



Diabetes in State Budgets

A 50-State Survey for Fiscal Year 2011

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Approximately 25.8 million Americans live with diabetes. This number more than doubled during the past two decades, and researchers expect diabetes to become more prevalent in coming years. People with chronic diseases such as diabetes often have uncoordinated care, inadequate information and high health care costs. Diabetes costs in the United States grew swiftly between 2002 and 2007 to more than \$174 billion. Of this amount, \$116 billion was for direct treatment costs, and an estimated \$58 billion was due to lost productivity. According to an American Diabetes Association report, “People with diagnosed diabetes, on average, have medical expenditures that are approximately 2.3 times higher than the expenditures would be in the absence of diabetes.” It also is estimated that approximately 10 percent all health care spending is attributed to diabetes.



Public health spending often is dwarfed by health-care expenditures, which averaged about \$3,500 per capita in 2006, according to the Centers for Disease Control and Prevention (CDC). States, which play a significant role in public health and in funding public health activities, are responsible for monitoring and investigating emerging health issues, informing the public about health, enforcing state health laws, and preparing for and responding to disasters and health crises. To assume such a significant role in protecting the public health, states need both the support of the federal government and the necessary resources. States rely on funding from the Centers for Disease Control and Prevention to support efforts to prevent and treat diabetes. (For information about CDC grants to states for diabetes, see Table 1.)

State governments spend billions of dollars treating, educating and seeking to prevent diabetes. Most of these activities and expenditures are not identified or “earmarked”¹ for the disease and its costs. For FY 2011, the National Conference of State Legislatures conducted a first-ever, 50-state analysis of appropriations explicitly identified for diabetes.²

- Fifteen states—Delaware, Florida, Illinois, Louisiana, Michigan, Nebraska, New Hampshire, New Mexico, New York, North Carolina, Pennsylvania, Tennessee, Texas, Virginia and West Virginia—appropriated a total of \$39,864,721 specifically for diabetes treatment and prevention. Portions of these funds are allocated to chronic diseases.
- In addition, Kentucky, New York, South Carolina and Wisconsin passed budget provisions specifically for diabetes that were vetoed by the governor.



In addition to budget appropriations, states passed other legislation.

- Alabama, Connecticut, Delaware, Georgia and Tennessee enacted legislation for other programs related to diabetes. These provisions totaled \$264,000 (where totals were available).
- In New Jersey, New York and Pennsylvania, similar bills were pending as of mid-November 2010.³

Observations

Most state budgets use a line-item format, appropriating funds for a one-year period to a specific state agency or office. In most states, these budgets do not attempt to specify treatment by medical condition or segregate prevention activities by disease.

State officials make numerous decisions regarding use of federal funds, including appropriating matching funds for federal allocations, but these are not always detailed in the annual legislative appropriation process.



