



February 12, 2013

The Honorable Laurie Monnes Anderson
Chair, Senate Committee on Health and Human Services
900 Court Street, NE
Salem, OR 97301

Dear Chair Monnes Anderson and Members of the Committee:

It is a pleasure to be back before the committee to encourage your support of SB 169 and a work session for appropriate consideration of the bill. This legislation aims to create a Diabetes Action Plan for Oregon. It accomplishes this goal by directing relevant state agencies to review and assess Oregon's efforts in battling, controlling and preventing diabetes. Upon completion of this review, SB 169 asks these agencies to work collaboratively to develop a plan to stem the rising tide and costly impact of diabetes.

As you may know, Novo Nordisk is a healthcare company with 90 years of innovation and leadership in diabetes care, and the U.S. leader in insulin delivery and disease management devices. It is the knowledge gleaned from my company's work battling diabetes that brings me here today. The legislation before you and the resulting action it envisions are important items for the committee to consider. Beyond those here today submitting testimony, the bill has a wide range of support from others, including the National Association of Chronic Disease Directors (NACDD), which is ready to provide technical assistance to the state to help complete the action plan; Women in Government (WIG), which is running a national effort encouraging legislators to support the bill; the Council of State Governments (CSG), which highlights the Diabetes Action Plan as suggested state legislation; and the National Conference of State Legislatures (NCSL), which featured this legislation in publications as a potential step in battling the reach and scope of diabetes.

WHY ACT NOW?

Oregon today lacks an effective plan and coordinated effort to contain diabetes despite the reach of the epidemic. While a 34-page report was issued in 2008 with the title "Strategic Plan to slow the Rate of Diabetes in Oregon," this plan actually focuses on addressing obesity - only an underlying factor in preventable, type 2 diabetes - and does not directly address the growing rate of all types of diabetes and the impact on health programs in Oregon. The Strategic Plan's limited focus on diabetes is cedes a lot of ground given the significant impact of diabetes on the state's health budget and the people of Oregon.

The Strategic Plan is also set to expire at the end of this biennium, leaving behind some self-identified policy gaps to be addressed still. For instance, before it comes to a close in 2015, the plan does not lay out a battle plan for diabetes during pregnancy, which impacts women at epidemic rates. Because of its focus on obesity, the Plan lacks suggestions for how to reduce and contain the epidemic of diabetes in Oregon and the substantial costs associated with this serious disease moving forward.

The Plan, however, does contain one critically important recommendation when it comes to battling diabetes, and that is the establishment of an interagency working group to address health disparities. This legislation before you aims to codify this recommendation by taking a broad look all of Oregon's covered lives.

Further highlighting the need for this legislation is the reach of diabetes within Oregon today. More than 291,200 Oregonians lived with diabetes in 2010, compared with 204,600 in 2000. This represents an almost 42% increase in just the past 10 years. An additional 965,600 Oregonians were living with pre-diabetes in 2010. Taken together, one in every three people in Oregon in 2010 was living with either diabetes, or its precursor – pre-diabetes. The burden of diabetes will continue to grow. In 2025, projections are that 546,000 Oregonians will be living with diabetes, representing an increase of 87.5% from 2010 figures. The population with pre-diabetes will grow to 1,155,400 in 2025, up 19.6% from 2010.¹

THE HUMAN TOLL OF DIABETES IN OREGON

The prevalence numbers tell only part of the story. Diabetes, if it is not diagnosed, treated, and controlled, can lead to devastating complications such as visual impairment that can lead to blindness; kidney failure; and amputations of lower extremities. Compared with rates in 2010, it has been projected that in 2025, there will be an increase of 106% in the number of annual cases in Oregon of visual impairment due to diabetes; a 78% increase in annual cases of renal failure; and a 55% increase in the annual number of lower extremity amputations.

Oregonians with diabetes are twice as likely to report depression, while also having increased rates of heart attacks and strokes, blindness, kidney failure and amputations. The heart attack risk alone for people with diabetes is two-to-four times greater than for those living without the disease.

¹ Diabetes Data & Forecasts. 2025 Diabetes Forecasts for State and Metropolitan Areas Study by the Institute for Alternative Futures. This study utilizes: a national model from Narayan. Impact of Recent Increase in Incidence on Future Diabetes Burden. *Diabetes Care* 2006, 29:2114-2116; the latest CDC projections by Boyle; US Census Bureau population estimates; and latest CDC national diabetes statistics and state prevalence rates. www.altfutures.org/diabetes2025

THE COST OF DIABETES TODAY AND TOMORROW

The total financial burden of diabetes in America reached \$218 billion in 2007, and diabetes and its complications today consume one in every 10 of America's health care dollars. In Oregon alone, the total estimated medical costs for diabetes in 2010 were over \$2.8 billion, while hospitalization costs totaled over \$1.4 billion. According to projections for 2025, the total cost of diabetes for the state of Oregon will reach \$5.4 billion – representing a 93% increase from 2010.

HOW WE GOT HERE, AND NEXT STEPS

Federal and state resources available to help Oregon fight the diabetes epidemic are limited. In FY 2012, the Centers for Disease Control and Prevention (CDC) allotted \$717,000 to Oregon, which was a 10% decrease from the previous year. Such limited funding makes it all the more imperative for Oregon state agencies with an interest in diabetes to coordinate their efforts and resources, as called for in the Diabetes Action Plan legislation.

Diabetes will provide a sizable challenge to Oregon and its citizens for years to come. Passing this legislation allows Oregon to take the first step in recognizing the challenge.

A fundamental premise of the proposed legislation is that state officials charged with safeguarding the health of Oregonians are best equipped to assess current state activities, develop future plans and guide the legislature in structuring efforts to battle the epidemic. Legislation similar to that before you was recently signed into law in Kentucky after a unanimous vote of support from the legislature. Now, the Kentucky report is public and can serve as an effective guide for Oregon to follow.

The law in Kentucky achieved its goal of developing a game plan to fight diabetes at no additional cost to the state. Again, let me repeat – the State of Kentucky developed its report at no cost to the state. It achieved this goal by directing necessary agencies to assess on-going activities in light of existing data readily available to the programs and departments.

CONCLUSION

This Diabetes Action Plan legislation is a reasonable first step in battling diabetes in Oregon. Considering and passing this legislation will help turn Oregon into a leader in the battle against diabetes nationwide and provide the public with an understanding of what the state is doing to combat the disease. Such plans and assessment tools will also greatly help legislators when prioritizing resources available to battle diabetes and its complications.

This bill offers options and opportunities you can seize today to ensure that the future health of Oregon's children is not determined by diabetes. By passing this proposed legislation, Oregon can begin to dictate the terms by which its citizens

will engage in the battle against diabetes. Enacting this legislation today is a reasonable step to take in light of projections for the significant growth and consequent human and economic costs of diabetes in Oregon.

Thank you for the opportunity to comment during this important hearing. I look forward to working with you and all the supporting entities on any and all matters related to diabetes over the months ahead. I sincerely appreciate your time and appropriate consideration of my remarks.

Sincerely,

Tom Boyer
Director, Government Affairs
Novo Nordisk Inc.