

Support for HB 6237

As a diabetes educator for over twenty years I have seen first-hand the benefits of diabetes self-management education. More importantly, the literature is replete with studies documenting the benefits and cost effectiveness of this intervention. The fact that those most at risk for diabetes complications are denied coverage for this invaluable service needs to change.

Diabetes is a difficult disease to manage but doing so results in far fewer costly complications. Whereas the health care provider is an important member of the patient's health care team, he or she does not have the time to work with the patient to develop and modify a diabetes self-management action plan. Typically this involves ten hours of education where the patient works collaboratively with a certified diabetes educator. This care is delivered in centers that achieve recognition by the American Diabetes Association or the American Association of Diabetes Educators to provide diabetes self-management education (DSME).. There are 33 other states where Medicaid covers this service, including several of our neighbors. Medicare and Connecticut based insurances also cover this service. Leaving our state's Medicaid clients without this service means that those with the most complex lives who need DSME the most are denied access to this evidence based service which the ADA cites is a standard of care. Some of the social determinants of health that impact their lives including transportation (e.g. to grocery stores), financial issues, lack of education, potential language barriers making health literacy even more difficult and other issues complicate blood sugar management and make the services of a DSME program even more important.

In an abstract presented at the ADA in 2005 entitled "Cost effectiveness of DSME in Medicaid patient" the authors (R. Olsfeldt et al) conclude that a diabetes self-management and nutrition education program can reduce resource utilization among Medicaid recipients with diabetes within one year. It makes financial sense to cover this service. In addition to the financial benefit the reduction in human suffering from patients taking an active role in their diabetes is driven home to me by an interaction with an African American man I worked with several years ago. He was just getting ready to start hemodialysis and described that he did not know that diabetes could cause kidney disease. How could he not know this? I can't help but think that starting DSME earlier could have helped this man to control his diabetes and prevent or at least postpone the (expensive) renal failure.

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