



STATES ADDRESS THE COSTS OF DIABETES

NATIONAL
CONFERENCE
of
STATE
LEGISLATURES

A 50-STATE BUDGET SURVEY FOR FISCAL YEAR 2013

December 2013



State governments spend millions of dollars each year to educate about, treat and prevent all forms of diabetes (e.g., type 1, type 2, gestational and pre-diabetes) and its complications. Many of these activities are paid for through state budget appropriations. Documenting the financial impact of the diabetes epidemic, the *Economic Costs of Diabetes in the U.S.*¹ estimates that, in 2012, national spending on direct medical costs for diagnosed diabetes totaled \$176 billion. The Centers for Disease Control and Prevention (CDC) completed a similar analysis in 2007, determining that direct medical costs were \$116 billion; the new number represents a \$60 billion increase in annual spending to treat diabetes in just five years.²



Generally, state budget trends for fiscal year (FY) 2013 reflected slow and steady revenue growth, but states remained cautious. As of April 2013, the National Conference of State Legislatures' (NCSL) *State Budget Update* reported 37 states and the District of Columbia expected revenues to meet earlier estimates, eight states indicated revenues could exceed estimates and four reported revenues as unlikely to meet forecasts.³ Within this broad context, for FY 2013, some states increased general fund spending on diabetes, aided in part by higher revenues from taxes, fees and other typical state sources.



To assess how states are responding to the diabetes epidemic, NCSL conducted a 50-state analysis of appropriations for FY 2013. The analysis included a review of state budgets and related state budget documents that explicitly identified appropriations for diabetes programs. In addition, the methodology used included discussions with state fiscal offices, legislative services and state departments of health. This survey follows 50-state analyses of FY 2011 and FY 2012 state budgets dedicated to spending and appropriations on diabetes activities, published by the NCSL Health Program.

Table 1 provides diabetes spending information in five categories, defined and labeled as follows.

- **State dollars specifically for diabetes:** A total of five states appropriated a total of \$635,938 general fund dollars specifically for diabetes treatment, education and/or prevention-focused activities. Although the amounts dedicated vary substantially by state, those that specifically dedicated funds for diabetes include Florida, Kentucky, Pennsylvania, South Carolina and Virginia (column 2).
- **Other state, federal and special dollars appropriated by state legislatures specifically for diabetes:** Across all states and territories, this amount totaled \$10,661,100 among seven states in FY 2013 (figure does not include CDC diabetes prevention and control program [DPCP] grants) (column 3).
- **FY 2012 federal grants to state diabetes prevention and control programs (DPCPs):** A total of \$27,253,432 went to such programs, compared to the FY 2011 total of \$23,804,953, representing an increase of 14.49 percent. Table 2 provides a five-year comparison of these CDC grants (column 4).

For 2012, federal grants to state diabetes prevention and control programs (DPCPs) were 14.49 percent (or \$3,448,479 million) above the grants for FY 2011.

Total State CDC Funding for Diabetes Prevention and Control Programs

2008	\$28,370,598
2009	\$27,676,039
2010	\$27,433,958
2011	\$23,804,953
2012	\$27,253,432

Source: NCSL, September 2013.



Note About 2013 CDC Multi-Purpose Funding: Starting in federal fiscal year 2013, the CDC has rolled diabetes funding into the funding announcement for the "State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health." More information about this funding can be found on page three and at www.ncsl.org/default.aspx?tabid=27539.

- **2012-2013 Totals:** Funds listed in columns 2 through 4 are totaled in column 5.
- **2013 CDC Multi-Purpose Funding:** For federal fiscal year 2013, the CDC has combined diabetes funding into the funding announcement for the “State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health.” For more information, see page three or go to www.ncsl.org/default.aspx?tabid=27539 (column 6).

Notes on State Budget Processes

In 46 states, the budget fiscal year began July 1, 2012, and ended June 30, 2013. The exceptions are New York (April 1), Texas (September 1), and Alabama and Michigan (October 1). In some cases, state agencies or grantees are permitted to carry over or continue spending into the following fiscal year. Figures reported in this publication are taken from the enacted or final approved budgets at the start of the fiscal year. Many states include and adopt appropriations of both federal and state money. Table 1 separates the source of diabetes funds wherever possible.

Connecticut, Hawaii, Indiana, Maine, Minnesota, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Oregon, Texas, Washington and Wisconsin passed their FY 2013 budgets during the 2011 legislative sessions.