Table 1. Funding for Diabetes

State/Local/ Territory/Tribal Grantee	State Budget Legislation	Other Legislation	FY 2010 Actual Federal Grants to State Diabetes Prevention and Control Programs	State/Local/ Territory/Tribal Grantee	State Budget Legislation	Other Legislation	FY 2010 Actual Federal Grants to State Diabetes Prevention and Control Programs
Alabama	—	\$250,000	\$291,564	Nebraska	Difficult to determine*	—	\$271,399
Alaska	—	—	\$424,661	Nevada	—	—	\$344,404
Arizona	—	—	\$250,017	New Hampshire	\$322,638*	—	\$294,478
Arkansas	—	—	\$464,177	New Jersey	—	Not specified	\$478,533
California	—	—	\$1,043,922	New Mexico	\$881,400	—	\$433,792
Colorado	—	—	\$507,359	New York	—	Not specified	\$986,305
Connecticut	—	Not specified	\$252,782	North Carolina	Not specified	—	\$887,207
Delaware	\$450	\$14,000	\$386,912	North Dakota	—	—	\$244,261
Florida	Difficult to determine*	—	\$694,394	Ohio	—	—	\$734,631
Georgia	—	Not specified	\$369,150	Oklahoma	—	—	\$244,892
Hawaii	—	—	\$328,887	Oregon	—	—	\$797,756
Idaho	—	—	\$330,219	Pennsylvania	\$190,000	Not specified	\$522,169
Illinois	\$1,100,000	—	\$850,153	Rhode Island	—	—	\$758,986
Indiana	—	—	\$312,007	South Carolina	—	—	\$666,163
Iowa	—	—	\$229,862	South Dakota	—	—	\$257,525
Kansas	—	—	\$716,078	Tennessee	\$143,000	Not specified	\$268,653
Kentucky	—	—	\$681,698	Texas	Difficult to determine*	—	\$976,813
Louisiana	Difficult to determine*	—	\$202,000	Utah	—	—	\$888,327
Maine	—	—	\$340,473	Vermont	—	—	\$242,247
Maryland	—	—	\$301,588	Virginia	\$156,397	—	\$372,906
Massachusetts	Difficult to determine*	—	\$854,983	Washington	—	—	\$974,690
Michigan	Difficult to determine*	—	\$947,905	West Virginia	\$70,000	—	\$916,152
Minnesota	—	—	\$913,246	Wisconsin	\$25,000*	—	\$852,883
Mississippi	—	—	\$292,533	Wyoming	—	—	\$259,499
Missouri	—	—	\$470,314	District of Columbia	—	—	\$261,917
Montana	—	—	\$599,533				

*Florida, Louisiana, Massachusetts, Michigan, Nebraska, New Hampshire, Texas and Wisconsin refer to diabetes prevention or treatment in specific line items. However, the money may be a pass-through of federal funds or may be allocated to a number of diseases or programs.

Source: _____, date.

Budget Appropriations and Other Legislation

Alabama

Budget: Alabama's state budget does not appropriate money specifically for diabetes treatment or prevention. Act No. 2010-553 (Ala. H 290, Ala. S 303)

Other: A separate act makes an appropriation by re-allocating \$250,000 from Operations and Maintenance

and Program Support to the University of Alabama at Birmingham to Children's Hospital for the Diabetes Research Program. The state fiscal year begins October 1. Act No. 2010-610 (Ala. H 274, Ala. S 243)

Alaska

Budget: Alaska's state budget does not appropriate money specifically for diabetes treatment or prevention. Chapter No. 41 (Alaska H 300)

Arizona

Budget: Arizona's state budget does not appropriate money specifically for diabetes treatment or prevention. Chapter No. 10 (Ariz. S 2010 b)

Arkansas

Budget: Arkansas' state budget does not appropriate money specifically for diabetes treatment or prevention. Act No. 239 (Ark. S 65)

California

Budget: California's state budget does not appropriate money specifically for diabetes treatment or prevention. Chapter No. 712 (Calif. SB 870)

Colorado

Budget: Colorado's state budget does not appropriate money specifically for diabetes treatment or prevention. Chapter No. 453 (Colo. H 1376)

Connecticut

Budget: Connecticut's state budget does not appropriate money specifically for diabetes treatment or prevention. Public Act No. 10-179 (Conn. S 494)

Other: A separate act concerns the Biomedical Research Trust Fund, which accepts transfers from the Tobacco Settlement Fund. The Biomedical Research Trust Fund also can apply for and accept gifts, grants or donations from public or private sources to carry out its objectives. The commissioner of Public Health may allocate grants-in-aid from the trust fund to eligible institutions to fund diabetes biomedical research. Public Act No. 10-136 (Conn. S 354)

Delaware

Budget: The budget allocates \$450.00 from \$48,731.50 Appropriated Special Funds received because of the Master Settlement Agreement on tobacco funds. The funds will go to the Department of Health and Social Services, Community Health Division for Diabetes. Chapter Number 327 (Del. S 310)

Other: A separate act appropriates grants-in-aid to the American Diabetes Association for \$14,000. Chapter Number 328 (Del. S 315 b).

