information we receive in a separate report.

#### **6. Does the Connecticut General Assembly have a diabetes caucus?**

We conducted an Internet and electronic records search and were unable to find a diabetes caucus at the Connecticut General Assembly.

#### **7. What is the status of DPH's chronic disease plan required by PA 14-148?**

[PA 14-148](#) required the DPH commissioner to develop and implement a plan to (1) reduce the incidence and effects of chronic disease, including diabetes; (2) improve chronic disease care coordination in Connecticut; and (3) improve outcomes for conditions associated with chronic disease. It also required the commissioner, by January 15, 2015 and biennially thereafter, to report to the Public Health Committee on the plan.

The law required the commissioner to develop the plan within available resources. According to DPH, the department did not receive additional funding to develop and implement the plan, thus it was not completed.

**8. Which states have passed laws requiring diabetes action plans?**

At least 16 states have enacted legislation requiring a diabetes action plan. While the frequency and content of the required reporting varies across states, most such laws require specified state agencies to submit biannual reports including (1) the financial impact of diabetes in the state; (2) an assessment of existing programs intended to reduce the impact of the disease; (3) the coordination among state agencies or others involved in controlling and preventing diabetes; (4) a detailed action plan to address diabetes, for legislative consideration; and (5) a budget blueprint to implement the plan.

These states are listed in Table 1, along with citations. Following the table is a detailed summary of the law for one such state (New Jersey) as an example.

**Table 1: State Laws Requiring Diabetes Action Plans**

<b>State</b>	<b>Citation</b>
Arkansas	Act 167 (2015)
Florida	Fla. Stat. Ann. § 385.203
Illinois	20 Ill. Comp. Stat. Ann. 2310/2310-643
Kentucky	Ky. Rev. Stat. Ann. § 211.752
Louisiana	La. Rev. Stat. Ann. § 46:2616 (requires annual report)
Mississippi	Miss. Code Ann. § 41-3-201 (requires annual report)
Missouri	Mo. Ann. Stat. § 191.990
New Jersey	N.J. Stat. Ann. § 26:2-142.1
North Carolina	N.C. Gen. Stat. Ann. § 130A-221.1
North Dakota	N.D. Cent. Code § 23-01-40

Table 1 (Cont.)

State	Citation
Oklahoma	SB 250 (2015)
Oregon	Chapter 333, 2013 Laws (requires one-time report)
Tennessee	Tenn. Code Ann. § 68-1-2602
Texas	Tex. Health & Safety Code §§ 103.013 and 103.0131
Washington	Chapter 4, Laws of 2013 (§ 211) (requires one-time report)
Wyoming	Wyo. Stat. Ann. § 35-25-301 (requires one-time report)

Sources: State statutes; *State Diabetes Action Plans: News from the Field*, National Association of Chronic Disease Directors (May 2015), available at [http://www.womeningovernment.org/files/MACCHI\\_WIG\\_May\\_2015.pdf](http://www.womeningovernment.org/files/MACCHI_WIG_May_2015.pdf).

***New Jersey Diabetes Action Plan Legislation.*** In 2013, New Jersey enacted legislation requiring the Department of Health, in consultation with the Department of Human Services and the Department of Children and Families, to (1) develop a diabetes action plan to reduce the impact of diabetes in the state and (2) biannually report to the governor and legislature on specified related matters. The plan must identify goals and benchmarks related to reducing the incidence of diabetes, improving diabetes care, and controlling complications associated with diabetes.

The report must include:

1. the financial impact and reach of diabetes on these departments, the statewide population, and specific areas of the state, including the (a) number of people with diabetes receiving services provided by each department, (b) number of people with diabetes and family members impacted by the departments' diabetes prevention and control programs, and (c) financial impact of diabetes and its complications on each department and how this impact compares to other chronic diseases;
2. the benefits of existing programs and activities aimed at preventing or controlling diabetes, including the amount and source of any funding directed to each department for these purposes;

3. the level of coordination among the three departments on activities, programs, and messaging related to the management, treatment, or prevention of diabetes and its complications;
4. developing or revising a detailed action plan for preventing and controlling diabetes with a range of actionable items for consideration by the legislature, including (a) identifying proposed actions to reduce the impact of diabetes, pre-diabetes, and related complications; (b) identifying expected outcomes of such proposals in the following biennium; and (c) establishing benchmarks for preventing and controlling diabetes, reducing the incidence of diabetes, improving diabetes care, and controlling diabetes-associated complications; and
5. developing a detailed budget blueprint identifying needs, costs, and resources required to implement the plan, including a budget range for each proposed action for legislative consideration (N.J. Stat. Ann. § 26:2-142.1).

**9. What activities have Illinois, Kentucky, and Washington undertaken to address diabetes, and is there information on any results or cost savings?**

Below is an overview of diabetes initiatives in these states. We could not find much information on the programs' results. However, as noted above, each of these states have enacted diabetes action plan legislation, and these laws require an assessment of implemented diabetes programs and activities.