Notes

The data provided should not be interpreted as a comprehensive spending reference for the state as a whole, since data presented includes only funds specifically designated in the state budget via the legislature for diabetes-focused actions. In addition, the term “other” is used to describe funds appropriated by the legislature where the origins of a revenue source were not apparent in the budget.

Budget Appropriations and Other Legislation

All bill, act and chapter numbers refer to 2012 legislative sessions unless otherwise noted.

Alabama

The state appropriated \$140,000 to UAB-Huntsville for implementation of a comprehensive screening and health outreach program, including screening for diabetes. These funds come from the state’s Children First Trust Fund (2012 Ala. Acts, Act 600 [HB 25]).

Alaska

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Arizona

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Arkansas

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

California

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Colorado

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Connecticut

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

States Address the Costs of Diabetes: A 50-State Budget Survey for Fiscal Year 2013

Table 1. 2012-2013 State and Federal Funding for Diabetes-Related Activities

1	2	3	4	5	6
State/Jurisdiction	State Dollars Appropriated by State Legislature Specifically for Diabetes	State, Federal, Special and Other Dollars Appropriated by State Legislature Specifically for Diabetes	FY 2012 Federal Grants to State DPCPs	Totals: State, Federal and Other Funds Appropriated by State Legislature Specifically for Diabetes-related Activity + CDC Grants to DPCPs	2013 CDC Funding New Formula*
Alabama	\$0	\$140,000	\$291,564	\$431,564	\$596,217
Alaska	\$0	\$0	\$423,568	\$423,568	\$503,091
Arizona	\$0	\$0	\$248,934	\$248,934	\$624,405
Arkansas	\$0	\$0	\$464,177	\$464,177	\$601,480
California	\$0	\$0	\$1,042,839	\$1,042,839	\$744,997
Colorado	\$0	\$0	\$506,276	\$506,276	\$522,169
Connecticut	\$0	\$0	\$252,782	\$252,782	\$515,514
Delaware	\$0	\$357,400	\$386,912	\$744,312	\$503,930
Florida	\$244,071	\$0	\$694,394	\$988,465	\$582,208
Georgia	\$0	\$0	\$306,689	\$306,689	\$635,818
Hawaii	\$0	\$250,000	\$327,804	\$577,804	\$505,956
Idaho	\$0	\$0	\$330,219	\$330,219	\$506,867
Illinois	\$0	\$0	\$849,070	\$849,070	\$555,757
Indiana	\$0	\$0	\$312,007	\$312,007	\$528,234
Iowa	\$0	\$0	\$229,862	\$229,862	\$513,268
Kansas	\$0	\$0	\$716,078	\$716,078	\$512,434
Kentucky	\$11,000	\$0	\$681,698	\$692,698	\$604,155
Louisiana	\$0	\$0	\$202,000	\$202,000	\$615,132
Maine	\$0	\$0	\$340,473	\$340,473	\$505,754
Maryland	\$0	\$0	\$301,587	\$301,587	\$525,251
Massachusetts	\$0	\$0	\$800,443	\$800,443	\$528,540
Michigan	\$0	\$1,855,700	\$947,905	\$2,803,605	\$542,789
Minnesota	\$0	\$0	\$912,163	\$912,163	\$523,157
Mississippi	\$0	\$0	\$292,533	\$292,533	\$618,805
Missouri	\$0	\$0	\$470,322	\$470,322	\$526,042
Montana	\$0	\$0	\$598,450	\$598,450	\$504,325
Nebraska	\$0	\$0	\$271,399	\$271,399	\$507,983
Nevada	\$0	\$0	\$344,404	\$344,404	\$511,799
New Hampshire	\$0	\$0	\$294,478	\$294,478	\$505,711
New Jersey	\$0	\$0	\$478,533	\$478,533	\$538,218
New Mexico	\$0	\$748,000	\$433,792	\$1,181,792	\$609,375
New York	\$0	\$7,205,000	\$986,305	\$8,191,305	\$584,334
North Carolina	\$0	\$0	\$887,207	\$887,207	\$625,549
North Dakota	\$0	\$0	\$244,261	\$244,261	\$502,963
Ohio	\$0	\$0	\$734,631	\$734,631	\$550,019
Oklahoma	\$0	\$0	\$244,892	\$244,892	\$516,427
Oregon	\$0	\$0	\$797,756	\$797,756	\$516,775
Pennsylvania	\$100,000	\$0	\$521,086	\$621,086	\$555,209
Rhode Island	\$0	\$0	\$757,903	\$757,903	\$504,555
South Carolina	\$123,470	\$0	\$662,914	\$786,384	\$603,983
South Dakota	\$0	\$0	\$256,442	\$256,442	\$503,570
Tennessee	\$0	\$0	\$268,653	\$268,653	\$610,952
Texas	\$0	\$0	\$975,730	\$975,730	\$700,496
Utah	\$0	\$0	\$888,327	\$888,327	\$512,204
Vermont	\$0	\$0	\$241,164	\$241,164	\$502,714
Virginia	\$157,397	\$0	\$372,906	\$530,303	\$535,079
Washington	\$0	\$0	\$974,690	\$974,690	\$529,590
West Virginia	\$0	\$105,000	\$915,069	\$1,020,069	\$592,255
Wisconsin	\$0	\$0	\$851,800	\$851,800	\$524,746
Wyoming	\$0	\$0	\$217,638	\$217,638	\$502,460
Districts and Territories					
District of Columbia	\$0	\$0	\$260,834	\$260,834	\$598,939
Puerto Rico	\$0	\$0	\$237,869	\$237,869	Not available
U.S. Virgin Islands	\$0	\$0	\$202,000	\$202,000	Not available
Total	\$635,938	\$10,661,100	\$27,253,432	\$38,600,470	\$28,192,200

