# DIABETES MEDICAL EMERGENCY RESPONSE TASK FORCE

## Minutes of the 3rd Meeting of the 2018 Interim

## November 7, 2018

### Call to Order and Roll Call

The 3rd meeting of the Diabetes Medical Emergency Response Task Force was held on Wednesday, November 7, 2018, at 10:00 AM, in Room 171 of the Capitol Annex. Representative Danny Bentley Co-Chair, called the meeting to order, and the secretary called the roll.

Present were:

Members: Senator Ralph Alvarado, Co-Chair; Representative Danny Bentley, Co-Chair; Senator Reginald Thomas, Representatives Mary Lou Marzian and Addia Wuchner; Gregg Bayer, Chad Burkhart, Robert Couch, Brooke Hudspeth, Chuck O'Neal, and Troy Walker.

Guests: Representative Donna Mayfield; Jenny Goins, Commissioner, Matthew Hall, Deputy Commissioner, and Sharron Burton, Deputy Executive Director, Personnel Cabinet; Theresa Renn, BSN, RN, CDE, MLDE, Manager, Kentucky Diabetes Prevention and Control Program, Department for Public Health, Cabinet for Health and Family Services; Randy Lawson, Professional Firefighters Association; and Angela Lautner, Founder, Group Leader, KOI#insulin4all (Kentucky, Ohio, and Indiana).

LRC Staff: Chris Joffrion and Becky Lancaster.

### Kentucky Employees' Health Plan Diabetes Value Benefits Program and the Diabetes Prevention Program

Jenny Goins, Commissioner, Department of Employee Insurance, Personnel Cabinet, stated that 20 million Americans have diabetes and 85 million Americans have prediabetes. Kentucky Employees' Health Plan (KEHP) members have a higher incidence of diabetes than the state and local government and the private sector’s benchmarks. The KEHP Diabetes Prevention Program (DPP) is a Centers for Disease Control and Prevention (CDC) certified, year-long program that is covered at 100 percent by the KEHP. DPP participants attend a class once a week for six months then once a month for another six months. The KEHP DPP participants have an average of five percent weight loss, an activity average of 196 minutes per week, and an A1C level of 5.63 at the end of the program. There is a CDC certified provider in every county of Kentucky.

The KEHP Diabetes Value Benefit program was implemented on January 1, 2016. If you have diabetes, KEHP covers members' prescriptions and supplies without having to pay into the deductible and in some cases without a copayment. In 2015, before the KEHP Diabetes Value Benefit program was implemented, there were 19 new optimally medication adherent members. After implementation, there were 1,865 new optimally medication adherent members in 2016. In 2016, there was a 14 percent increase in prescription costs and a 7 percent decrease in medical costs for people participating in the KEHP Diabetes Value Benefit program. The Consumer Driven Health Plans (CDHPs) had the highest increases for diabetic prescriptions. As reported by CVS/Caremark, the average medication possession ratio (MPR) increased since the inception of the value benefit design. KEHP continues to outperform benchmarks for diabetes adherence. Early indications of healthcare claims of the KEHP diabetic population show positive results.

In response to questions from Senator Alvarado, Commissioner Goins stated that it did not take much to convince Anthem to allow the KEHP to cover the test strips for members with diabetes. KEHP is a self-insured plan. The KEHP staff researched the needs of the members and the cost savings for all involved parties.

In response to questions from Mr. Burkhart, Commissioner Goins stated that DPP is for a KEHP member that has not been diagnosed as a diabetic. If a KEHP member has been diagnosed with diabetes the Diabetes Self-Management Education and Support program (DSMES) can help to educate them about diet and exercise. The Diabetes Value Benefit is available to all KEHP members.

**Approval of Minutes**

A motion to approve the minutes from the October 8, 2018 meeting was made by Senator Alvarado, seconded by Representative Marzian, and approved by voice vote.

## Cabinet for Health and Family Services Diabetes Prevention and Control Program

Theresa Renn, BSN, RN, CDE, MLDE, Manager, Kentucky Diabetes Prevention and Control Program, Department for Public Health, Cabinet for Health and Family Services, stated that there are 449,324 Kentuckians diagnosed with diabetes. The National Health Interview Survey estimates there are 1.1 million Kentuckians with prediabetes. Diabetes is associated with complications that threaten both the length and quality of life. In 2016, Kentucky had the fourth highest diabetes mortality rate in the nation. Mortality rates are significantly higher for black men and women. In 2017, the total estimated cost of diagnosed diabetes in the United States was $327 billion. The estimated cost of diabetes in Kentucky in 2017 was $5.16 billion.

The Kentucky Diabetes Prevention and Control Program (KDPCP) is a network of state and local partners working to reduce the number of new cases of Type 2 diabetes as well as to reduce the sickness, disability, and death associated with diabetes and its complications. KDPCP partners with local Health departments closely, the Kentucky

Diabetes Network, and over 45 local coalitions. Diabetes prevention and control activities are supported by the CDC and state funding. The KDPCP is working to improve awareness of prediabetes and diabetes through community mobilization and partnerships. The KDPCP continues to offer professional education, support, data collection and reporting.

