



TYLER VORPAGEL

STATE REPRESENTATIVE • 27TH ASSEMBLY DISTRICT

AB 238: relating to diabetes care and prevention plan.
Written Testimony Submitted by State Representative Tyler Vorpapel
Assembly Committee on Health
July 10, 2019

Thank you, Chairman Sanfelippo and members of the Committee on Health for hearing Assembly Bill 238 (AB 238). AB 238 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 Assembly Bill 238.

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

Testimony before the Assembly Committee on Health

Assembly Bill 238

Wednesday, July 10, 2019

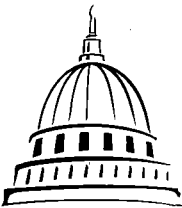
Thank you Chair Sanfelippo and committee members for taking the time to hear Assembly Bill 238. This bill is close to my heart, as its goal is to reduce the impact of diabetes on Wisconsin citizens.

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. Assembly Bill 238 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.

Assembly Bill 238 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 Assembly Bill 238. I hope to count on your support for this important initiative.



STATE REPRESENTATIVE
MELISSA SARGENT

WISCONSIN STATE ASSEMBLY

48th DISTRICT

July 10, 2019

Thank you Chair Sanfelippo and members of the Committee on Health for allowing me to speak before you on Assembly Bill 238.

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.

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)	
TheaCare 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



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Andrea Palm, Secretary

Assembly Committee on Health

2019 Assembly Bill 238: related to diabetes care and prevention action program

July 10, 2019

Good afternoon, Chairman Sanfelippo and members of the Committee. My name is Lisa Olson and I am the Legislative Director at the Department of Health Services. I am joined by Mary Pesik, our Chronic Disease Prevention Unit Supervisor within the Division of Public Health. We are here to testify for information only on Assembly Bill 238 which directs the Department to develop and implement 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 instance 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. 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.

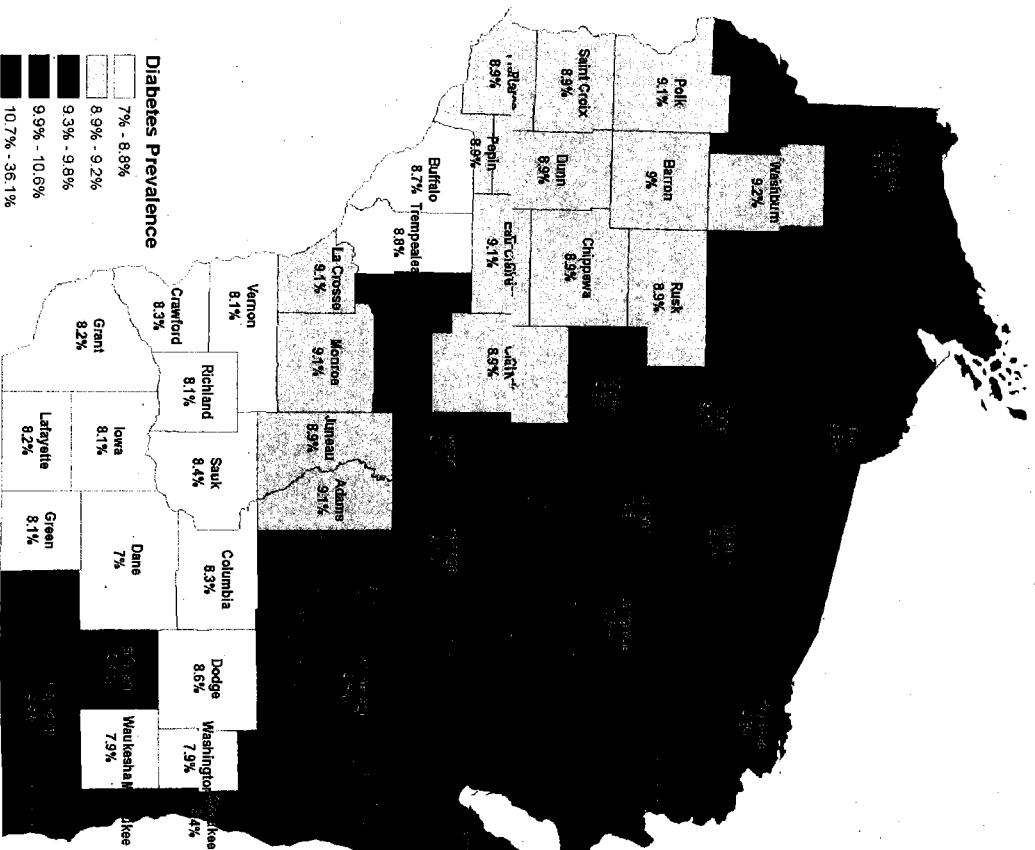
The Department receives less than \$50,000 in GPR which currently supports lifestyle coach training for the National Diabetes Prevention Program and the Pathways Community HUB which uses Community Health Workers to lead diabetes self-management education workshops.