Florida

Budget: The budget includes \$400,018 in grants and aid to the Regional Diabetes Center at University of Miami. The act reduces the General Revenue Fund and Medical Care Trust Fund (by \$634,423 GRF and

\$1,015,142 MCTF) because of implementing the manufacturer drug rebate collections on injectable drugs reimbursed through physician services claims. The state will negotiate mail order delivery services with pharmacies at no cost to patients who have chronic diseases—including diabetes. The intent is to help Medicaid patients receive their prescriptions and to reduce program costs. The number of participants is limited to 20,000. According to the Supplemental Nutrition Assistance Program (SNAP) Nutrition Education federal grant specifications, money from the increased Federal Grant Trust Fund (\$847,548 increase, \$3,571,681 total) must fund program curricula that include general information on diabetes. Chapter No. 152 (Fla. H 5001)

Georgia

Budget: Georgia's state budget does not appropriate money specifically for diabetes treatment or prevention. Act No. 684 (Ga. H 948)

Other: A separate act creates a special license plate identifying people with diabetes. The state will deposit the funds raised by sale of the special license plate into the general fund. Act No. 360 (Ga. H 1055)

The Diabetes and Health Improvement Act of 2010 establishes the Georgia Diabetes Control Grant Program and advisory committee. The committee will establish two grant programs to promote a statewide effort to combat the proliferation of diabetes. Specifically, the Georgia Diabetes Control Grant Program will administer two grants targeted at new, expanded or innovative approaches to address diabetes. One program must provide grants to middle schools and high schools to promote diabetes understanding and prevention; the local board of education will allocate the grants. The other grant will provide money to health care providers to support of evidence-based diabetes programs for education, screening, disease management and self-management, targeting those groups at greatest risk for pre-diabetes, diabetes and complications of diabetes. The committee also may award grants to address evidence-based activities that focus on policy, systems and environmental changes that support prevention, early detection and treatment of diabetes. Act No. 491 (Ga. S 435).

Hawaii

Budget: Hawaii's state budget does not appropriate money specifically for diabetes treatment or prevention. Act No. 180 (Hawaii H 2200, Hawaii S 2765)

Idaho

Budget: Idaho's state budget does not appropriate money specifically for diabetes treatment or prevention. Chapter No. 269 (Idaho H 702)

Illinois

Budget: The budget appropriates \$100,000, payable from the Diabetes Research Check-Off Fund for diabetes research. It also appropriates \$1 million, payable from the Department of Human Services Federal Projects Fund, for grants and administrative expenses associated with diabetes prevention and control. Public Act No. 956 (Ill. H 859)

Indiana

Budget: Indiana's state budget does not appropriate money specifically for diabetes treatment or prevention. House Enrolled Act No. 1001 (Ind. H 1001-2009)

Iowa

Budget: Iowa's state budget does not appropriate money specifically for diabetes treatment or prevention. Chapter No. 1193 (Iowa H 2531, Iowa S 2385)

Kansas

Budget: Kansas' state budget does not appropriate money specifically for diabetes treatment or prevention. Chapter No. 2010-165 (Kan. S 572)

Kentucky

Budget: Kentucky's budget act originally included changes to the Public Employee Health Coverage Program. The changes incorporated new insurance plan options and a pilot Wellness Program. The voluntary program would have provided incentives to employees that focused on many chronic disease-related issues such as diabetes management. The governor vetoed this item in the bill. Act No. 1 (Ky. H 1 a)

Louisiana

Budget: The Louisiana state budget appropriated \$181,545 of federal American Recovery and Reinvestment (ARRA) grants to implement the Stanford Chronic Disease Self-management Program and diabetes and arthritis workshops. The state will allocate money from the \$904,744,434 payments to public providers' line item to Medicaid providers that encourage enrollees to obtain preventive care, including some diabetes measures. The Pennington Biomedical Research Center will receive \$825,561 to continue its work on nutritional research and preventive medicine

for chronic diseases such as diabetes. Act No. 11 (La. H 1)