*CDC State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health. New funding announcement as of April 2013, www.cdc.gov/chronicdisease/about/state-public-health-actions.htm.

Delaware

The state appropriated \$357,400 in Special Fund dollars from the Master Settlement Agreement on Tobacco Funds for diabetes-related activity for the Department of Public Health (*line item 35-05-00*) (Vol. 78 Del. Laws, Chap. 290 [S 260]).

Florida

The state allocated \$244,071 from the general fund (*55D Special Categories: Grants and Aids*) to the Regional Diabetes Center at the University of Miami. 2012 Fla. Laws, Chap. 18 [H 5001,] 4/17/2012).

Georgia

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013

Hawaii

The Hawaii Committee on Conference provided \$250,000 in tobacco settlement special funds to support establishment of a childhood obesity and diabetes program. The program will increase the level of obesity and diabetes-related services, promote awareness, enhance research and data collection, and create a task force to develop long-term solutions to this growing problem (Conference Committee Report no. 131-12, page 11 [HB 2012]).

Idaho

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Illinois

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Indiana

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Iowa

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Kansas

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Kentucky

The Commonwealth appropriated \$1,000 in state funds for licensed diabetes educators. In addition, the City of West Liberty was allocated \$10,000 in restricted funds for the West Liberty Walking Trail–Sidewalks Diabetes Coalition (2012 Ky. Acts, Chap. 144 [KY H 262]).

Louisiana

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Maine

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Maryland

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Massachusetts

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Michigan

The state appropriated \$1,855,700 to the Diabetes and Kidney Program within the Chronic Disease and Injury Prevention and Health Promotion Program within the Department of Community Health (Section 112). It is not specified whether a portion of these funds came from the state general fund (2012 Mich. Pub. Acts, Act 200 [H 5365]).

Minnesota

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Mississippi

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Missouri

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Montana

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Nebraska

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Nevada

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

New Hampshire

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

New Jersey

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

New Mexico

The state allocated \$748,000 from the Tobacco Settlement Program Fund for diabetes prevention and control services (to the Department of Health from Public Health Programs) (2012 N.M. Laws, Chap. 19 [H 2]).

New York

The state allocated \$7,205,000 for services and expenses related to obesity and diabetes programs. A portion of this appropriation may be transferred to the state operations appropriation for administration of this program (2012 N.Y. Laws, Chap. 53 [NY A 9053]).

North Carolina

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

North Dakota

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Ohio

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Oklahoma

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Oregon

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Pennsylvania

The state allocated \$100,000 in general fund dollars to diabetes programs (2012 Pa. Laws, Act 9 A [SB 1466]).

Rhode Island

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

South Carolina

The state appropriated \$123,470 in general fund dollars to the Diabetes Center of the Medical University of South Carolina (Section 17A H51) (2012 S.C. Acts, Act 228 [H 4813]).

South Dakota

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Tennessee

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Texas

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Utah

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Vermont

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Virginia

The Commonwealth allocated \$157,397 in general fund dollars for the support of diabetes education and public service at the Virginia Center for Diabetes and Professional Education at the University of Virginia (§ 1-61. 207) (2012 Va. Acts, Chap. 3 [H 1301]).

