

STATE REPRESENTATIVE
MELISSA SARGENT

WISCONSIN STATE ASSEMBLY

48th DISTRICT

August 06, 2019

Thank you Chairman Testin and members of the Committee on Health and Human Services for allowing me to speak before you on Senate Bill 217.

As you will hear in various personal testimonies today, diabetes is a disease that deeply impacts the lives of so many people in our state. Not only does diabetes impact the 362,500 people diagnosed in Wisconsin, but another 138,000 people in our state who live undiagnosed and an additional 1.5 million people who are currently living with prediabetes— 99% of whom are unaware of their condition. For those of us who do not live with diabetes or prediabetes, 40% of us, or 2 in 5, will develop type 2 diabetes in our lifetimes. On top of these frightening statistics, are the numerous family members, friends, and colleagues, who we each know, that undergo the stresses of living with and managing diabetes every single day.

In addition to its alarming prevalence, the costs of diabetes to our state are staggering. In Wisconsin alone, diabetes costs us over 1,300 lives annually. Diabetes— the 7th leading cause of death in Wisconsin— costs our state far too many loved ones. However, with proper education, awareness, and prevention measures, it should not have to. Further, the financial impact of diabetes in our state is a startling \$3.9 billion per year. From costly direct medical care expenses to lost productivity, the high occurrence of diabetes in our state is creating an increasingly burdensome and unsustainable economic condition. Working to reduce, prevent, and better manage diabetes in our state will not only improve the lives of numerous Wisconsin residents and save lives, but will save our state billions of dollars every single year.

This bipartisan bill, which directs DHS and partners to create and implement a diabetes action plan to reduce instances of diabetes in our state, improve diabetes care, and control the complications associated with diabetes, along with requiring reporting to the state legislature so that we may take action, is a pragmatic life and cost saving decision for our state.

We must join the 23 other states who have taken action through the implementation of a diabetes action plan, to educate, prevent, and manage diabetes in Wisconsin. This is a no brainer for our state, and I appreciate the committee's consideration on this important issue.

Alberta Darling
Wisconsin State Senator
Co-Chair, Joint Committee on Finance

Testimony before the Senate Committee on Health and Human Services

Senate Bill 217

Tuesday, August 6, 2019

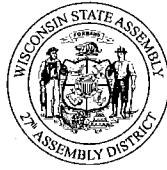
Thank you Chairman Testin and committee members for taking the time to hear Senate Bill 217. This bill is close to my heart, as its goal is to reduce the impact of diabetes on Wisconsin citizens.

Diabetes is the 7th leading cause of death nationwide. According to the Center for Disease Control and Prevention, 8% of Wisconsin adults have been diagnosed with diabetes. Staggeringly, the CDC suggests that approximately 28% of Wisconsin adults actually have diabetes and don't know it.

The only way to find a solution is to have the facts about the problem. Senate Bill 217 directs the Department of Health Services (DHS) and Employee Trust Funds (ETF) to collaborate and create a Diabetes Action Plan. The purpose of this plan is two-fold. First, the departments need to work together to share facts and statistics with the legislature on the impact of diabetes in our state, what programs currently exist to fight diabetes, and give an assessment of the financial impact diabetes has on our state. Secondly, the plan must create a list of action items for policy makers to consider.

Senate Bill 217 will shine a light on the impact of diabetes in Wisconsin. The information gathered in this plan will be critical for the future. The Diabetes Action Plan will provide future legislators with the resource they need to craft evidence informed policy that will effectively reduce the impact of diabetes on the citizens of our state.

Thank you for taking the time to hear Senate Bill 217. I hope to count on your support for this important initiative.



TYLER VORPAGEL

STATE REPRESENTATIVE • 27TH ASSEMBLY DISTRICT

SB 217: relating to diabetes care and prevention plan.
Written Testimony Submitted by State Representative Tyler Vorpagel
Senate Committee on Health & Human Services
August 6, 2019

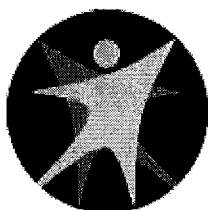
Thank you, Chairman Testin and members of the Committee on Health & Human Services for hearing Senate Bill 217 (SB217). SB 217 requires the Departments of Health Services (DHS) and Employee Trust Funds (ETF) to develop and implement a plan to reduce the incidence of diabetes in Wisconsin. The bill requires that DHS submit a biennial report to the legislature.