Maine

Budget: Maine's state budget does not appropriate money specifically for diabetes treatment or prevention. Public Law No. 213 (Maine H 274)

Maryland

Budget: Maryland's state budget does not appropriate money specifically for diabetes treatment or prevention. Chapter No. 482 (Md. S 140, Md. H 150)

Massachusetts

Budget: Massachusetts' budget appropriates \$6,074,484 to the Department of Public Health to promote health and disease prevention, including, diabetes screening and outreach. Chapter 131 (Mass. H 4800)

A supplemental budget added that funds be expended for a program to address the needs of children under age 18 who have Type 1 or Type 2 diabetes and live in underserved areas. Chapter 359

Michigan

Budget: Michigan's state budget allocates \$2,570,100 for 12.2 state diabetes and kidney program full-time employees. The program also receives \$54,500 to establish and implement an early mental health services intervention pilot project. This project will provide care coordination and disease and pharmacy management to eligible recipients who suffer from chronic disease, including diabetes. Participating organizations may make use of data sharing, joint information technology efforts, and financial incentives to health providers and recipients in this project. The pilot project is to make use of pre-established objectives and outcome measures to determine its cost effectiveness. Participating organizations are to collect data to study and monitor the correlation between early mental health treatment services to program participants and improved management of their chronic disease. Up to \$25,000 can be allocated for a diabetes management pilot project in Muskegon County, and a portion of the funds may be allocated to the National Kidney Foundation of Michigan for kidney disease prevention programming, including early identification and education programs and kidney disease prevention demonstration projects. The state fiscal year begins October 1. Public Act No. 187 (Mich. S 1152)

Minnesota

Budget: Minnesota's state budget does not appropriate money specifically for diabetes treatment or prevention. Chapter No. 2010-1 (Minn. H 1 a, M S 1 a)

Mississippi

Budget: Mississippi's state budget does not appropriate money specifically for diabetes treatment or prevention. Chapter No. 562 (Miss. H 1059)

Missouri

Budget: Missouri's state budget does not appropriate money specifically for diabetes treatment or prevention. (Mo. H 2010)—Signed by governor

Montana

Budget: Montana's state budget does not appropriate money specifically for diabetes treatment or prevention. Chapter No. 488 (Mont. H 2-2009)

Nebraska

Budget: Nebraska's two-year state budget for fiscal years 2010-2011 appropriates \$1,627,755 (\$47,755 General Fund and \$1,580,000 Cash Funds) to minority public health services in certain counties. The state will allocate portions of these funds to implement a minority health initiative, which may target diabetes. It also appropriates \$1,442,315 (\$42,315 GF and \$1,400,000 CF) to federally qualified health centers in certain congressional districts. Portions of these funds will be used to implement minority health initiatives, which may focus on diabetes. (Neb. L 315)—Signed by governor, 5/19/09

Nevada

Budget: Nevada's state budget does not appropriate money specifically for diabetes treatment or prevention. Chapter No. 10 (Nev. A 6 b)

New Hampshire

Budget: New Hampshire's state budget appropriates \$322,683 in federal funds to the Division of Public Health for diabetes. In 2010, \$326,032 was appropriated, also from federal funds. Chapter No. 143 (N.H. H 1)

New Jersey

Budget: New Jersey's state budget does not appropriate money specifically for diabetes treatment or prevention. Chapter No. 35 (N.J. S 3000, N.J. A 3000)

Other: Other legislation establishes special license plates to fund juvenile diabetes research and education. (N.J. S 939, N.J. A 2182)—Pending; held in committee since 2/11/2010

New Mexico

Budget: The budget transfers \$881,400 from the tobacco settlement program fund to diabetes prevention and control services. Chapter No. 2010-6 (N.M. H 2 a)