Washington

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

West Virginia

The state allocated \$105,000 (line item 873) to diabetes education and prevention from the Division of Health Fund (No. 63, Fund 0407 FY 2013 Org 0506) (2012 W.Va. Acts, Chap. 10 [S 160]).

Wisconsin

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Wyoming

The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Districts and Territories

District of Columbia

The District did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Puerto Rico

Puerto Rico did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

U.S. Virgin Islands

The U.S. Virgin Islands did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

States Address the Costs of Diabetes: A 50-State Budget Survey for Fiscal Year 2013

Table 2. 2008-2012 CDC Funding for Diabetes Prevention and Control Programs (DPCPs) by State

State/Jurisdiction	FY 2012 Actual Grants to DPCPs	FY 2011 Actual Grants to DPCPs	Percent Change FY 2011 to FY 2012	FY 2010 Actual Grants to DPCPs	FY 2009 Actual Grants to DPCPs	FY 2008 Actual Grants to DPCPs
Alabama	\$291,564	\$262,407	+11.11%	\$291,564	\$291,564	\$304,833
Alaska	\$423,568	\$350,052	+21.00%	\$424,661	\$424,661	\$477,405
Arizona	\$248,934	\$220,332	+12.98%	\$250,017	\$250,017	\$256,270
Arkansas	\$464,177	\$404,759	+14.68%	\$464,177	\$464,177	\$500,311
California	\$1,042,839	\$922,026	+13.10%	\$1,043,922	\$1,043,922	\$1,020,030
Colorado	\$506,276	\$456,623	+10.87%	\$507,359	\$507,359	\$530,450
Connecticut	\$252,782	\$214,344	+17.93%	\$252,782	\$252,782	\$272,460
Delaware	\$386,912	\$347,337	+11.39%	\$386,912	\$386,912	\$434,968
Florida	\$694,394	\$581,695	+19.37%	\$694,394	\$701,337	\$666,596
Georgia	\$306,689	\$202,618	+51.36%	\$369,150	\$369,150	\$364,105
Hawaii	\$327,804	\$295,998	+10.75%	\$328,887	\$328,887	\$369,737
Idaho	\$330,219	\$276,946	+19.24%	\$330,219	\$565,344	\$371,315
Illinois	\$849,070	\$614,958	+38.07%	\$850,153	\$850,153	\$888,845
Indiana	\$312,007	\$237,258	+31.51%	\$312,007	\$312,007	\$316,705
Iowa	\$229,862	\$189,288	+21.44%	\$229,862	\$229,862	\$252,971
Kansas	\$716,078	\$644,470	+11.11%	\$716,078	\$716,078	\$748,667
Kentucky	\$681,698	\$613,528	+11.11%	\$681,698	\$681,698	\$678,785
Louisiana	\$202,000	\$133,148	+51.71%	\$202,000	\$202,000	\$170,271
Maine	\$340,473	\$295,731	+15.13%	\$340,473	\$340,473	\$370,800
Maryland	\$301,587	\$271,429	+11.11%	\$301,588	\$301,588	\$306,130
Massachusetts	\$800,443	\$769,485	+4.02%	\$854,983	\$854,983	\$893,894
Michigan	\$947,905	\$850,232	+11.49%	\$947,905	\$947,905	\$917,635
Minnesota	\$912,163	\$819,133	+11.36%	\$913,246	\$913,246	\$954,809
Mississippi	\$292,533	\$256,578	+14.01%	\$292,533	\$292,533	\$305,847
Missouri	\$470,322	\$421,537	+11.57%	\$470,314	\$470,322	\$477,404
Montana	\$598,450	\$537,840	+11.27%	\$599,533	\$599,533	\$652,936
Nebraska	\$271,399	\$244,259	+11.11%	\$271,399	\$271,399	\$315,279
Nevada	\$344,404	\$265,952	+29.50%	\$344,404	\$344,405	\$371,215
New Hampshire	\$294,478	\$258,697	+13.83%	\$294,478	\$294,478	\$324,083
New Jersey	\$478,533	\$352,355	+35.81%	\$478,533	\$478,533	\$500,312
New Mexico	\$433,792	\$390,413	+11.11%	\$433,792	\$433,792	\$477,404
New York	\$986,305	\$887,027	+11.19%	\$986,305	\$986,305	\$954,809
North Carolina	\$887,207	\$798,486	+11.11%	\$887,207	\$887,207	\$866,902
North Dakota	\$244,261	\$219,835	+11.11%	\$244,261	\$244,261	\$277,585
Ohio	\$734,631	\$661,168	+11.11%	\$734,631	\$734,631	\$717,817
Oklahoma	\$244,892	\$220,403	+11.11%	\$244,892	\$244,892	\$256,037
Oregon	\$797,756	\$717,980	+11.11%	\$797,756	\$797,756	\$834,062
Pennsylvania	\$521,086	\$426,819	+22.09%	\$522,169	\$522,169	\$545,933
Rhode Island	\$757,903	\$675,997	+12.12%	\$758,986	\$758,986	\$835,292
South Carolina	\$662,914	\$599,547	+10.57%	\$666,163	\$666,163	\$689,585
South Dakota	\$256,442	\$229,249	+11.86%	\$257,525	\$257,525	\$299,162
Tennessee	\$268,653	\$221,788	+21.13%	\$268,653	\$268,653	\$280,880
Texas	\$975,730	\$879,132	+10.99%	\$976,813	\$976,813	\$945,620
Utah	\$888,327	\$737,643	+20.43%	\$888,327	\$888,327	\$928,756
Vermont	\$241,164	\$218,022	+10.61%	\$242,247	\$242,247	\$272,336
Virginia	\$372,906	\$321,678	+15.93%	\$372,906	\$372,906	\$371,312
Washington	\$974,690	\$874,392	+11.47%	\$974,690	\$974,690	\$970,524
West Virginia	\$915,069	\$819,155	+11.71%	\$916,152	\$916,152	\$912,235
Wisconsin	\$851,800	\$767,595	+10.97%	\$852,883	\$852,883	\$891,699
Wyoming	\$217,638	\$195,874	+11.11%	\$259,499	\$259,503	\$291,735
District of Columbia	\$260,834	\$235,725	+10.65%	\$261,917	\$261,917	\$273,837
Puerto Rico	\$237,869	\$215,058	+10.61%	\$238,953	\$238,953	\$249,828
U.S. Virgin Islands	\$202,000	\$180,952	+11.63%	\$202,000	\$202,000	\$212,180
Total	\$27,253,432	\$23,804,953	+14.49%	\$27,433,958	\$27,676,039	\$28,370,598