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. We are supportive of this, and if appropriately resourced, 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.

We recognize the value of this report as a metric and accountability tool that policy makers can use to continue to assess the impact of diabetes on our state, and we look forward to ultimately collaborating on policy solutions that impact diabetes in our state.

We are happy to take your questions.

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



Source: The 2011 Burden of Diabetes in Wisconsin



Testimony before the Assembly Committee on Health regarding AB238

Anand K Iyer, PhD, MBA

Co-founder and Chief Strategy Officer, Welldoc Inc.

July 10, 2019

- Chairman Sanfelippo, members of the committee, thank you for the opportunity to speak with you today. I would like to begin by applauding the authors of the bill for bringing the issue of diabetes care forward. In public private partnerships that employ disruptive tech, an important role of the public organization is to act as a catalyst and consumer of the innovation – I thank you as a pioneer in this space and a T2 patient myself
- My name is Anand Iyer and I am the co-founder of a company called Welldoc. As you will see, your goals in pursuing AB238 align with the mission and goals of our company—to bring forth a focused strategy and innovation to combat this insidious disease, and to do so in a way that uses technology to redefine the care protocol, to bring patients and healthcare professionals closer together, and to tap into the individual desire of every engaged patient, using wireless technology, to radically change outcomes and decrease cost of care delivery in a scalable manner. That is why I was so interested to see your efforts to build a proactive strategy for Wisconsin and why I am here today to testify in favor of Assembly Bill 238
- As someone working in the fields of technology, digital therapeutics, innovation and diabetes care on a daily basis, I thought it might be helpful to the committee to understand what we have learned and what we see across the country and particularly how this bill can help Wisconsin.
- Our approach uses something called a “Digital Therapeutic,” which basically means an app that is clinically tested and FDA-cleared approach to scalably tackle diabetes using mobility—a tool nearly everyone already has. The app is powered by software that is cybersecure, that has proven outcomes, and that integrates with clinical workflow for healthcare providers to enhance the value and productivity of our current healthcare system. We have completed 3 clinical trials and over 40 peer reviewed studies, so we know this works and we know it needs to be a part of any state’s strategy to tackle this issue.
- I’m happy to answer questions about how our digital therapeutic works but I wanted to highlight what we see as the potential positive impact it can have on WI and across the country. In WI alone, in the Medicaid program, we estimate there are 94,000 T2D patients. If even 20% of those patients became engaged users of Welldoc’s digital

therapeutic approach, based on the clinical studies we've completed, we estimate the Medicaid program would save \$24M annually and, more importantly, those patients would experience improved health and a greater quality of life. That is real money and real help for our citizens.

