



BY ASHLEY A. NOBLE

**T**he United States spends an estimated \$245 billion annually as a result of diabetes. This report explains how diabetes accounts for more than 6 percent of total health spending, and provides specific dollar figures for state legislative and other governmental appropriations to states to treat and prevent diabetes.

Diabetes is a disease that is characterized by higher than normal levels of glucose in one's blood. Insulin is the substance that allows glucose to be transported to cells. When a person's pancreas does not produce adequate insulin to allow cells to absorb glucose or cells become resistant to glucose, the total levels of glucose in the blood increase. Currently, there is no cure for diabetes. The condition manifests in several ways, as Type 1 or Type 2 diabetes, gestational diabetes, as well as the condition "pre-diabetes." Medical descriptions are provided on page 2.

## Overview of the Costs Associated with Diabetes

Diabetes is associated with a host of health problems. In particular, Type 2 diabetes is associated with overweight and obesity, hypertension and stroke, heart disease, kidney disorders, amputations and other problems. Type 2 diabetes is the leading cause of acquired blindness and is one of the leading causes of death in the United States.<sup>1</sup>

According to the U.S. government's [National Diabetes Education Program](#), 29.1 million Americans have diabetes—9.3 percent of the U.S. population. Of these, 8.1 million do not know they have the disease.<sup>2</sup> It is estimated that another 86 million adults age 20 and older have prediabetes.<sup>3</sup> Prediabetes is a condition where blood glucose levels are higher than normal but not high enough to be called diabetes.

The financial impact of diabetes on America [rose to \\$245 billion in 2012](#), \$27 billion more than in 2007. Of that, \$176 billion is attributed to direct costs associated with diabetes.<sup>4</sup> Direct costs include the medical costs involved with treating diabetes.<sup>5</sup> Indirect costs associated with diabetes include, but are not limited to, lost productivity and missed days at work, physical disability and premature death.<sup>6</sup>

## Medical Description of Types of Diabetes

### *Type 1 Diabetes*

This form of diabetes develops when the cells in the pancreas that produce insulin, known as beta cells, are destroyed. This limits the making and release of insulin, a hormone that helps lower blood sugar. This disease can occur at any age, but the peak ages for diagnosis are in the middle teen years. **Type 1 diabetes** cannot be prevented and must be managed throughout a person's lifetime. To survive, individuals must have insulin delivered by injection or pump. [According to the CDC](#), "Type 1 diabetes accounts for about 5 percent of all diagnosed cases of diabetes in US adults."

### *Type 2 Diabetes*

The most widespread way individuals develop diabetes is through cells developing a decreased sensitivity

to glucose, thereby requiring greater amounts of insulin in order to process sugar. Known as **Type 2 diabetes**, the condition accounts for "about [90 to 95 percent of diagnosed diabetes](#) in U.S. adults." While genes may play a factor in determining one's susceptibility to Type 2 diabetes, behavioral factors also play a significant role. Like Type 1 diabetes, there is no cure for Type 2 diabetes, which must be managed throughout a person's life after the condition has developed. However, with lifestyle changes and medications, a person with Type 2 diabetes can effectively regulate their blood glucose levels.

### *Gestational Diabetes and Diabetes During Pregnancy*

**Gestational diabetes** occurs when a woman's body does not produce enough insulin due to the marked hormonal changes that occur during pregnancy. Women who are overweight or obese have a greater chance of developing gestational diabetes. However all women develop some level of insulin resistance late in pregnancy.<sup>7</sup> Typically, a woman with gestational diabetes will observe her blood glucose levels return to a normal range after her pregnancy is completed, and her blood glucose levels can be controlled during the pregnancy; however, her [chances of developing Type 2 diabetes later in life](#) are greater than if she had not developed gestational diabetes.<sup>8</sup>

### *Other Forms of Diabetes*

People may also develop diabetes as a result of genetic conditions, infection, as a side effect of taking certain medications, pancreatic disease, or surgery. The Centers for Disease Control and Prevention (CDC) estimate that between one and five percent of diabetes cases develop in this manner.<sup>9</sup>

### *Prediabetes*

**Prediabetes** is a term that is used to indicate higher than normal levels of glucose in the blood, which indicates an increased risk for insulin resistance and the development of Type 2 diabetes. People with prediabetes do not experience any symptoms; the condition can only be diagnosed by a physician who administers a blood glucose test. People diagnosed with prediabetes can lower their risk of developing Type 2 diabetes by half through increasing physical activity, making changes to their diets and losing weight.<sup>10</sup>

## State Legislative Responses to Diabetes—Programs and Budget Appropriations

States have recently enacted a number of laws and programs related to controlling and preventing diabetes.

