



Connecticut Department of Public Health

Testimony Presented Before the Public Health Committee

Friday February 17th, 2017

Commissioner Raul Pino, M.D., M.P.H.
860-509-7101

House Bill 6237 – An Act Adopting the Recommendations of the Diabetes Advisory Council.

The Department of Public Health (DPH) thanks you for the opportunity to testify and provides the following information regarding House Bill 6237. This bill proposes to amend the general statutes to (1) secure Medicaid coverage for diabetes self-management education 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, (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, and (4) build the capacity for a state-wide diabetes self-management education program with an emphasis on culturally and linguistically appropriate standards and improved access.

Should the Department be responsible for implementing the provisions outlined in this bill, we can work in partnership with stakeholders to address provisions (2) and (4), as long as federal funds are available for such purposes. Should federal funds be reduced or eliminated, the Department cannot fulfill such requirements within available appropriations. Provisions (1) and (3) do not fall under the purview of DPH and the Department respectfully requests that the Committee consult with the Departments of Social Services and Insurance regarding the potential fiscal impact of these provisions upon their agencies.

The Department is committed to addressing diabetes and provides you with the following information about diabetes and diabetes self-management education. Diabetes impacts about 9% of the Connecticut population, and it is the seventh leading cause of death in Connecticut. Diabetes contributes to heart disease, which is Connecticut's number one cause of death. There are significant health disparities in the prevalence of diabetes and diabetes related outcomes. For example, diabetes impacts almost 15% of poor adults earning less than \$25,000 a year. Related lower extremity amputations are about four times higher in Black or African Americans compared to Whites. According to the 2014 Connecticut Acute Care Hospital Inpatient Discharge database, 20.6% of all hospital discharges, excluding pregnancy and newborn hospitalizations (64,315 discharges), were diabetes-related, resulting in \$ 2.3 billion in hospital charges.^{1, 2, 3}

¹ [*Connecticut Department of Public Health \(DPH\), Behavioral Risk Factor Surveillance System, 2015 data.*](#)

² *Connecticut DPH, Vital Records Mortality Files, 2014 data.*

³ *Connecticut DPH, Acute Care Hospital Inpatient Discharge Database (HIDD), 2014 data.*

Diabetes self-management education (DSME) is an evidence-based program for people with diabetes to gain the knowledge and skills needed to better manage their diabetes and lead healthier lives. DSME is delivered in clinical settings by certified diabetes educators or other licensed health professionals with training and experience in diabetes self-management. DSME focuses on key self-management strategies so patients can achieve better blood sugar control and prevent diabetes related complications. Various studies have shown that DSME delivers costs savings. In 2011, Duncan, et al. noted that patients who participated in DSME had an average savings of \$1,455 per patient per year in insurance costs as compared to patients who had no diabetes education. Cost savings over three years averaged \$4,366 per patient.⁴

The diabetes self-management program (DSMP), Stanford Model, is an evidence-based option for people with diabetes to learn in community settings how to better manage their diabetes. The DSMP workshops are led by trained, lay leaders who are often from the participants' community and who may have diabetes themselves. DSMP is a six session workshop focusing on life-style skills needed to manage the impact of diabetes on daily living.

This proposal will improve health disparities of priority populations from a health equity perspective. Equity in health implies that, ideally, everyone can attain full health potential, and that no one should be disadvantaged from achieving this potential because of social position or other socially determined circumstance. Efforts to promote equity in health are therefore aimed at creating opportunities and removing barriers to achieving the health potential of all people.

Certain populations experience a higher rate of diabetes and its complications. A more diverse workforce would be able to provide linguistically and culturally appropriate DSME and DSMP, which may allow high-risk populations to be better engaged in self-management learning; leading to better health and fewer complications.

Patient costs for DSME present barriers to access. Health plan coverage and reduced cost sharing could allow more people with diabetes, especially those in high-risk populations, to learn diabetes self-management skills and reduce their chances for diabetes-related complications.