Diabetes is the 7th leading cause of death nationwide, and unfortunately Wisconsin's State Health Plan, Healthiest Wisconsin 2020, only releases data every 10 years. 24 other states have passed similar legislation that includes goals and benchmarks to reduce the incidence of diabetes, improve diabetes care, and control complications associated with diabetes.

The intention of this bill and the Diabetes Action Plan is to create collaboration among stakeholders focused on diabetes prevention and care, include evidence-based recommendations for legislative action to reduce impact, include an assessment of current programs to address diabetes, and encourage collaboration between WI DHS and other state agencies.

At the end of the day we need to focus on the future by examining ways to bend the cost curve of diabetes care and management while reducing incident trends. This bill is a great first step that will provide stakeholders with the data more often to help manage and reduce the incidence of diabetes in Wisconsin.

Thank you for your time today and I hope you can support Senate Bill 217.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Andrea Palm, Secretary-designee

TO: Members of the Senate Committee on Health and Human Services

FROM: Lisa Olson, Legislative Director

DATE: August 6, 2019

RE: 2019 Senate Bill 217, relating to: diabetes care and prevention plan

Chairman Testin and members of the committee, thank you for the opportunity to provide written testimony on Senate Bill (SB) 217. The Department of Health Services (DHS) would like to testify for information only on SB 217, which directs DHS to develop a plan to reduce the incidence of diabetes in Wisconsin, improve diabetes care, and control complications associated with diabetes, in consultation with the Department of Employee Trust Funds, as well as the Department of Public Instruction and the Department of Corrections.

The Department is supportive of evidence-based efforts to reduce the occurrence of diabetes and other chronic diseases in Wisconsin. Our Division of Public Health most recently implemented a chronic disease prevention and health promotion strategy organized within four major domains:

- **Epidemiology and surveillance** – in this domain, we gather, analyze, and disseminate population health data and evaluation methods to inform, prioritize, and monitor the delivery of our interventions
- **Environmental approaches** – in this domain, we engage in activities that support and reinforce healthful behaviors, including interventions that address the underlying causes of chronic disease (e. g. poor nutrition and lack of physical activity).
- **Health system interventions** – in this domain, we work with partners to improve care to facilitate prevention, early diagnosis, and quality improvement related to chronic diseases.
- **Community-clinical linkages** – in this domain, we work to support self-management of chronic conditions supported by health care teams.

The Department currently receives two grants from the Centers for Disease Control and Prevention related to diabetes. The first grant is intended to support state investments in implementing and evaluating evidence-based strategies to prevent and manage cardiovascular disease and diabetes in high-burden populations/communities that contribute to improved health outcomes. The second grant is intended to support the design, testing and evaluation of novel approaches to reduce the risk, complications and barriers to prevention and control of diabetes and cardiovascular disease in high-burden populations. Complementary or mutually reinforcing strategies are addressed in a way that benefits both people with prediabetes or diabetes and people with high blood pressure and with or at

risk for high blood cholesterol. We are only halfway through our first year of funding for both of these grants, and are optimistic about the work in front of us.

DHS also provides mini-grants totaling \$22,500 to 11 tribal nations to assist in creating community infrastructure to address diabetes prevention and control via funding from the Wisconsin American Indian Diabetes Prevention fund created by the legislature in 2003.

The Department receives less than \$50,000 in GPR which currently supports lifestyle coach training for the National Diabetes Prevention Program and the Pathways Community HUB which uses Community Health Workers to lead diabetes self-management education workshops.

The proposed legislation ultimately requires the Department to develop a detailed proposal identifying needs, costs, and resources required to implement a comprehensive Diabetes Action Plan in Wisconsin. If appropriately resourced, we will be able to achieve this task in consultation with our state agency partners. Our 9.7 FTE chronic disease staff and contractors within the Division of Public Health are at capacity, and furthermore, are funded through federal grants. We have determined a new FTE position would be necessary in order to successfully staff this initiative.

If members of the committee have questions surrounding the Department's existing diabetes prevention programming or funding, or other matters related to this bill, do not hesitate to contact me.