**Diabetes Prevention and Screening Coverage for State Employees**—Colorado, Kentucky and Washington recently began coverage of diabetes prevention and screening services for those with prediabetes for all employees and dependents insured in their state employee health insurance systems.

**Diabetes Action Plans**—Today, at least 16 states have laws requiring state Medicaid programs, state employee health programs and public programs to biennially assess the medical and financial impact of diabetes on the programs and propose solutions for legislatures to consider implementing to control the epidemic. States requiring Action Plans include Arkansas, Florida, Illinois, Kentucky, Louisiana, Mississippi, Missouri, New Jersey, North Carolina, North Dakota, Oklahoma (added 2015), Oregon, Tennessee, Texas, Washington and Wyoming.<sup>11</sup>

**Focus on the Budget Impact of Gestational Diabetes and Diabetes During Pregnancy on State Medicaid Programs**—Texas recently published a [report](#) on the increasing prevalence of diabetes during pregnancy and the impact of all forms of diabetes during pregnancy on a developing child and state health programs. The report has since been cited frequently by diabetes researchers.

**Coverage of Diabetes Self-Management Training by Medicaid Programs**—Colorado and Mississippi adopted measures directing their Medicaid programs to cover diabetes self-management training services for Medicaid enrollees diagnosed with diabetes.

**Diabetes Awareness Activities**—Louisiana and Tennessee passed laws in 2014 that authorize the use of license plates for this purpose, increasing visibility for the general public and earmarking revenue to support in-state programs. Illinois, North Carolina, and Tennessee passed similar laws in 2013.

**Protecting the Health and Interests of Children with Diabetes and Families During School Hours**—Alabama, Ohio and Tennessee passed laws in 2014 that allow school personnel to administer medication to diabetic students. Kentucky and Virginia passed laws allowing students to treat and manage their diabetes while attending school.

**Obesity Prevention Activities**—Hawaii passed laws in 2013 to encourage residents to consume fresh, locally produced foods and to encourage breastfeeding in an effort to improve the diets of Hawaiians.

## Details by State: Appropriations for FY 2014

Twenty states, the District of Columbia and Puerto Rico appropriated funds for diabetes in fiscal year 2014. Consistent with typical state budget approaches, reported funds include “State, Federal, Special, and Other Dollars Appropriated by State Legislatures Specifically for Diabetes.” Earmarked state-only funds (in 11 states) are identified as such in a separate column in Table 1 (page 4). State explanations include one or more legislative citations in the form used by the state: (Year, often the first of a two-year session and a House (H) or Senate (S) bill number). This report reflects final enacted appropriations, which may not reflect actual spending by state governments.

Four states—Montana, Nevada, North Dakota and Texas—did not have a regular legislative session in 2014.

