

Human Services Committee

JOINT FAVORABLE REPORT

Bill No.: HB-5580

AN ACT CONCERNING MEDICAID COVERAGE FOR DIABETES
PREVENTION, EDUCATION, SELF-MANAGEMENT AND MEDICAL
NUTRITION THERAPY PROGRAMS AND ESTABLISHING AN ADVISORY

Title: COUNCIL.

Vote Date: 3/14/2025

Vote Action: Joint Favorable

PH Date: 2/20/2025

File No.: 450

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SPONSORS OF BILL:

Human Services Committee

CO-SPONSORS OF BILL:

Rep. Maryam Khan, 5th Dist.

Rep. Sarah Keitt, 134th Dist.

Rep. Jillian Gilchrest, 18th Dist.

REASONS FOR BILL:

The goal of this bill is to expand coverage under Medicaid for diabetes prevention, education, self-management, and medical nutrition therapy (DSME). This would create coverage parity as these services are already provided for those with commercial insurance or Medicare. By expanding DSME under Medicaid, the diabetes epidemic in Connecticut would be addressed, leading to better outcomes for patients and significant financial savings for the state. The legislation would also create a Diabetes Advisory Council to study and make recommendations concerning diabetes education, prevention, and treatment.

RESPONSE FROM ADMINISTRATION/AGENCY:

[Department of Social Services \(DSS\), Shantelle Varrs, Deputy Commissioner:](#) DSS opposes this bill, stating that coverage expansion is not included in the Governor's budget. They state that the Community Health Network of Connecticut (CHNCT) already offers an extensive array of services for those with diabetes under Medicaid, such as intensive and transitional care management, direct contact with a variety of specialists, and additional educational

materials. DSS states that Public Act 23-94 requires them to cover nutritional counseling provided by a registered dietician-nutritionist for those with severe obesity.

NATURE AND SOURCES OF SUPPORT:

[American Diabetes Association, Monica Billger, State Government Affairs Director:](#) Writes in support of the bill, stating it provides Medicaid coverage consistent with Federal law. The testimony states that CT and the nation is experiencing a diabetes epidemic, over 10% of the population in CT. Diabetes complications are serious and costly, so prevention is best. They state that DSMES is one of the essential elements of comprehensive diabetes medical care.

[Egils Bogdanovics, MD:](#) Testifies in support of the bill as a physician practicing Diabetes and Endocrinology in CT. States the importance of CDCES education in improving outcomes, in many cases equivalent to initiating medication treatment.

[The Regional YMCA of Western CT, Lisa O'Connor, Director of Evidence Based Health Initiatives:](#) Writes in support of the bill and to emphasize the YMCA's Diabetes Prevention Program, modeled from the NIH's Diabetes Prevention Program trial. The testimony states the highly successful outcomes of the program, but due to funding limitations it is not financially sustainable. They state that Medicaid reimbursement would expand coverage and help keep the program running.

[Connecticut Children's, Dr. Cem Demirci, Division Head of Endocrinology:](#) Testifies on behalf of the Diabetes Team at Connecticut Children's. Describes the services provided and states they face inadequate compensation. States this bill would help correct disparities in education and compensation for these services.

[AgingCT, Alison Dvorak, Executive Director of Senior Resources:](#) Writes in support of the bill, describing how programs like diabetes prevention, education, self-management, and medical nutrition therapy are less expensive and more effective than later costly interventions.

[Dr. Gretchen Edstrom, RN, CDCES:](#) Dr. Edstrom submits a brief research paper on Diabetes Mellitus, DSMES, social determinants of health, and examples of Diabetes Self-Management Education and Support stories.

[ECHN, Joann Feeney, Diabetes Educator:](#) Writes in support of the bill, describing the global epidemic of diabetes. States that preventative education reduces the burden on healthcare systems by promoting self-care and early intervention. Describes her firsthand experience as a nurse watching patients lives improve due to diabetes education.

[DSME Provider, Luriza Glynn, APRN, CDCES:](#) The testimony supports the legislation as a public health imperative and as fiscally responsible. The author outlines the prevalence of diabetes in Connecticut, the economic impact of diabetes, and the benefits of Diabetes Self-Management Education (DSME). They state that integrating DSME into CT Medicaid coverage is "a strategic investment in our state's health infrastructure." Being proactive in diabetes education prevents expensive and severe complications later.

[ECHN's Center for Health Living, Katie Gustavesen, RD, CDCES](#): Echoes previous comments of CDCESs and health care professionals on the public health crisis of diabetes, the importance of preventative education, and the later cost savings and improved quality of life. Similar testimony:

[Cynthia J. Kozak, Diabetes Educator](#)

[ECHN/Manchester Memorial Hospital, Kristen Loparco, Lifestyle Coach](#)

[ECHN's Center for Healthy Living, Sarah Khan, MS](#): Testifies in support and describes the benefits of the National Diabetes Prevention Program. The program is covered by most commercial insurance plans and Medicare but is not covered under Medicaid. The out-of-pocket costs for the program may be prohibitively expensive for those on Medicaid, leaving them without preventative measures.

[Insulin4All, Campbell Mitchell, Policy Lead](#): Strongly in favor of the bill, stating that DSME is extremely cost effective. Citing the National Diabetes Prevention Program pilot studies, they state that on average states saved on average \$5,000 per patient over a two-year period, or approximately \$160,000 per patient over the course of life. According to the testimony, the most effective programs used local community and faith-based organizations to expand capacity and work with underserved communities.

[Frances Murphy](#): Participated in the Diabetes Prevention Program at ECHN after being diagnosed with prediabetes. The testimony describes the program and patient progress, ultimately to a successful outcome. The author is no longer prediabetic and highly recommends the program.

[Patricia Brill](#): Personal success story.

[Quiana Mayo](#): parent and advocate.

NATURE AND SOURCES OF OPPOSITION:

[John Bryan](#)

[Heidi Vos](#)

Reported by: Breanne Clifton

Date: April 1, 2025