

**Testimony of the American Diabetes Association in Support of
House Bill 5440 – Medicaid Coverage for Diabetes Self-Management Education (DSME)
and the Diabetes Prevention Program (DPP)**

Thank you Chairwoman Moore, Chairwoman Abercrombie, and committee members for the opportunity to testify. My name is Stephen Habbe, and I am the Advocacy Director for the American Diabetes Association. I am here to convey the Association's support for House Bill 5440 regarding Medicaid coverage for diabetes. The American Diabetes Association is the largest voluntary health association serving all people with diabetes, with a mission to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

There are nearly 350,000 people with diabetes in Connecticut, including an estimated 70,000 people enrolled on Medicaid. And there are even greater numbers of people with prediabetes. People with prediabetes have elevated blood glucose levels and are at high risk for developing type 2 diabetes.

This legislation is important because diabetes can be a devastating disease. It is a leading source of complications that can be disabling or deadly – including blindness, kidney failure, lower limb amputations, heart disease, and stroke. In addition to the personal toll this disease takes, diabetes also takes a costly toll on Connecticut with \$3 billion in annual medical costs and \$1 billion in indirect costs (such as sick days).

This legislation seeks to address critical care gaps through the addition of coverage for Diabetes Self-Management Education (DSME) and the Diabetes Prevention Program (DPP). Diabetes Self-Management Education prepares people with diabetes to properly self-manage their diabetes given the vital importance of proper self-management in ensuring healthy outcomes. The Diabetes Prevention Program successfully helps people with prediabetes lower their risk for developing diabetes through group sessions and related maintenance activities focusing on healthy eating and increased physical activity.

The Association views both of these programs as critical, evidence-based approaches that keep people with diabetes healthy and prevent diabetes among those with prediabetes. These services are recommended in our Standards of Medical Care in Diabetes, which are widely referenced in the medical community. Not only are these services cost effective, but they address the fundamental objective of Medicaid – keeping people healthy and productive. Diabetes Self-Management Education is already widely reimbursed among other insurers, including most Medicaid programs throughout the country. And the U. S. Preventive Services Task force just recommended services like the Diabetes Prevention Program, pointing to the evidence base that had been established by the Diabetes Prevention Program.

Legislatures across the country are revisiting what they are doing to turn the tide on diabetes given the very wide scope of this disease. The Association would appreciate your support for House Bill 5440 to make an important step forward in stopping the devastation caused by diabetes. I am also providing suggested language revisions to better address the bill's intent. Thank you for your consideration.

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The Mission of the American

Diabetes Association is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

Revisions Suggested by the American Diabetes Association

Section 1. (NEW) (Effective from passage) (a) The Commissioner of Social Services shall, in accordance with section 17b-8 of the general statutes, seek federal approval for a Medicaid waiver under Section 1115 of the Social Security Act for a five-year demonstration project to provide coverage for a diabetes prevention program that meets the standards of the National Diabetes Prevention Program, as established by the Centers for Disease Control and Prevention~~community-based education program to help prevent type 2 diabetes~~. The commissioner shall apply for such waiver not later than sixty days after the effective date of this section. The commissioner may apply to renew the program at the end of the five-year period.

(b) The Commissioner of Social Services ~~may~~shall contract with a nonprofit community-based human services provider to manage and deliver the ~~community-based education program to help prevent type 2 diabetes~~diabetes prevention program. Such program shall include, but not be limited to, information on (1) dietary changes that may help prevent type 2 diabetes, (2) weight management techniques, and (3) the importance of ~~scheduling regular health checkups with a medical provider~~regular physical activity.

(c) The Commissioner of Social Services shall consult with the Commissioner of Public Health to coordinate services provided under the federal Medicaid waiver program authorized pursuant to this section with the services provided under the state's Diabetes Prevention and Control Program.

(d) The commissioner shall annually report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to human services and public health on (1) the number of persons enrolled in the community-based education program, and (2) aggregate data on improved health outcomes, if any, of such persons as measured by weight ~~and blood glucose management~~. For purposes of this section, "type 2 diabetes" means a type of diabetes mellitus that ~~affects mainly adults and~~ is characterized by insulin resistance or desensitization and increased blood glucose levels.