Source: Centers for Disease Control and Prevention (CDC).

Conclusion

All 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands operate a State Diabetes Prevention and Control Program (DPCP), relying primarily on annual grants from the Centers for Disease Control and Prevention. Although these programs maintain their own missions, the general themes throughout are to delay or prevent development of diabetes, reduce complications related to the disease, eliminate diabetes-related health disparities and reduce the disease's financial cost. The programs also promote good nutrition, physical activity, weight loss, smoking cessation, foot and eye exams, and blood sugar level (HbA1c) tests, which are key factors to control, prevent, delay or manage diabetes and help people live longer, healthier lives.⁴

Notes

1. American Diabetes Association, *Economic Costs of Diabetes in the U.S., 2012*. These figures are the newest estimates released since the Centers for Disease Control and Prevention (CDC) released national estimates in 2007.

2. Centers for Disease Control and Prevention, *National Diabetes Fact Sheet: National Estimates and General Information on Diabetes and Prediabetes in the United States, 2011* (Atlanta, Ga.: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011), www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf.

3. National Conference of State Legislatures, *State Budget Update: Spring 2013* (Denver: NCSL, May 2013), www.ncsl.org/default.aspx?tabid=26159.

4. Alabama Diabetes Program, www.adph.org/diabetes.

Additional Resources

NCSL Diabetes Overview Page
www.ncsl.org/default.aspx?tabid=14520

NCSL Federal Health Reform Provisions Related to Diabetes
www.ncsl.org/default.aspx?tabid=23198

Chronic Cost of Diabetes: NCSL's State Legislatures Magazine
www.ncsl.org/default.aspx?tabid=24523

CDC Chronic Disease Prevention and Health Promotion
www.cdc.gov/chronicdisease/

CDC Diabetes Public Health Resource
www.cdc.gov/diabetes/

U.S. Department of Health and Human Services, National Diabetes Information Clearinghouse
<http://diabetes.niddk.nih.gov>

American Diabetes Association
www.diabetes.org

About This NCSL Project

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NCSL gratefully acknowledges the financial support of Novo Nordisk for this work. The contents of this publication are the sole responsibility of NCSL and do not necessarily represent the official views of Novo Nordisk or other organizations cited in the text.



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