



Testimony for State of Michigan House of Representatives: Health Policy Committee
February 28, 2024

Diabetes is increasingly impacting individuals, families, and communities across Michigan and straining Michigan's health care systems. With 10% of Michiganders diagnosed with diabetes and another 10% with prediabetes, we must address access to affordable and timely care, lifesaving medications, and critical technology now to prevent the devastating complications of diabetes in our population. Diabetes is a public health crisis, and critical action is now needed to prevent needless diabetes-related suffering and death.

Every week, we in the Division of Metabolism, Endocrinology, and Diabetes/Podiatry and the Division of Pediatric Endocrinology at Michigan Medicine help Michiganders across all socio-demographic groups struggling to overcome barriers to care for their diabetes and its complications. Examples of these barriers include:

- Inadequate insurance coverage and high out-of-pocket costs causing non-adherence to recommended medications and therapies, including preventive diabetes self-management education and support and diabetes-related podiatric care.
- A shortage of adult and pediatric endocrinologists and other essential providers causing delays in establishing care with primary care, endocrinology, and other needed specialists due to shortages of physicians in certain specialties.
- Delays and interruptions in medications, supplies, or equipment that are covered by the patient's insurance due to:
 - Annual changes in insurance formularies
 - Required prior authorizations
 - Excessive documentation requirements for durable medical equipment, etc.

Obviously, these barriers result in periods of elevated blood glucose, which cause long-term complications, including blindness, kidney failure, vascular disease, and limb loss. More immediately, we see acute complications due to these gaps in care. Lack of access to insulin and supplies leads to hospital admissions for diabetic ketoacidosis, a serious and often deadly diabetes complication. Pregnancies complicated by diabetes are especially vulnerable to gaps in care, and those gaps increase the risk of heart defects, maternal mortality and other poor outcomes. Parents with limited resources are often so desperate to care for their children with diabetes that they will forego their own insulin injections to ensure that their children receive life-saving insulin. Poor insurance coverage for preventive podiatric care results in lower limb amputations.

In children with diabetes, poor diabetes care can lead to developmental delay and poor growth, resulting in delayed puberty, malnutrition and short stature. Children whose diabetes is not well-controlled are absent from school which can lead to further education and financial inequities as they become young adults.

Also, these delays and interruptions in care cause excessive stress and loss of work productivity for our patients, often taking many hours/days of patient (and provider/staff) time to try to solve. This in turn harms the mental health of patients and increases physician/staff burnout.

Recognizing the value of evidence-based interventions such as preventive podiatric care, diabetes self-management education and support, effective medications, and technology by expanding coverage is a critical first step. Creating programs to train and retain endocrinologists and other needed specialties in Michigan is imperative. In Michigan and throughout the nation, it is estimated that there will be a shortage of more than 3000 endocrinologists in 2025, further exacerbating the diabetes care crisis. Reducing systemic barriers to care that waste time and money is common sense and the right thing for Michiganders.



We, as a group, are committed to the betterment of the health of all Michiganders and to ensure that all with diabetes receive the proper and needed care and medications to reduce diabetes complications and death.

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Diabetes is an enormous public health problem in Michigan and must be addressed as such. The government should adopt a health-in-all-policies approach so that activities of non-health-related state agencies that address agriculture, food, housing, transportation, education, commerce, and the environment are coordinated with those of health-related agencies to affirmatively address the social and environmental conditions that contribute to diabetes and its complications. Awareness of prediabetes should be increased and the availability of, referral to, and insurance coverage for the National Diabetes Prevention Program should be increased. For people with diabetes and its complications, barriers to proven-effective treatments should be removed and payment models should be implemented to support access to lifesaving medications including insulin.

References:

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2. National Clinical Care Commission. Report to Congress. Washington, DC, National Clinical Care Commission. Accessed 27 February 2024. Available from <https://health.gov/about-odphp/committees-workgroups/national-clinical-care-commission/report-congress>