

CAPITOL RESEARCH

● ● ● HEALTH

Diabetes: States Continue Tackling the Massive Health Issue

Around 26 million people, or 8.3 percent of the American population, have diabetes. The chronic disease is the seventh-leading cause of death and the primary cause of kidney failure, nontraumatic lower-limb amputations and new cases of blindness among adults across the country. Overall, the risk of premature death among people with diabetes is about twice that of people without the disease.

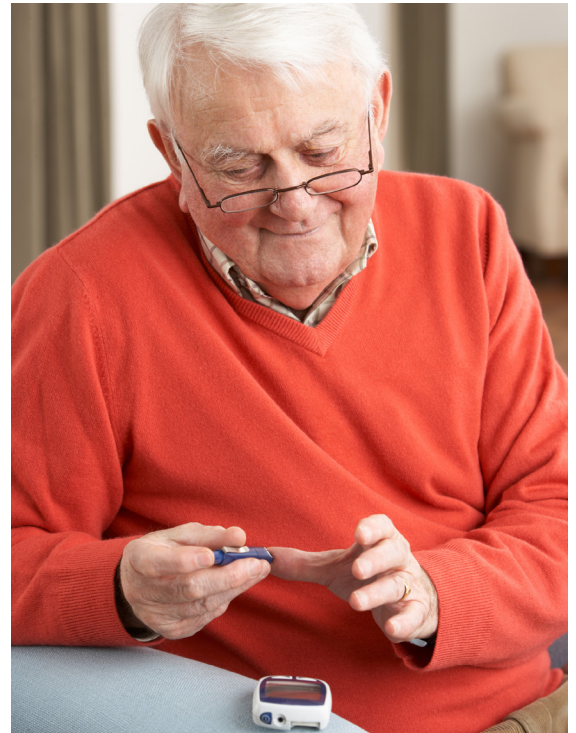
Annually, diabetes costs the U.S. about \$116 billion in direct medical costs and \$58 billion in indirect costs through disabilities, work loss and premature mortality. Medical expenses for people with diabetes are more than two times higher than for individuals without diabetes.¹

States Moving Legislation Forward

Because of the high economic costs of diabetes, along with the poor health outcomes of those with the disease, states are tackling the problem with legislation targeting preventive measures.

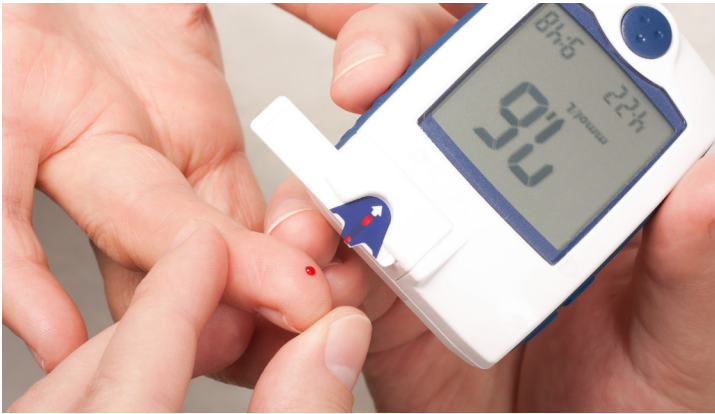
Hawaii (2011, House Concurrent Resolution 310)

House Concurrent Resolution 310 urges the promotion of health initiative projects in Hawaii. These healthy initiative projects, modeled after the Blue Zone community in Albert Lea, Minn., encourage Hawaiians to live a healthier lifestyle by promoting school and workplace wellness programs, revising restaurant menu and vending machine offerings, adding community gardens, creating walking clubs and building new hiking trails, among other projects.² The Department of Health, Department of Agriculture, Hawaii Farm Bureau, Healthy Hawaii Initiative, John H. Burns School of Medicine, Sustainable Communities Initiative and similar groups will promote the projects through the authority of this legislation, to recommend the adoption of the Blue Zone Vitality Project's plans. The Department of Agriculture and Department of Health will present a report on the findings of this effort to the legislature in 2013.