**Table 1. Budget Appropriations**

A	B	C	D	E	F	G
State/ Jurisdiction	FY 2014 State Dollars Appropriat- ed by State Legislatures Specifically for Diabetes	FY 2014 State, Federal, Special, and Other Dol- lars Appropriated by State Legisla- tures Specifically for Diabetes	Funding for Disease Programs That Include Diabetes	CDC Funding: Basic Compo- nent (Current as of September 2014-valid for 2015)	CDC Funding: Enhanced Component (Current as of September 2014)	CDC Funds: State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke
				<b>Federal Funds Only</b>		
Alabama	\$0	\$500,000	\$0	\$596,217	\$801,537	\$0
Alaska	\$0	\$0	\$0	\$503,091	\$537,952	\$0
Arizona	\$0	\$0	\$0	\$624,405	\$1,937,763	\$0
Arkansas	\$0	\$0	\$0	\$601,480	\$1,674,320	\$0
California	\$0	\$0	\$0	\$744,997	\$3,055,258	\$3,520,000
Colorado	\$0	\$0	\$0	\$499,651	\$1,834,165	\$0
Connecticut	\$0	\$0	\$0	\$515,514	\$1,613,982	\$0
Delaware	\$0	\$339,836	\$0	\$503,930	\$592,112	\$0
Florida	\$0	\$0	\$0	\$598,939	\$617,643	\$0
Georgia	\$0	\$0	\$0	\$582,208	\$2,512,243	\$0
Hawaii	\$0	\$0	\$0	\$635,818	\$774,711	\$2,750,813
Idaho	\$0	\$0	\$0	\$505,956	\$599,254	\$0
Illinois	\$0	\$950,000	\$0	\$506,867	\$1,535,769	\$0
Indiana	\$36,696	\$427,451	\$0	\$555,757	\$885,198	\$0
Iowa	\$0	\$0	\$0	\$528,234	\$1,917,015	\$0
Kansas	\$0	\$0	\$0	\$513,268	\$1,591,893	\$3,254,319
Kentucky	\$0	\$11,000	\$0	\$512,434	\$1,630,197	\$0
Louisiana	\$0	\$0	\$0	\$604,155	\$1,696,354	\$0
Maine	\$0	\$0	\$0	\$615,132	\$554,055	\$0
Maryland	\$0	\$0	\$0	\$505,754	\$1,577,620	\$3,520,000
Massachusetts	\$0	\$0	\$3,228,133	\$525,251	\$1,836,901	\$3,520,000
Michigan	\$0	\$0	***16	\$528,540	\$1,845,975	\$3,520,000
Minnesota	\$0	\$0	\$0	\$542,789	\$2,143,497	\$3,520,000
Mississippi	\$0	\$0	\$0	\$523,157	\$1,825,991	\$0
Missouri	\$100,000	\$100,000	\$0	\$618,805	\$1,686,490	\$0
Montana	\$0	\$0	\$0	\$526,042	\$1,884,066	\$0
Nebraska	\$0	\$0	\$1,377,101	\$504,325	\$1,598,750	\$2,640,000
Nevada	\$0	\$0	\$0	\$507,983	\$1,567,850	\$0
New Hampshire	\$0	\$258,305	\$0	\$511,799	\$611,511	\$0
New Jersey	\$0	\$0	\$0	\$505,711	\$532,952	\$0
New Mexico	\$100,000	\$748,000	\$0	\$538,218	\$2,047,900	\$0
New York	\$0	\$6,828,300	\$0	\$609,375	\$573,083	\$3,519,494
North Carolina	\$0	\$0	***17	\$584,334	\$2,542,824	\$3,520,000
North Dakota	\$0	\$0	\$0	\$625,549	\$2,160,061	\$0
Ohio	\$0	\$0	\$0	\$502,963	\$617,643	\$3,517,118
Oklahoma	\$0	\$0	\$0	\$550,019	\$767,986	\$2,640,000
Oregon	\$0	\$0	\$0	\$516,427	\$336,790	\$0

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				<b>Federal Funds Only</b>		
Pennsylvania	\$100,000	\$0	\$0	\$516,775	\$1,620,074	\$0
Rhode Island	\$0	\$0	\$0	\$555,209	\$2,348,356	\$3,520,000
South Carolina	\$123,470	\$0	\$0	\$504,555	\$1,571,372	\$3,520,000
South Dakota	\$0	\$0	\$0	\$603,983	\$1,849,049	\$0
Tennessee	\$2,850,000	\$0	\$0	\$503,570	\$475,454	\$0
Texas	\$0	\$0	\$7,174,172* <sup>18</sup>	\$610,952	\$1,887,776	\$0
Utah	\$0	\$0	\$0	\$700,496	\$882,384	\$3,519,999
Vermont	\$0	\$0	\$0	\$512,204	\$1,596,752	\$0
Virginia	\$156,397	\$0	\$0	\$502,714	\$581,593	\$2,664,121
Washington	\$216,000	\$83,000	\$0	\$535,079	\$2,060,287	\$3,520,000
West Virginia	\$105,000	\$0	\$0	\$529,590	\$2,053,228	\$0
Wisconsin	\$22,500	\$0	\$0	\$592,255	\$593,141	\$0
Wyoming	\$0	\$0	\$0	\$524,746	\$1,855,795	\$0
District of Columbia	\$0	\$0	*** <sup>19</sup>	\$454,392	\$605,011	\$0
Puerto Rico	\$811,000	\$0	\$0	\$0	\$0	\$0
U.S. Virgin Islands	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$4,621,063</b>	<b>\$10,245,892</b>	<b>\$11,779,406</b>	<b>\$28,121,614</b>	<b>\$72,499,583</b>	<b>\$56,185,864</b>

### Diabetes Budget Table 1

(Col. B). **State dollars specifically for diabetes.** A total of 10 states and one territory appropriated a total of \$4,621,063 general fund dollars specifically for diabetes treatment, education and/or prevention-focused activities. Although the amounts dedicated vary by state, those that specifically dedicated funds for diabetes include Indiana, Missouri, New Mexico, Pennsylvania, South Carolina, Tennessee, Virginia, Washington, West Virginia, and Wisconsin. Puerto Rico also appropriated general funds for diabetes.