**Senate Bill 217
Proponent Testimony**

Gary Dougherty
Director, State Government Affairs and Advocacy
American Diabetes Association
Senate Health and Human Services Committee – August 6, 2019

Chairman Testin and Members of the Committee:

My name is Gary Dougherty and I am Director of State Government Affairs and Advocacy for the American Diabetes Association.

I am here today to thank Senators Darling and Taylor for introducing Senate Bill 217 – and also Representatives Vorpapel and Sargent for their sponsorship of Assembly Bill 238 – and to convey the Association's support for the legislation which calls for an assessment of the incidence of diabetes in Wisconsin as well as a plan to combat the disease and its complications.

The American Diabetes Association is the leading voluntary health association for all people with diabetes with a mission to prevent and cure diabetes and to improve the lives of all people affected by diabetes. The Association carries out this mission by directly funding research; disseminating critical information to the patient, clinician and research communities; and by advocating for research, prevention, and care in ways that will benefit people with diabetes.

The American Diabetes Association supports Senate Bill 217 because it will result in the development of a diabetes action plan through the collaboration of the Department of Health Services and the Department of Employee Trust Funds. The plan would provide a range of actionable items for consideration by the state legislature. Accompanying the plan would be a budget blueprint, identifying the resources that would be necessary to implement each of these actionable items. This plan would be provided to the legislature by January 1, 2021, and every two years thereafter, providing you with a foundation as to what the state is currently doing to address diabetes, and how those efforts could be expanded.

There is a need to bring attention to the diabetes epidemic and its impact at the state level and to implement coordinated efforts to effectively meet this public health challenge.

That brings us back to SB 217. This bi-partisan legislation is intended to create a vehicle for diabetes policy change in Wisconsin.

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Connected for Life

SB 217 seeks to cast a spotlight on the cost and burden of diabetes among key communities in the state – the Medicaid population, state employee health plan members, and the general population. Thus, the bill asks the relevant state agencies to collaborate on five key areas:

- analyzing existing data illustrating the cost and impact of diabetes,
- highlighting the benefits of current programs addressing diabetes,
- reviewing the current collaborative efforts to address diabetes,
- making evidence-based recommendations for legislative action to reduce the impact of diabetes and related complications, and
- preparing an estimated budget to implement each recommendation.

So why is this diabetes action plan necessary?

Approximately 517,000 Wisconsinites have diabetes and another 1.55 million have prediabetes. Diabetes also exacts a financial toll on the state. People with diabetes have medical expenses approximately 2.3 times higher than those who do not have diabetes. As a result, it has been estimated that direct medical costs for diagnosed and undiagnosed diabetes, prediabetes, and gestational diabetes were about \$4.1 billion in Wisconsin in 2017. Add to that another \$1.4 billion spent on indirect costs from lost productivity due to diabetes.

Diabetes Action Plan legislation has been enacted in at least 24 states and has been recommended by the Council of State Governments, the National Conference of State Legislatures, and Women in Government to address state diabetes epidemics.

To our knowledge, no state has hired additional personnel to comply with the requirements of this type of legislation. Instead, existing staff have incorporated these responsibilities into their workplans to aid lawmakers as they consider specific recommendations to reduce the prevalence of diabetes in their states.

The overall goal of SB 217 is to provide a more balanced and comprehensive means of addressing the costs of diabetes and to influence public policy to reduce the impact on people with, and at risk for, diabetes.

To sum it up, a diabetes action plan is necessary, because in too many ways diabetes is winning. And when diabetes is winning, the people of Wisconsin are losing.

I am also including a fact sheet that shows how the Diabetes Action Plan is different from the Healthiest Wisconsin 2020 report and will be a more comprehensive approach to addressing diabetes and reducing its prevalence in Wisconsin.

Thank you.