Thank you for your consideration of the Department's views on this bill.

⁴ *Ian Duncan et al., Assessing the Value of the Diabetes Educator, 37 THE DIABETES EDUCATOR, no. 5, 638-657 (Sept./Oct. 2011).*

Health Equity Impact Worksheet

Equity in health implies that ideally everyone can attain full health potential, and that no one should be disadvantaged from achieving this potential because of social position or other socially determined circumstance. Efforts to promote equity in health are therefore aimed at creating opportunities and removing barriers to achieving the health potential of all people. It involves the fair distribution of resources needed for health, fair access to the opportunities available, and fairness in the support offered to people when ill

1. Does this legislation impact all CT residents? Check one: Yes No

2. Does this legislation impact any of the following priority populations of DPH (or else all CT residents)? Check one: Yes No. If yes, check all that apply.

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Racial minority | <input type="checkbox"/> Immigrants/refugees | <input type="checkbox"/> Homeless |
| <input checked="" type="checkbox"/> Ethnic minority | <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Mentally ill |
| <input type="checkbox"/> Age group | <input type="checkbox"/> Sexual minority | <input type="checkbox"/> Underserved geographic area |
| <input type="checkbox"/> Gender group | <input type="checkbox"/> Limited English proficiency | <input type="checkbox"/> Veterans |
| <input checked="" type="checkbox"/> Low income or education | <input type="checkbox"/> Disabled | |

**3. Does this legislation impact any of the following social/structural factors? Check one: Yes No
If yes, check all that apply:**

Access to healthy food	<input type="checkbox"/>
Access to safe, affordable housing	<input type="checkbox"/>
Access to healthy indoor and outdoor places, such as homes, schools, parks, and playgrounds	<input type="checkbox"/>
Access to quality medical care and/or social services	<input checked="" type="checkbox"/>
Access to safe medical care and/or social services	<input checked="" type="checkbox"/>
Access to medical/social services that are affordable and culturally appropriate	<input checked="" type="checkbox"/>
Appropriate language/communication services in medical care /social service settings	<input checked="" type="checkbox"/>
Diverse pool of health and medical practitioners representative of the populations served	<input checked="" type="checkbox"/>
Community economic development that supports local homes, businesses, buildings, and land	<input type="checkbox"/>
Data collection on sociodemographic factors that influence health (e.g., race, language spoken)	<input type="checkbox"/>
Early childhood development services and community supports	<input type="checkbox"/>
Education that is high quality and culturally appropriate for all students	<input type="checkbox"/>
Job training and jobs that provide all residents a livable income	<input type="checkbox"/>
Law and justice system that provides equitable access and fair treatment for each person	<input type="checkbox"/>
Policies to eliminate discriminatory practices that negatively affect the priority populations	<input type="checkbox"/>
Public safety that includes fire, police, emergency medical services, and code enforcement	<input type="checkbox"/>
Safe and supportive communities	<input type="checkbox"/>
Transportation that is safe, efficient, affordable, convenient, and reliable for everyone	<input type="checkbox"/>
Underserved medical or health professional shortage areas	<input type="checkbox"/>
Other, describe:	<input type="checkbox"/>

4. Would the proposed legislation improve or harm the target population's relationship to these factors?

a. Legislation may improve the target population's relationship to one or more factors listed in # 3.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Legislation may harm the target population's relationship to one or more factors listed in #3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Legislation does not consider the health impact of these social factors on the target population.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional comments:	

5. In a few sentences, please describe any positive or negative impacts the bill may have on health equity.

<p>DPH data shows that diabetes disproportionately affects lower income populations. Those on Medicaid would benefit from the services of diabetes education at an American Diabetes Association/ American Association of Diabetes Educators recognized program. Research on diabetes education demonstrates better blood sugar control thus leading to lower rates of complications and cost savings.</p>
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