- More specifically, we see:
 - Average 2-point reduction in HbA1c, which is 4X what's required by the FDA for a new drug, and more than double that which is achieved by the top 15 drugs today, with no known side effects
 - For uncontrolled, 60% + achieve control in 3-6 months, and 89% get A1c to below levels that earn a STARS/HEDIS rating of 5. This backed up by 3RCTs and over 40 peer reviewed pubs
 - A reduction in cost of about \$3150 per patient per year, achieved by reducing acute utilization, cost of supplies and cost of co-morbid complications
 - An ROI that's typically at least 3X to 7X, achieved usually within the first 6 months. For uncontrolled, ROI exceeds 10x-15x
 - Patient engagement on average at a rate of 13-24X per week (8X is what's achieved by meter companies today in T2), and on average, 6-9 months of usage to "learn how to manage their diabetes." Patient engagement is even stronger in Medicare populations.
 - Breaking of clinical inertia, with a 2X-4X increase in prescribing behavior for healthcare professionals
- We have already begun to make a dent in WI
 - a. Cuna Mutual - already seeing TIR increase by over 25% in just 3 months
 - b. Children's Community Health Plan – kicking off next week
 - c. Network Health Plan – kicking off in fall
 - d. Business Health Care Group – preferred partner for SE WI coalition of over 200,000 members with many larger employers – Northwestern, Briggs, Rockwell, Kohls, etc.
 - e. Humana commercial launched 4/1
- So in summary, thank you for the opportunity to be here today and thank you for pursuing AB238. I fully support the state's efforts to lead on tackling this important problem. I would be happy to answer any questions, if the chairperson so desires.



**Assembly Bill 238
Proponent Testimony**

Gary Dougherty
Director, State Government Affairs and Advocacy
American Diabetes Association
Assembly Health Committee – July 10, 2019

Chairman Sanfelippo 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 Representatives Vorpapel and Sargent for introducing Assembly Bill 238 – and also Senators Darling and Taylor for their sponsorship of Senate Bill 217 – 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 Assembly Bill 238 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 AB 238. This bi-partisan legislation is intended to create a vehicle for diabetes policy change in Wisconsin.

■
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Connected for Life

AB 238 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 AB 238 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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AB 238 / SB 217 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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**National Diabetes
Volunteer Leadership Council**

June 26, 2019

Chairperson Joe Sanfelippo
Committee on Health
Wisconsin Assembly
State Capitol
P.O Box 8953
Madison, WI 53708

Dear Chairperson Sanfelippo,

We write to let you know of our support as an organization for AB238. We ask that you vote favorably on this bill as written in your committee. As you may be aware this bill directs certain State departments and agencies, to develop a report on diabetes and to issue the report to the Wisconsin Legislature.

Diabetes is a serious disease and affects over 29 million people and their families nationwide. Wisconsin's share of this is over 542,523 people with diabetes and 1,550,000 at risk for the disease. The cost of this disease is a huge \$245 Billion dollars to our economy, Wisconsin's share of the cost is \$5.6 billion per year. Left unchecked Diabetes has the potential to bankrupt our health care system especially in the area of Medicaid.

This bill is a start at addressing this terrible disease. It will enable these departments of WI government to develop a ***strategic plan*** rather than just a report to address the pandemic of diabetes.

We urge you to pass this bill and begin the fight to solve the problems faced by the economic cost and the quality of life of people in WI with diabetes and the state agencies affected by this disease.

The National Volunteer Diabetes Leadership Council is a non-profit patient advocacy organization. Its membership consists of past lay volunteer leadership and officers of national volunteer health organizations such as the American Diabetes Association. We seek to improve the burden of diabetes on all people with diabetes and their families through encouraging public policy and improved outcomes around diabetes.

Our membership has decades of experience in fighting diabetes and continue to work each day to solve the many problems faced by people with diabetes and their families. We have also been involved with many of the 23 states that have passed this type of bill and can offer insights as to their thought process and actions.

We stand ready to offer testimony additional public comment or information to help in this very important and critical effort. Please feel free to contact Stewart Perry if we can offer any additional information.

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Vice President, NDVLC
Chair of the Board 2004-2005
American Diabetes Association

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President, NDVLC
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