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SB 217 / AB 238 Diabetes Action Plan legislation

	Diabetes Action Plan	Healthiest Wisconsin 2020
Casts a spotlight on the cost and burden of diabetes on Wisconsin and its people	✓	✓
Includes data illustrating the costs and impact of diabetes	✓	✓
Frequency of report development and distribution	Every 2 yrs	Every 10 yrs
Includes assessment of current programs to address diabetes	✓	
Includes description of collaboration between the WI Department of Health Services and other public and private entities	✓	
Includes evidence-based recommendations for legislative action to reduce the impact of diabetes and its complications	✓	
Includes an estimated budget for each recommendation	✓	
Creates collaborations among stakeholders in the state focused on diabetes prevention and care	✓	



Connected for Life

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WAND

Wisconsin Academy of Nutrition and Dietetics

an affiliate of the
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Hello, my name is Amy Giffin. I am the President for the Wisconsin Academy of Nutrition and Dietetics and have been a Registered Dietitian for 9 years. I currently work as a Diabetes Educator for Advocate Aurora Healthcare at outpatient clinics in Grafton and Hartford, Wisconsin. Our program is accredited by the American Diabetes Association for Diabetes Self-Management Education.

In my current role, I meet one-on-one with patients to educate and help them make everyday changes to improve their health through lifestyle modifications such as nutrition, exercise, and self-monitoring. My hope is to help each patient avoid the costly and devastating complications that can arise from diabetes.

With each patient, I always explain the pathophysiology of diabetes in the simplest terms so they can understand what is going on in their bodies and how best to manage their diabetes. I would like to take a few minutes to explain this to you as well to ensure we all fully understand the disease we are discussing and how prevention is truly key.

When we eat, we take in food which is broken down into its simplest form to be used for energy. Our bodies' preferred source of energy comes in the form of glucose or sugar. This sugar travels along our bloodstream. In order to be used for energy, the sugar must go from the blood and into our cells. Unfortunately, the sugar cannot just waltz right into the cell, it needs a key to open the door. That key is the hormone insulin which is made by our pancreas.

In those with Type 1 diabetes, the pancreas does not create insulin, and without insulin, the person is unable to use any food for energy requiring injections of insulin to survive. This is typically an autoimmune response that causes the pancreas to stop making insulin. This type of diabetes was previously called Juvenile Diabetes as it is commonly diagnosed in children but, as we have realized, can occur at any age.

The majority of diabetes cases, 90 to 95 percent, are type 2 diabetes. Type 2 diabetes is a progressive disease. For these individuals, the problem starts at the cell level. The body's cells are resistant to insulin. For a time, the pancreas compensates by making extra "keys" to maintain normal blood sugar levels, eventually the resistance may become too great and their pancreas can no longer keep up, causing blood sugars to rise. These are the individuals that can be identified with prediabetes, when the blood sugars start to rise above an acceptable level and could receive treatment to preserve their pancreas function and reduce their risk of the other debilitating consequences of long-term high blood sugars. Prevention is key, as there is so much that individuals can do by making simple lifestyle modifications. First, they can manage how much glucose is put into our blood by modifying what and how much they eat; second they can add physical activity, which tends to clean the rust off the locks and makes our cells more receptive to insulin, and additionally they can work to lose weight which can help reduce our insulin resistance.

Additionally, an estimated 18 percent of pregnancies are affected by gestational diabetes, which occurs when a mother's blood glucose levels are too high during pregnancy, which can harm both the mother and her baby. These mothers are also at risk of developing Type 2 diabetes in the future.

In my daily practice, I'm continually surprised that most people who are diagnosed with diabetes know little about how to best manage or prevent the disease. Many patients tell me they attempt to "google"

information and are confronted by confusing and contradictory information. They finally have clarity when we finally meet and feel they can effectively manage diabetes in their everyday life.

Additionally, many report frustration that they were not told sooner that they had pre-diabetes or were at risk of developing diabetes. They are also frustrated that there was no coverage or options through their insurance to be able to receive preventative education that could have helped them avoid developing diabetes. A diabetes prevention program would help people identify their risks and prevent people from having to take costly medications or receive treatment for the additional complications they have had from unmanaged diabetes. Senate Bill 217 is a significant step toward a state-coordinated effort to address the challenges I've explained.

Thank you for your time and support. Feel free to contact me with any further questions or concerns.