New York

Budget: New York's budget allocates \$100,000 to the Diabetes Research and Education Account. The bill also allocated \$401,000 for additional services and expenses of an early diagnosis and control program for diabetes and \$100,000 to the Juvenile Diabetes Research Foundation; however, the governor vetoed these line items. The annual state fiscal year begins April 1. Chapter No. 54 (N.Y. A 9704-2009)

Other: A separate bill created the New York State Community Health Care Investment Fund to be available for projects that address CDC health disparity clinical indicators, such as diabetes. (N.Y. S 86, N.Y. A 4420)—Pending; held in committee without action since 1/9/2009

Other legislation provides for corporate franchise tax and personal income tax check-offs for taxpayer gifts for diabetes research and education and establishes the diabetes research and education fund. (N.Y. A 2732, N.Y. S 1492)—Pending; passed Assembly; held in Senate Committee without action since 3/18/2010

North Carolina

Budget: The legislation establishes a special license plate to benefit the Juvenile Diabetes Research Foundation. Session Law Number 2010-31 (N.C. S 897)

North Dakota

Budget: North Dakota's state budget does not appropriate money specifically for diabetes treatment or prevention. Budget No. 301 (N.D. S 2004, 2047, 2227, 2230, 2333, 2358, 2412, N.D. H 1231)

Ohio

Budget: Ohio's state budget does not appropriate money specifically for diabetes treatment or prevention. Session Law No. 9 (Ohio H 1)

Oklahoma

Budget: Oklahoma's state budget does not appropriate money specifically for diabetes treatment or prevention. Chapter No. 427 (Okla. S 1561)

Oregon

Budget: Oregon's state budget does not appropriate money specifically for diabetes treatment or prevention. Chapter No. 95 (Ore. H 5100 a)

Pennsylvania

Budget: The Pennsylvania budget appropriates \$190,000 for diabetes programs. Act No. 10wa (Pa. H 2279)

Other: Separate legislation creates a space on the Pennsylvania individual income tax return form whereby an individual may voluntarily contribute to juvenile diabetes cure research. (Pa. H 1642, Pa. S 165)—Pending; held in committee since 4/27/2010 and 6/9/2010

Rhode Island

Budget: Rhode Island's state budget does not appropriate money specifically for diabetes treatment or prevention. Public Law No. 2010-23 (R.I. H 7397)

South Carolina

Budget: The South Carolina budget appropriated \$289,088 to the Medical University of South Carolina Diabetes Center. The governor vetoed this provision, however, stating that the South Carolina Diabetes Prevention and Control Program receives federal funding and MUSC should focus on instructing students to become health professionals. The governor also vetoed provisions within the budget to allocate money to rural hospitals to enhance disease prevention activities—one of which was diabetes. Act No. 291 (S.C. H 4657)

South Dakota

Budget: South Dakota's state budget does not appropriate money specifically for diabetes treatment or prevention. Session Law. Chapter No. 25 (S.D. S 196)

Tennessee

Budget: The Tennessee budget appropriates \$143,000 to the Diabetes Prevention and Health Improvement Fund. Chapter No. 1108 (TN S 3919, Tenn. H 3928)

Other: Separate legislation provides grants to schools through local education agencies for programs that promote understanding and prevention of diabetes and makes grants available to providers of primary and

specialty health care services related to treatment of pre-diabetes and diabetes. Chapter No. 187 (Tenn. H 2270, Tenn. S 2264)

