

## **TASK FORCE RECOMMENDATIONS**

*Women In Government's Diabetes Task Force convened in 2010, and consists of a national, bi-partisan group of women state legislators. The following policy recommendations were developed by the Task Force and approved by the Board of Directors.*

### **Task Force Mission Statement**

The Diabetes Task Force aims to identify, address, and remedy barriers that prevent an integrated approach to patient education, prevention, management, and treatment of diabetes. By collaborating with stakeholders, the Task Force will also enable effective state and federal policies that allocate medical and state resources efficiently and promote optimal patient care.



### **Education and Awareness**

States should use a variety of outreach approaches to increase education and awareness that focuses on prevention. Policymakers can convene state agencies, along with the medical and business communities, to discuss the diabetes epidemic. States should embark on awareness campaigns that include health fairs, public service announcements on television and radio, town hall meetings, and community group meetings. Policymakers can also work to expand their food stamp and voucher programs to include farmers' markets, community gardens, and locally grown food choices. Legislators can also examine funding for design of walkable communities, including safe streets, biking and walking trails, sidewalks, and overall livability.

### **Increasing Access to Existing and Emerging Options for Treatment**

States should adopt a variety of approaches to support existing and emerging options for treatment. States can encourage collaboration among state agencies, medical and business communities, insurers, local, state and federal policymakers, non-profits, and patients to discuss diabetes treatments available and pursue equal coverage of these treatment options. State policymakers should support the medical community's participation in continuing education programs, and incentivize specialties in primary care. Additionally, state legislatures should encourage their states to re-examine their funding stream and work to re-allocate funds for emerging treatment pilot programs with measurable outcomes.

### **Diabetes and its Impact on State Budgets**

States can help address the impact of diabetes care on their state budgets by promoting effective long-term strategies. State departments of health should gather state-specific data on cost, prevalence, and existing budget allocations for diabetes, and then present the information to state policymakers and other stakeholders. Prevention strategies should be

put in place for patients and institutions, with support for ongoing school and employer wellness and health appraisal programs. Public and private insurers should be encouraged to equalize rates and reimbursements for all optimal medical therapies available, while re-examining their outpatient benefit designs and fostering innovations in care to reduce acute episodes. All stakeholders should be accountable for their role in maintaining healthier communities.

### **Addressing Barriers to Care in Vulnerable Populations**

States should use a variety of approaches that focus on removing barriers to care in vulnerable populations (e.g., minorities, elderly, low-income and rural populations). States should encourage quality care and eliminate barriers to care by emphasizing prevention and screening, assisting with transportation needs, providing childcare options, and allowing for mobile care units. State legislators should collaborate with stakeholders in an effort to reduce redundancies in costs through greater accountability of budget allocations. In areas with greater numbers of vulnerable populations, non-traditional strategies, such as expanded clinic hours, should be employed to increase compliance and adherence.

### **Addressing Barriers to Care in Insurance and Medicare Regulations**

States should maintain and work to improve standards for insurance coverage of diabetes. States should also simplify and integrate eligibility and enrollment for state Medicaid programs and engage in awareness campaigns for these strategies.

States should continue to look at ways to expand funding for state health departments and seek federal funds for wellness and prevention programs. If federal funds are received, this funding should be tracked and the success of the programs measured. Additionally, states can work with employers and give incentives to provide insurance.

States should encourage collaboration among state agencies in a joint effort to assess and make available the resources and responsibilities of the federal Patient Protection and Affordable Act. States should weigh in with the U.S. Department of Health and Human Services, in support of including diabetes care in the definition of the essential health benefits package, as well as including public and private insurance coverage, such as screening and prevention efforts, premium rate reviews, and new benefit delivery.

\* For more information, visit the Women In Government Diabetes Policy Resource Center at <http://www.womeningovernment.org/diabetes>.