

Wrice, Monique

From: Bak, Leigh <Leigh.Bak@ynhh.org>
Sent: Wednesday, March 02, 2016 11:55 AM
To: HSTestimony
Subject: Testimony re HB 5440
Attachments: Balamurugan Diab Educ 2006.pdf; 2014_Alaska DiabetesMedicaidClaimsAfterDSME.pdf

Testimony in Support of HB 5440: AN ACT CONCERNING MEDICAID REIMBURSEMENT FOR DIABETES PREVENTION AND SELF-MANAGEMENT.

My name is Leigh Bak, and I am a Milford resident. Thank you Chairwomen Abercrombie and Moore, and members of the committee for providing us with this opportunity to speak in support of this bill and to advocate for people with diabetes and pre-diabetes who are covered by Medicaid here in Connecticut.

In addition to being a Connecticut resident, I am an Advanced Practice Registered Nurse, a Certified Diabetes Educator, a member of the Connecticut Alliance of Diabetes Educators and a Diabetes Clinical Nurse Specialist at Yale-New Haven Hospital. In that role, I see, literally every day, the devastating effects that diabetes can have on people. And I also see the benefits to people who have had the opportunity to learn about this very serious condition.

Diabetes is common: There are 347,000 people in Connecticut living with diabetes, and 70,000 of those individuals are enrolled in Medicaid, because diabetes disproportionately affects minorities, the poor, and those who live in urban areas.

Diabetes is debilitating: People with diabetes have a 2 to 4-fold increased risk of heart disease and stroke. Diabetes is the leading cause of kidney failure and new blindness in adults, as well as non-traumatic limb amputations.

Diabetes is costly: In 2012, the direct cost of diabetes care and complications in Connecticut was \$3 billion and an additional \$1 billion in indirect costs such as lost productivity from missed work or disability, not to mention the impact on quality of life.

Diabetes is largely self-managed: Even if under the care of the best endocrinologist in Connecticut, the person with diabetes is still "in charge" on a day-to-day basis.

And diabetes is complicated: Even really intelligent people have difficulty navigating the ins and outs of a therapeutic diet, the impact of 45 versus 75 grams of carbohydrate at a meal, how (and when) to use a blood glucose meter, not only how to administer insulin, but the right type and dose for a given situation, how to prevent or manage a hypoglycemic event, how to weather a sick day with diabetes; I could go on and on. The point is that diabetes self-care is really complex, and the results of an ill-informed decision can have life-threatening consequences. The only way for a lay person to stand a chance of good diabetes self-management is to have access to self-management education at the time of their diagnosis and throughout their lifetime, because diabetes and its management changes throughout a person's life. New therapies are discovered or refined; a woman decides to start a family; a devastating complication occurs, maybe affecting a person's ability to see or care for themselves.

Diabetes education is cost-effective: Diabetes Self-Management Education has been demonstrated to reduce Hemoglobin A1c (a measure of long-term diabetes control and risk indicator of complications), Emergency Department (ED) visits, and hospitalization rates (Diabetes Self-Management Education Program for Medicaid Recipients: A Continuous Quality Improvement Process by A. Balamurugan, The Diabetes Educator, November, 2006).

The state of Alaska found that Diabetes Self-Management Education reduced the cost of caring for Medicaid beneficiaries in the first year after participation in a DSME program (memorandum to B. Stillwater, AK Diabetes Prevention and Control, DHSS dated May 30, 2014.). While the study was small, they found statistically significant reductions in Medicaid spending by DSME participants relative to non-participants, which suggest that offering DSME classes for people with diabetes (PWD) on Medicaid could result in overall annual savings on Medicaid expenditures. Specifically, they found that Medicaid recipients with diabetes who attended at least one DSME session experienced a 27.1% reduction in annual Medicaid spending relative to Medicaid recipients with diabetes that did not participate in DSME. For FY 2014, they estimated the savings would be approximately \$5,670 per Medicaid beneficiary.

Diabetes self-management education is covered by Medicare and every major insurer in the state of Connecticut, with the exception of Medicaid; and I'd like to note that the vast majority of states already cover DSME under Medicaid.

Connecticut's most vulnerable citizens aren't eligible to receive the most important tool we have to combat this debilitating health condition; knowledge about self-care.

I urge your support of this bill to provide Medicaid coverage for Diabetes Self-Management Education and the Diabetes Prevention Program to Connecticut residents.

Thank you for your consideration.

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