Texas

Budget: Texas' budget allows funds from the End Stage Renal Disease Prevention Program to be allocated to outreach for people with diabetes mellitus, hypertension or a family history of kidney disease, diabetes, or hypertension and to physicians to ensure appropriate treatment for those at risk for End Stage Renal Disease. It appropriates \$3 million in general funds to the Texas Diabetes Council's Stark Model of Community-based Diabetes Prevention and Control. The money must be used to reduce the health and economic burdens of diabetes through expansion of the Texas Diabetes Council/Stark Diabetes Center model of community-based diabetes care and education. This initiative will use the Stark Diabetes Center to establish four regional centers. The budget also appropriates \$1 million during the biennium to fund a study conducted by Texas Tech University and the Kidney Chronic Disease Task Force. The study will address kidney disease and its precursors, including diabetes. Included in the study are public health policy hypotheses and conclusions. The Texas Education Agency is to grant \$10 million for FY 2011 to school districts to support in-school physical education and fitness programs for students in grades six through eight. The criteria for the grant must further the goal of reducing Type 2 diabetes in school districts that have proportionately high numbers of economically disadvantaged students. The University of Texas- Pan America will receive \$209,844 for its diabetes registry. The University of Texas Southwestern Medical Center at Dallas' Center for Obesity, Diabetes and Metabolism will receive \$9 million for research. Finally, Texas Tech University Health Sciences Center's Diabetes Research Center will receive \$289,140. The two-year state fiscal cycle begins September 1. (Texas SB 1)- Signed by the governor, 6/19/2009

Utah

Budget: Utah's state budget does not appropriate money specifically for diabetes treatment or prevention. Chapter No. 408 (Utah H 2)

Vermont

Budget: Vermont's state budget does not appropriate money specifically for diabetes treatment or prevention. Act No. 156 (Vt. H 789)

Virginia

Budget: The Virginia budget appropriates at least \$156,397 in support of diabetes education and public service at the Virginia Center for Diabetes Professional Education at the University of Virginia. Acts of Assembly. Chapter No. 874 (Va. H 30)

Washington

Budget: Washington's state budget does not appropriate money specifically for diabetes treatment or prevention. Chapter No. 564 (Wash. H 1244, Wash. S 5600)

West Virginia

Budget: The budget appropriates \$70,000 to the Diabetes Education Fund. Act No. 8 (W.V. S 213)

Wisconsin

Budget: Wisconsin's budget appropriates \$25,000 for American Indian diabetes prevention and control. The act included appropriations to managed care organizations to provide medical assistance, chronic disease management and a case coordination program for every recipient of medical assistance diagnosed with specific diseases, including diabetes; the governor vetoed this provision. Act 2 (Wis. A 75)

Wyoming

Budget: Wyoming's state budget does not appropriate money specifically for diabetes treatment or prevention. Chapter No. 39 (Wyo. H 1)

District of Columbia

Budget: The District of Columbia's budget does not appropriate money specifically for diabetes treatment or prevention. (D.C. B 728)

CDC Funding for Diabetes Prevention and Control Programs (DPCPs), 2008-2010

The Centers for Disease Control and Prevention provides funding and technical assistance for diabetes prevention and control programs (DPCPs) in all 50 states, the District of Columbia, and eight current and former U.S. territories.

These programs implement public health strategies such as:

- Preventing diabetes among people at highest risk.
- Adopting diabetes care guidelines in health care delivery settings.
- Helping state Medicaid programs monitor quality care outcomes among people with diabetes.
- Educating providers and the public about optimal diabetes care and self-management.
- Involving communities in diabetes control activities.

Table 2 lists grants for 2008, 2009 and 2010. In 2010, the CDC granted \$27,433,958 to states for diabetes prevention and control programs— \$242,082 less than in 2009.



Table 2. CDC Funding for Diabetes Prevention and Control Programs (DPCPs)

