

## Testimony in Support of HB 6237: AN ACT ADOPTING THE RECOMMENDATIONS OF THE DIABETES ADVISORY COUNCIL.

My name is Leigh Bak, and I am a Milford resident. I appreciate the opportunity to voice my support of HB 6237 AN ACT ADOPTING THE RECOMMENDATIONS OF THE DIABETES ADVISORY COUNCIL.

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 our minorities, the poor and those who are urban dwellers.

**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 more common in minority populations.** Members of minority populations would benefit from culturally-appropriate diabetes care and education. We need to address the increased need for culturally-sensitive diabetes care & education.

**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 as well as hospitalization rates.

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 (1) secure Medicaid coverage for diabetes self-management education at programs accredited by the American Diabetes Association or the American Association of Diabetes Educators, (2) devise a plan and seek financial support to increase the state's pool of lay and professional diabetes educators who represent at-risk populations including, but not limited to, minorities and those residing in lower socioeconomic and rural areas, and (3) modify cost-sharing of diabetes self-management education by reforming insurance plans to decrease barriers and ensure that such education is not subject to insurance deductibles or copayments.

Thank you for your consideration.

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