



April 19, 2019

Dear Chair Osten, Chair Walker, and Members of the Joint Committee on Appropriations:

**We are writing to share our support for Governor Lamont's budget proposal to establish Medicaid coverage for the National Diabetes Prevention Program (National DPP).** In our state of 3.5 million people, more than 350,000 are living with diabetes and nearly one million have prediabetes. People with prediabetes have elevated glucose levels that have not yet met the threshold for the diagnosis of type 2 diabetes; however, 15-30% of people with prediabetes will go on to develop diabetes within 3-5 years.

Given that the prevalence of type 2 diabetes is higher among lower income populations, Medicaid recipients are greatly impacted by the disease. Disability and death take a terrible toll on families due to the complications of diabetes, which include heart attack, stroke, blindness, kidney failure, and lower limb amputation. In addition to the human cost, there is also a financial one. The full cost of diabetes in our state has been estimated at \$3.7 billion annually – split between \$2.7 billion in medical costs and \$960 million in indirect costs from lost productivity due to the disease.

As described in the Governor's biennial budget, the National DPP proposal *"...includes funding to implement a CDC-recognized diabetes prevention program for HUSKY Health members. This is a national evidence-based program that has been proven to help individuals reduce their risk of developing type 2 diabetes through lifestyle coaching on lowering calories, increasing physical activity, self-monitoring, maintaining healthy behaviors, and handling psychological, social and motivational challenges."* A cost of \$70,000 is estimated for implementing the diabetes prevention program in FY 2020, but the initiative is then expected to reduce the state's Medicaid expenditures by \$520,000 in FY 2021 by improving health outcomes.

Regarding other payers, Medicare coverage for the National DPP took effect across the country in April of 2018 following a Medicare pilot that found \$2,650 in savings per participant over a 15-month period. Medicaid coverage exists in Minnesota and Montana, and Medicaid programs are implementing or piloting coverage in California, Delaware, Maryland, New Jersey, New York, Oregon and Pennsylvania.

The time to move forward on prevention is now. Prevalence of diabetes continues to remain high in our state, yet there is an effective, evidence-based program to decrease the risk for type 2 diabetes that we have yet to broadly implement. In May of 2017, the Connecticut Diabetes Advisory Council convened by the Department of Public Health issued its final report and recommended that Medicaid establish coverage for the National DPP. With thousands of Medicaid enrollees already living with diabetes, Connecticut must move forward to prevent or delay the development of type 2 diabetes and push back against this epidemic, which is hurting so many of Connecticut's residents.

Thank you for your consideration. If you need additional information, please contact Stephen Habbe, Director of State Government Affairs for the American Diabetes Association, at [shabbe@diabetes.org](mailto:shabbe@diabetes.org) or (703) 549-1500, ext. 3457.

Sincerely,

American Association of Diabetes Educators  
American Diabetes Association  
Connecticut Alliance of YMCAs  
Connecticut Public Health Association  
Health Equity Solutions