



2011 State Policy Priorities

Access to Care

With diabetes now an epidemic in Virginia, it is vital that all Virginians with diabetes have access to early, aggressive and comprehensive care. This includes medical care, diabetes self-management education, podiatry services and preventative care. Early, aggressive and comprehensive care can reduce the cost of diabetes and related complications such as amputations, kidney disease, heart disease, strokes and blindness.

The Virginia Diabetes Council opposes any efforts to reduce or cut Medicaid coverage for persons with diabetes. Without adequate Medicaid coverage:

- Quality of care suffers dramatically as people's access to care is limited and they are unable to afford visits to their healthcare providers, screenings, medications, diabetes self-care supplies, and necessary diabetes self-management education.
- Costs rise significantly due to increased hospitalizations and emergency room visits as both acute and chronic diabetes complications increase and worsen insufficient and inadequate care and education.

The Virginia Diabetes Council also supports the coverage of all United States Preventative Services Task Force A and B recommendations for preventative care for Medicaid recipients with no cost share or co pay.

Podiatry Services

Access to and Medicaid coverage for podiatric medical services (e.g. annual foot exams) for persons with diabetes are essential for the early detection of diabetic foot ulcers that left untreated can lead to foot amputations and other costly complications. Podiatrists are uniquely qualified among medical professionals to treat the foot and ankle based on their medical education, training and experience, especially for persons with diabetes.

Healthy Food Choices

The Virginia Diabetes Council supports policies that encourage healthy food choices and feeding programs to help citizens reduce the risk of developing prediabetes and type 2 diabetes. Specifically, the Virginia Diabetes Council supports:

- Providing healthy and nutritious beverages and snacks in public school vending machines and as choices in school cafeterias and at other sites where children may gather. Beverage and snack choices should meet nationally accepted guidelines.
- Efforts to restrict or decrease the use of food in any reward system which is education or learning based.

Physical Education

The Virginia Diabetes Council supports incorporating regular physical education into a healthy lifestyle for all children. We oppose the denial of physical activity during recess for behavioral or educational reasons.



Physical Education cont.

Specifically, Virginia Diabetes Council supports requiring every student in grades K-8 to participate in daily physical education for the entire school year, including students with disabling conditions and those in alternative education programs, as follows:

- Elementary students should participate in physical education for at least 150 minutes during each school week.
- Middle school students should participate in physical education for at least 225 minutes per week.

Tobacco Use Prevention

The Virginia Diabetes Council supports the use of at least 10 percent of the Tobacco Settlement Funds be used to reduce and prevent youth tobacco use and opposes any decreases in services or support for these efforts.

Driver's License

The Virginia Diabetes Council opposes policies that would deny private drivers with diabetes the ability to secure a driver's license without written permission by a medical professional. This is an unreasonable requirement and unfairly targets persons with diabetes.

Diabetes in Virginia is:

Serious - Diabetes was the 8th leading cause of death in 2008.¹

Common - More than 780,000 adults were estimated to have diabetes (492,000 diagnosed and 296,000 undiagnosed) in 2009.² In addition an estimated 1.6 million adults have prediabetes. This puts them at high risk of developing type 2 diabetes in the next 10 years.³

Costly - Diabetes was the primary cause of 11,880 hospital discharges, costing over \$227 million dollars in 2006. Hospital discharges due to any cause of diabetes was over \$2.5 billion in 2006.⁴

Controllable –Good management of blood glucose levels can reduce diabetes symptoms and the risk of acute and chronic diabetes complications. Additional interventions to control blood pressure and blood lipid levels, along with smoking cessation, can significantly lower risks for long-term diabetes complications.⁵

Preventable –Studies have shown that with intensive lifestyle intervention and counseling including weight management, healthy eating and increased physical activity, we can reduce the new cases of diabetes and the progression from prediabetes to type 2. In fact if a person reduces their current weight by 5-7 percent, the risk of developing type 2 diabetes drops by 58 percent.^{6 7}

1. Virginia Department of Health, Division of Health Statistics

2. Behavioral Risk Factor Surveillance System (BRFSS) 2009.

3. Diabetes Care, Volume 32, Number 2, February 2009 pgs 287-294

4. Virginia Health Information (VHI), 2006

5. Guiding Principles for Diabetes Care: For Health Care Professionals (National Diabetes Education Program (NDEP) April 2009

6. Knowler WC, Barrett-Connor E, Fowler SE, et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. N Engl J Med. 2002 Feb 7;346(6):393-403.

7. The Diabetes Prevention Program Research Group. The Diabetes Prevention Program (DPP): Description of lifestyle intervention. Diabetes Care. 2002 December 1, 2002;25(12):2165-71.)