State/Local/ Territory/Tribal Grantee	FY 2010 Actual Grants to Diabetes Prevention and Control Programs	FY 2009 Actual Grants to Diabetes Prevention and Control Programs	FY 2008 Actual Grants to Diabetes Prevention and Control Programs	State/Local/ Territory/Tribal Grantee	FY 2010 Actual Grants to Diabetes Prevention and Control Programs	FY 2009 Actual Grants to Diabetes Prevention and Control Programs	FY 2008 Actual Grants to Diabetes Prevention and Control Programs
Alabama	\$291,564	\$291,564	\$304,833	Nevada	\$344,404	\$344,405	\$371,215
Alaska	\$424,661	\$424,661	\$477,405	New Hampshire	\$294,478	\$294,478	\$324,083
Arizona	\$250,017	\$250,017	\$256,270	New Jersey	\$478,533	\$478,533	\$500,312
Arkansas	\$464,177	\$464,177	\$500,311	New Mexico	\$433,792	\$433,792	\$477,404
California	\$1,043,922	\$1,043,922	\$1,020,030	New York	\$986,305	\$986,305	\$954,809
Colorado	\$507,359	\$507,359	\$530,450	North Carolina	\$887,207	\$887,207	\$866,902
Connecticut	\$252,782	\$252,782	\$272,460	North Dakota	\$244,261	\$244,261	\$277,585
Delaware	\$386,912	\$386,912	\$434,968	Ohio	\$734,631	\$734,631	\$717,817
Florida	\$694,394	\$701,337	\$666,596	Oklahoma	\$244,892	\$244,892	\$256,037
Georgia	\$369,150	\$369,150	\$364,105	Oregon	\$797,756	\$797,756	\$834,062
Hawaii	\$328,887	\$328,887	\$369,737	Pennsylvania	\$522,169	\$522,169	\$545,933
Idaho	\$330,219	\$565,344	\$371,315	Rhode Island	\$758,986	\$758,986	\$835,292
Illinois	\$850,153	\$850,153	\$888,845	South Carolina	\$666,163	\$666,163	\$689,585
Indiana	\$312,007	\$312,007	\$316,705	South Dakota	\$257,525	\$257,525	\$299,162
Iowa	\$229,862	\$229,862	\$252,971	Tennessee	\$268,653	\$268,653	\$280,880
Kansas	\$716,078	\$716,078	\$748,667	Texas	\$976,813	\$976,813	\$945,620
Kentucky	\$681,698	\$681,698	\$678,785	Utah	\$888,327	\$888,327	\$928,756
Louisiana	\$202,000	\$202,000	\$170,271	Vermont	\$242,247	\$242,247	\$272,336
Maine	\$340,473	\$340,473	\$370,800	Virginia	\$372,906	\$372,906	\$371,312
Maryland	\$301,588	\$301,588	\$306,130	Washington	\$974,690	\$974,690	\$970,524
Massachusetts	\$854,983	\$854,983	\$893,894	West Virginia	\$916,152	\$916,152	\$912,235
Michigan	\$947,905	\$947,905	\$917,635	Wisconsin	\$852,883	\$852,883	\$891,699
Minnesota	\$913,246	\$913,246	\$954,809	Wyoming	\$259,499	\$259,503	\$291,735
Mississippi	\$292,533	\$292,533	\$305,847	District of Columbia	\$261,917	\$261,917	\$273,837
Missouri	\$470,314	\$470,322	\$477,404	Puerto Rico	\$238,953	\$238,953	\$249,828
Montana	\$599,533	\$599,533	\$652,936	Virgin Islands	\$202,000	\$202,000	\$212,180
Nebraska	\$271,399	\$271,399	\$315,279	Total:	\$ 27,433,958	\$ 27,676,040	\$ 27,440,987

Source: _____, date.

Notes

1. Some states may allocate money to diabetes treatment and prevention that is not specifically delineated in a budget line item. Where this was the case, NCSL did not include those funds.
2. Forty-six states begin their fiscal year (FY) on July 1. The exceptions are New York (April 1), Texas (September 1), and Alabama and Michigan (October 1).
3. States listed as pending remained in session through December 2010.

About This NCSL Project

This report was researched and written by Katie Mason. NCSL's Diabetes Project is housed at the NCSL Health Program in Denver, Colorado. It is led by Richard Cauchi (program director) and Katie Mason (research analyst). NCSL gratefully acknowledges the financial support of Novo Nordisk for this work.



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