**Illinois**

*Prevention and Control Program, State Diabetes Commission, and State Plan.* The Illinois [Diabetes Prevention and Control Program](#), within the Department of Public Health, undertakes various diabetes-related activities, such as tracking the incidence of the disease and developing educational materials.

The Illinois State Diabetes Commission, within the Department of Public Health, meets three times a year. Its membership includes (1) the public health director or the director's designee, (2) physicians and other health care professionals, (3) representatives from advocacy groups, (4) legislators, and (5) individuals with diabetes.

The commission's statutory duties include:

1. holding public hearings to gather information from the general public on diabetes-related issues;

2. developing a strategy for the prevention, treatment, and control of diabetes in the state;
3. examining the needs of adults, children, racial and ethnic minorities, and medically underserved populations who have diabetes; and
4. reporting to the legislature on a diabetes action plan and related matters (20 Ill. Comp. Stat. Ann. 2310/2310-643).

In November 2014, the Department of Public Health published the [Illinois Diabetes State Plan](#). In addition to background information about the disease, the plan includes (1) information on the prevalence of the disease in Illinois and related information and (2) goals, strategies, and action steps.

The plan includes an evaluation component to assess (1) the plan's goals and objectives and (2) how the department, local health entities, and other stakeholders are using the plan. The evaluation will include data analysis, surveys, and reporting.

*Illinois Diabetes Caucus.* In April 2011, a group of Illinois state legislators announced the formation of a bipartisan [Diabetes Caucus](#). The caucus is intended to advance diabetes policy and educate legislators about diabetes issues, among other things.

The group's [mission](#) is to promote sound diabetes policy development in various ways, such as educating legislators about diabetes issues; establishing a forum to develop political strategies to advance diabetes issues; and evaluating legislative and public policy changes to advance diabetes education, prevention and treatment. According to the group's [bylaws](#), a board of directors is responsible for the overall policy and direction of the caucus.

Among other activities, the caucus has advanced [legislation](#) on various diabetes-related issues.

## ***Kentucky***

*Diabetes Report.* A law passed in 2011 requires the Medicaid services and public health departments, health policy office, and personnel cabinet to report biennially to the Legislative Research Commission on diabetes control and prevention efforts in the state, including data on the scope and cost of diabetes treatment and prevention services and recommendations to improve the state's diabetes outcomes.

According to the [most recent report](#) (2015), approximately 10.6% of Kentucky adults had diabetes in 2013. The report estimated that diabetes cost the state approximately \$2.66 billion in direct medical costs for that year.

The 2015 report also noted that the state had made progress since 2013 by, among other things:

1. applying for and receiving a small grant from the National Association of Diabetes Educators to promote and scale the Diabetes Prevention Program in the state,
2. making the Diabetes Prevention Program a covered benefit under the Kentucky public employee health plan, and
3. appropriating \$5.2 million in the FY 15-16 biennial budget to local health departments for diabetes prevention and control efforts.

The report made several recommendations for continued progress, such as:

1. increasing the availability and use of evidence-based (a) lifestyle change programs, such as the Diabetes Prevention Program and (b) diabetes self-management education programs to help individuals with diabetes learn to manage their illness,
2. improving efforts to identify prediabetes and diabetes through evidence-based screening; and
3. supporting policies that improve outcomes for people with and at risk for diabetes and other chronic diseases.

The report also provides several “action items” to accomplish the above recommendations (e.g., for the first recommendation, the report suggests providing outreach and information to employer groups and private insurance about the Diabetes Prevention Program and encouraging them to offer the program as a covered employee benefit).

## **Washington**

*Diabetes Epidemic and Action Plan.* In 2013, Washington’s legislature passed a law that required the state’s health department, social and health services department, and health care authority (i.e., state health care marketplace) to report to the legislature and governor by the end of 2014 on state efforts to prevent and control diabetes.

The resulting Diabetes Epidemic and Action Plan noted that, as of 2012, approximately 9% of the state's total population had diabetes. The report estimated diabetes-related medical expenses for that year at approximately \$3.75 billion.

The plan recommended several goals to prevent and control diabetes in the state, including the following:

1. ensuring all appropriate populations have access to the state's Diabetes Prevention Program;
2. increasing access to (a) safe and affordable active living where people work, learn, live, play and worship across their lifespan and (b) healthy foods and beverages in those locations;
3. ensuring all people with diabetes receive self-management education from a Diabetes Education Program;
4. enhancing care coordination for people with both diabetes and mental illness; and
5. increasing stakeholder involvement in policymaking that pertains to diabetes.

The report also recommended actions necessary to achieve these goals. For example, for the first goal, the report recommended that the legislature require the health care authority and health department to jointly develop a plan, by October 2015, to increase appropriate use of the existing diabetes self-management education benefits available through the state's Medicaid and public employee health programs.