Amanda (Amy) Giffin, MS, RDN, CD, SNS
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WAND

Wisconsin Academy of Nutrition and Dietetics

 an affiliate of the
Academy of Nutrition and Dietetics

Good morning and thank you for the opportunity to talk about the importance of health and prevention in my home state of Wisconsin. My name is Emily Briggs, and I have been a registered dietitian nutritionist for 10 years. I am the Manager of Culinary, Nutrition and Diabetes Services at Columbus Community Hospital, a Critical Access Hospital just north-east of Sun Prairie on the 151 corridor. I oversee an American Diabetes Association recognized Diabetes Self-Management, Education and Support (DSMES/DSMT as CMS refers to it) program with exceptional dietitians and nurse Certified Diabetes Educators who are passionate about caring for people with diabetes, one of whom is here today to testify. Patients who receive DSMT benefits have significantly better diabetes management and overall health outcomes than those who do not, and our program at Columbus surpasses national benchmarks. We also offer a free diabetes and wellness support group every month, free prediabetes screenings, diabetes information on our website, a free sharps exchange program, and host a free annual diabetes awareness month event each November.

But I'm here to speak for the people of Wisconsin who have not yet been diagnosed with diabetes or even prediabetes, or those who are not of Medicare age, because they are the ones being left behind. The DSMT benefit that we provide is the only widely accessible covered diabetes management service, and yet only available to MEDICARE Part B beneficiaries who are ALREADY DIAGNOSED with DIABETES. Since 2 out of 5 Wisconsin adults are expected to develop type 2 diabetes in their lifetime, and it is estimated that an additional 138,000 are undiagnosed, Wisconsin must take action to reduce the incidence of diabetes, improve diabetes care, and control complications associated with diabetes with Senate Bill 217.

Furthermore, about 1/3 of adults have prediabetes, yet nearly 90% don't know it. Fortunately, research shows that prediabetes can often be reversed through modest lifestyle changes such as healthy eating and weight loss, but access to effective programs to achieve these objectives are severely limited. The state and the nation need to do better about providing care to those with prediabetes if we are ever going to be effective at reducing the incidence of diabetes and the estimated \$5.5 billion diabetes costs the state of Wisconsin annually in health care and lost productivity. My team was a pending site for CDC recognition of a Diabetes Prevention Program (DPP) for the last 1.5 years. We delivered the program to 3 cohorts but when the CDC tightened eligibility criteria in January of 2019, it became evident that although our community had a need, our rural hospital could not meet the guidelines for recognition. These barriers impacted pending sites across the state; in 2018, there were 70 pending programs to prevent diabetes, and now there are only 37.

Overall, the programs in place in the healthcare setting to prevent, treat, and manage the complications of prediabetes and diabetes are insufficient. DSMT is a wonderful program with proven efficacy, yet has barriers to access (some of which are addressed in "Expanding Access to Diabetes Self-Management Training Act (HR 5768/S.6633)") and only addresses those who are already diagnosed with diabetes and of Medicare age. The CDC Diabetes Prevention Program is another effective program but the barriers to entry to become an approved provider are steep. I urge Wisconsin to be a leader in diabetes care and prevention by increasing access to COVERED diabetes prevention and treatment programs for those of all ages and abilities to pay. Healthcare providers KNOW how to prevent diabetes, and how to help patients manage it successfully, so it is imperative that access to that care be improved for the sake of health equity, population health, and ultimately the bottom line. As a healthcare provider, lifelong resident of Wisconsin, and President Elect of the Wisconsin Academy of Nutrition and Dietetics, I ask the senate to support the Diabetes Action Plan. Thank you.

I would be happy to serve as a resource for health-care related topics.