Kentucky ranks eighth in the nation in the number of DPP organizations and eleventh in the number of DPP participants. Kentucky has provided 10 national and state presentations regarding its DPP efforts, and has provided technical assistance to approximately 20 other states regarding DPP. KDPCP work was included in the CDC Emerging Practices document. In Kentucky there were 2 in-person DPP sites in 2012 and as of June 2018 there are 87 in-person DPP sites. DSMES program's overall access to nationally accredited programs has increased across the state. The Department for Public Health's DSMES program, Healthy Living with Diabetes, achieved national accreditation status in 2016 and is growing. Kentucky is one of a few states that has licensure for diabetes educators.

The Kentucky Diabetes Resource Directory has 11 categories searchable by county, adjacent county, or state. The Kentucky Diabetes Resource Directory allows entities or persons to enter and update records. The KDPCP completes monthly updates with an emphasis on DPP and DSMES. The Kentucky Diabetes Report is required by legislation. The report requires the Department for Public Health, Department for Medicaid Services, Office of Health Data and Analytics, and the Personnel Cabinet with KEHP, to produce a report given to the legislature in each odd numbered year. The report aims to establish a collaborative process across state agencies. Kentucky was the first state to pass and implement the requirement for the report. The Kentucky Diabetes includes: data about diabetes in Kentucky, what each agency is currently doing individually, what the agencies are doing together, and recommendations regarding diabetes in Kentucky. The next report will be released in January 2019.

In response to questions from Senator Alvarado, Ms. Renn stated that the Department for Public Health does not have data on how many people are referred to the Kentucky Diabetes Prevention and Control Program. The Healthy Living program is nationally accredited and the department does have data regarding outcomes and referral sources.

In response to questions from Ms. Hudspeth, Ms. Renn stated that the CDC overseas the much of the diabetes prevention efforts that sets the standards for DPP. DPP has 16 core sessions and monthly maintenance sessions for a year. The diabetes self-management program is usually completed in two to four sessions.

In response to a question from Representative Bentley, Ms. Renn stated that there are over 500 licensed diabetes educators in Kentucky.

**Discussion and Approval of the Task Force Findings and Recommendations**

Representative Bentley made a motion to strike from the draft memorandum language starting on page three, line three, "DKA occurs when an individual's blood glucose level exceeds 350 mg/dL, and HHNS occurs when an individual's blood glucose level is elevated to between 600 mg/dL and 1200 mg/dL." and to insert "DKA and HHNS cause severe metabolic derangements, and it is not possible for first responders to diagnose these conditions in the field." The motion was seconded by Senator Alvarado, and approved by voice vote.

Representative Bentley made a motion to insert "hypokalemia and" into the draft memorandum language on page four, line two. The motion was seconded by Representative Marzian and approved by voice vote.

Mr. Bayer made a motion to remove "one-time" from the draft memorandum language on page six, line one. The motion was seconded by Mr. Burkhart and approved by voice vote.

Mr. Walker made a motion to strike "and" from page seven, line six, and to insert "and address nondisclosure agreements, or gag clauses, that would prevent a pharmacist from discussing lower-cost options with a patient" in the draft memorandum language on page seven, line nine. The motion was seconded by Mr. Bayer and approved by voice vote.

Mr. Bayer made a motion to insert "of EMS reimbursement concerns related to non-transported patients and" in the draft memorandum language on page 7, line 14. The motion was seconded by Mr. O'Neal and approved by voice vote.

Representative Bentley made a motion to strike "KEHP's" from the draft memorandum language on page 6, lines 9 and 16, to insert "national" on page 6, lines 9 and 16, and to insert "KEHP's" on page 6, lines 10 and 16. The motion was seconded by Mr. Walker and approved by voice vote.

Representative Marzian made a motion to authorize the co-chairs to approve an additional statement discussing the differences in Type 1 and Type 2 Diabetes that would be later drafted and inserted. The motion was seconded by Mr. O'Neal and approved by voice vote. The following statement was drafted and inserted into the memorandum after the task force had adjourned, "7. Diabetes-related programs often do not distinguish between Type I and Type II diabetes in their name or program related literature. Instead, these programs typically refer to diabetes generically. In patients with Type I diabetes the pancreas does not produce insulin. Insulin is necessary for the body to breakdown and use glucose. According testimony from medical professionals, glucose is a necessary fuel source for the brain. In patients with Type II diabetes, the pancreas produces some insulin. However, the amount of insulin produced is either insufficient to meet the needs of the body, or the body's cells are resistant to the insulin preventing the body from properly

breaking down glucose. The symptoms produced by Type I and Type II diabetes, as well as the recommended course of treatment, are not the same. The common practice of generically referring to diabetes, without differentiating the two types, may suggest the need for enhanced public education efforts to ensure that the differences between the Type I and Type II diabetes are better understood."

Representative Marzian made a motion to insert "encourage increased transparency by pharmaceutical companies regarding the price of all drugs sold and distributed in the Commonwealth," into the draft memorandum on page seven, line one. The motion was seconded by Dr. Couch and approved by voice vote.

Representative Marzian made a motion to accept the draft memorandum as amended, seconded by Mr. Bayer. After a roll call vote of 10 yes votes, 0 no votes, and 0 pass votes, the amended memorandum was approved by the task force.

**Adjournment**

There being no further business, the meeting was adjourned at 11:54 AM.