*Budget Provisions.* Washington's [FY 16-17 biennial budget](#) includes provisions to address diabetes in the state. For example, it requires the:

1. state health care authority to identify strategies to improve patient adherence to diabetes treatment plans and implement the strategies as a pilot program through one of the state's health home programs (these programs provide comprehensive care coordination to high-cost, high-risk Medicaid and Medicare/Medicaid (dual) eligible clients);
2. state health care authority to (a) develop a plan to implement an expanded oral health care program for adults with diabetes and (b) report on the plan and projected cost savings to the governor and legislature by December 1, 2015; and

3. health care authority, health department, and social and health services department to report to the legislature and governor by June 30, 2017 on statewide diabetes control and prevention services, including each agency's action plan for addressing diabetes.

### ***10. Describe diabetes prevention programs in the Massachusetts, New York, and New Jersey health departments.***

All three of these states have diabetes prevention and control programs administered by the state's health department. These programs are funded in part by the CDC. Below, we provide an overview of these, highlighting significant features or components.

#### ***Massachusetts***

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. The program's goals include (1) improving access to affordable, high-quality diabetes care and services, especially for at-risk populations and (2) educating the public and health professionals on how to prevent and manage diabetes.

The program developed [clinical guidelines](#) on adult diabetes care, in collaboration with several organizations, and is in the process of developing guidelines on diabetes care for children and adolescents.

The adult guidelines were first developed in 1999 and last revised in 2011. The guidelines are based on the ADA's Clinical Practice Recommendations and address topics such as diagnostic and testing criteria, treatment approaches, self-management education, cardiovascular risk reduction, and inpatient glucose management.

Among other things, the program also (1) maintains a diabetes surveillance system and (2) develops diabetes-related educational materials and media campaigns. For example, the program developed a media campaign to encourage Hispanic women with gestational diabetes to talk with their doctors and receive post-delivery follow-up care. The campaign included Spanish language television commercials and a poster in English and Spanish.

## ***New Jersey***

The [New Jersey Diabetes Prevention and Control Program](#) is run by the state Department of Health (New Jersey Stat Ann. § 26:2-138 et seq.). The program's goals include increasing awareness of the disease and its complications, improving the quality of diabetes care and access to care, developing partnerships and increasing community involvement to address diabetes, and using data to better apply resources and improve health outcomes.

The program includes an [outreach component](#) targeted to five counties in the southern part of the state to increase public awareness and encourage actions to help communities control diabetes. The program also prepared [Diabetes Disaster Guidelines](#) with information on how patients with diabetes should prepare for the loss of electricity, severe weather events, or similar situations.

In FY 14, the program provided grants to (1) incorporate a clinical decision support system for patients with high blood pressure and diabetes into a regional planning collaborative's health information exchange and (2) organizations that promote diabetes self-management education.

Among other things, the program also, in collaboration with other entities, prepared an [education module](#) for diabetes care at home.

As noted above, New Jersey is among the states that have enacted legislation requiring the state to complete a diabetes action plan. (We are waiting for information on the plan's status from the department.)

## ***New York***

The [New York Diabetes Prevention and Control Program](#) is operated by the state Department of Health (N.Y. Public Health Law § 2796). In collaboration with the New York Diabetes Coalition, the program developed a [Diabetes Prevention and Management Toolkit](#) for health care providers and patients. The toolkit includes various components, such as (1) a double-sided summary of guidelines for diabetes management, based on the ADA's Clinical Practice Recommendations; (2) an eye exam report to document exam dates and results and transfer results from eye care providers to primary care providers; and (3) various resources for patients, such as a wallet-sized card to keep track of basic tests and results.

The health department coordinates "[Creating Healthy Places to Live, Work and Play](#)," an initiative intended to promote healthy lifestyles and prevent obesity and type 2 diabetes. The initiative works with communities to increase the availability

and accessibility of (1) places to be physically active and (2) fresh fruits and vegetables. It also works with employers to add wellness programs and make work places healthier.

The department has prepared a [resource guide](#) for families and schools about caring for children with diabetes.

Among other diabetes-related resources, the health department also maintains a [website](#) with information on disaster planning for patients with diabetes. Among other things, it provides information on emergency access to diabetes syringes without a prescription.

### ***11. Does Connecticut's Medicaid program cover Diabetes Self-Management Education (DSME)?***

According to DSS, the Department does not cover DSME services under the CT Medicaid plan. The Department does cover dietetic and nutritional services for registered patients of federally qualified health centers in Connecticut who are diagnosed with diabetes and they are referred by their primary care provider. In addition, dietetic and nutritional services can be performed in conjunction as part of a medical clinic visit at an outpatient hospital but these services cannot be performed or billed as the primary service rendered during this clinic visit.

### ***12. What other states cover DSME under their Medicaid programs?***

According to a November 2013 National Conference of State Legislatures survey of state public health directors, at least 30 states cover DSME under their Medicaid programs.

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