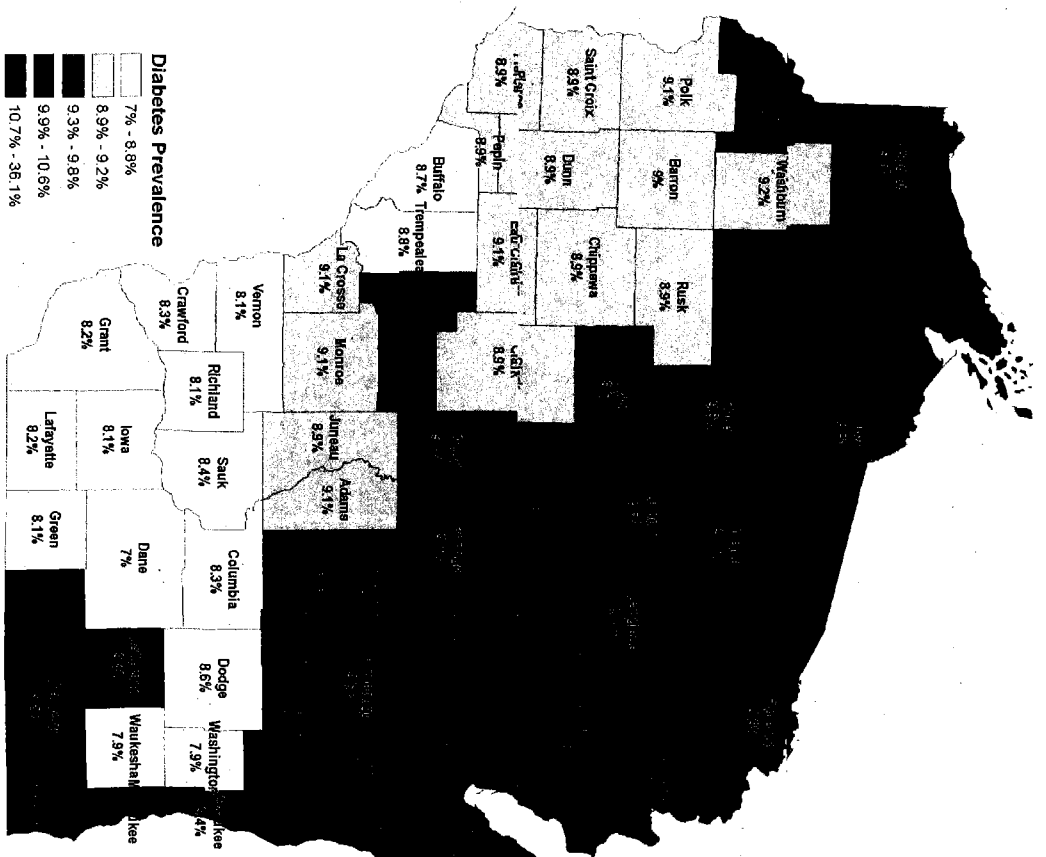
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Wisconsin Diabetes Advisory Group

American Diabetes Association	Appleton Medical Center
Aurora Health Care Aurora Medical Group	Ascension Wisconsin Columbia St Mary's Ministry Medical Group
Capitol and Surrounding Area Chapter of the Association of Diabetes Educators (CASCADE)	
Children's Hospital of Wisconsin	Children's Hospital of Wisconsin - Fox Valley
Dean Health Plan	Eau Claire City-County Health Department
Group Health Cooperative of Eau Claire	Gundersen Health System
MHS Health Wisconsin	Marshfield Clinic Health System
Mayo Clinic Health System	Medtronic Diabetes
Merck and Company	MetaStar, Inc.
Molina Healthcare of Wisconsin	Northeast Wisconsin Association of Diabetes Educators (NEWADE)
National Kidney Foundation of Wisconsin	Novo Nordisk, Inc.
Oneida Nation Community Health Center	Pharmacy Society of Wisconsin
Prevent Blindness Wisconsin	SSM Health
Sanofi	Sauk Prairie Healthcare
Southwestern Wisconsin Association of Diabetes Educators (SWADE)	
TheadaCare Health System	Upland Hills Health
UW Health, Unity Health Plan	UW Hospital and Clinics
UW School of Medicine and Public Health	UW School of Pharmacy
Wisconsin Association of School Nurses	West Central Wisconsin Area Association of Diabetes Educators
Wisconsin Academy of Nutrition and Dietetics	Wisconsin Collaborative for Healthcare Quality
Wisconsin Department of Public Instruction	Wisconsin Institute for Healthy Aging
Wisconsin Lions Foundation, Inc.	Wisconsin Nurses Association
Wisconsin Office of Rural Health	Wisconsin Optometric Association
Wisconsin Primary Health Care Association	Wisconsin Society of Podiatric Medicine, Inc.
Y Eat Right	YMCA Dane County Metropolitan Milwaukee

Wisconsin Department of Health Services, Division of Public Health

Estimated Total (Diagnosed and Undiagnosed) Adult Prevalence of Diabetes, Age-Adjusted Percent by County



Source: The 2011 Burden of Diabetes in Wisconsin