Iowa (2009, House Bill 478)

House Bill 478 requires health insurers to cover the costs of a blood glucose meter and glucose strips for home monitoring. It also requires insurers to provide coverage for diabetes self-management training and education if a patient's physician believes it is necessary to ensure therapy compliance or to provide the patient with the necessary skills and knowledge base to manage his or her own health. The bill requires insurance providers to cover training if the state's department of public health has certified the program. Under the new law, the state Department of Public Health must consult with the Iowa affiliate of the American Diabetes Association to develop standards necessary for certification of diabetes education programs.



The education programs should cover at least 10 hours of initial outpatient diabetes self-management training within a 12-month period, along with up to two hours of follow-up training every year.

Kentucky (2011, Senate Bill 63)

Senate Bill 63 requires the Department of Medicaid Services, Department for Public Health, Office of Health Policy and the Personnel Cabinet to collaborate to identify goals and benchmarks to reduce the incidence of diabetes, improve diabetes care and control complications associated with the disease.

These four agencies will submit a report to the Legislative Research Commission by early January of each odd-numbered year covering the financial impact of diabetes on the state. It will include an assessment of the benefits of implemented programs and activities aimed at controlling diabetes and preventing the disease, as well as a description of the level of coordination between departments associated with this act.

Those state departments will develop an action plan for tackling diabetes in the report.

South Carolina (2010, House Bill 4621)

House Bill 4621 established the Diabetes Initiative of South Carolina Board. The board's purpose is to create a statewide program of education, surveillance, clinical research and translation of new diabetes treatment methods. The board includes university officials, representatives of various state departments involved in health care, stakeholders from state medical associations and a representative from the governor's office.

North Carolina (2011, House Joint Resolution 647)

House Joint Resolution 647 established the Joint Legislative Task Force on Diabetes Prevention and Awareness. Its purpose is to study issues relating to diabetes awareness, treatment and prevention.

The task force will recommend to the General Assembly strategies relating to issues surrounding diabetes, which include understanding and reducing

risk factors, reducing health care costs associated with the disease, promoting individual wellness and healthy communities, increasing access to health care services, resolving uncoordinated care, increasing awareness and need of Certified Diabetes Educators, increasing community initiatives and public awareness, and promoting education about the disease.

The North Carolina House speaker and Senate president pro tempore will each appoint six members to the task force.

Oregon (2009, House Bill 2009, Section 220, Section 2, Chapter 460)

This section of House Bill 2009 outlined the development of a strategic plan, to be completed by 2010, in order to slow the rate of diabetes caused by obesity and other environmental risk factors. The plan includes such things as the identification of environmental risk factors that encourage or discourage physical activity and healthful eating habits, including effective and culturally competent strategies that prevent the development of diabetes in at-risk populations; recommendations for evidence-based screenings; support for patient self-management; identification of actions to reduce the morbidity and mortality from diabetes by 2015; and recommendations to the assembly on statutory changes and funding needed to achieve this plan. However, due to lack of funding, the plan has not yet been formulated or implemented.

Texas (2009, House Bill 1990)

House Bill 1990 established a pilot program to provide diabetes self-management training to select Medicaid recipients. This program offers a minimum of 10 hours of self-management training with a diabetes educator and three hours of nutrition education with a registered dietitian or diabetes educator. Following the initial education, the program offers participants a minimum of two hours training with a diabetes educator and two hours of nutrition education with a registered dietitian or a diabetes educator each year.

The pilot program must measure the participants' progress by assessing health outcomes. The bill requires the Texas Health and Human Services Commission to submit a report to the governor, lieutenant governor, speaker of the house, standing committees of the legislature related to health care and the Texas Diabetes Council by no later than Dec. 1, 2012.

REFERENCES

¹"National Diabetes Fact Sheet, 2011." Centers for Disease Control and Prevention. Accessed on June 14, 2011 from http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf.

²"Vitality Cities." Blue Zones. Accessed on June 29, 2011 from <http://www.bluezones.com/programs/vitality-cities/>.



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