(Col. C) **State, federal, special, and other dollars appropriated by state legislatures specifically for diabetes.** Across all states and territories, this amount totaled \$10,245,892 in FY 2014. The 10 states which appropriated funds include Alabama, Delaware, Illinois, Indiana, Kentucky, Missouri, New Hampshire, New Mexico, New York and Washington<sup>15</sup>

(Col. D). **Funding for Disease Programs That Include Diabetes.** Three states—Massachusetts, Nebraska and Texas—and the District of Columbia appropriated \$11,779,406 to disease programs that include diabetes in FY 2014 (without a fiscal amount earmark).

### CDC Federal Funds

**Diabetes prevention and control program [DPCP] grants.** In 2013, the CDC provided five-year grants to 50 states and the District of Columbia to fund efforts to prevent a number of chronic diseases, including to prevent and control diabetes. The grants are divided into a Basic Component and an Enhanced Component. All states and the District of Columbia have received Basic and Enhanced Component funds. As of September, 2014:

- (Col. E). Basic component grants, to all states, totaled \$28,121,614.
- (Col. F). Enhanced component grants totaled \$72,499,583.

According to the CDC, states were required to use these grants to develop strategies to prevent a number of chronic diseases, including diabetes.

- (Col. G) The CDC has also funded 17 states—California, Hawaii, Kansas, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New York, North Carolina, Ohio, Oklahoma, Rhode Island, South Carolina, Utah, Virginia and Washington—through the State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke program. Funds for this program totaled \$56,185,864 effective September 2014.

**Alabama**

Alabama earmarked \$500,000 from the Education Trust Fund to go to the University of Alabama at Birmingham Center for Diabetic Research (2013 AL H 166).

**Alaska**

Alaska did not appropriate funds toward diabetes programs in FY 2014 (2013 AK S 18; 2013 AK H 65).

**Arizona**

Arizona did not appropriate funds toward diabetes programs in FY 2014 (*see State of Arizona FY 2014 Appropriations Report*).

**Arkansas**

Arkansas did not appropriate funds toward diabetes programs in FY 2014 (*see State of Arkansas Funded Budget FY 2014*).

**California**

California did not appropriate funds specifically earmarked for diabetes in FY 2014 (2013 CA A 110).

**Colorado**

Colorado did not appropriate funds specifically earmarked for diabetes in FY 2014 (2013 CO S 230).

**Connecticut**

Connecticut did not appropriate funds specifically earmarked for diabetes in FY 2014 (2013 CT H 6704; 2013 CT H 6705; 2013 CT H 6706; 2013 CT S 840; 2013 CT S 842; 2013 CT S 1160).

**Delaware**

The state allocated \$322,700 from the state's tobacco master settlement agreement in the Fiscal Year ending 2014 for diabetes programs funded or administered by the Department of Health and Social Services - Community Health (2013 DE H 200). An additional \$17,136 was provided as a grant-in-aid to the American Diabetes Association (2013 DE H 215).

**Florida**

Florida did not appropriate funds specifically earmarked for diabetes in FY 2014.

**Georgia**

Georgia did not appropriate funds specifically earmarked for diabetes in FY 2014 (2013 GA H 106; 2013 GA H 743).

**Hawaii**

Hawaii did not appropriate funds specifically earmarked for diabetes in FY 2014 (2013 HI H 200).

**Idaho**

Idaho did not appropriate funds specifically earmarked for diabetes in FY 2014 (2013 ID S 1174; [2013 Legislative Fiscal Report](#); [Idaho Fiscal Sourcebook, 2014 Edition](#)).

**Illinois**

The state appropriated \$950,000 for diabetes in FY 2014. The funds, which were sourced from the Diabetes Checkoff Fund and the DHS Private Resources Fund, will be used for diabetes research grants and expenses (2013 IL H 213; 2013 IL H 6096).

**Indiana**

Indiana appropriated \$36,696 in general funds for licensing of diabetes educators, \$115,444 in federal funds for a Diabetes Prevention and Control Program, and an additional \$312,007 in federal funds for a Diabetes Grant for FY 2014 ([State of Indiana List of Appropriations](#)).

**Iowa**

Iowa did not appropriate funds specifically earmarked for diabetes in FY 2014 (2013 IA H 604; 2013 IA H 638; 2013 IA H 648; 2013 IA S 430; 2013 IA S 435; 2013 IA S 447; 2013 IA S 452).

**Kansas**

Kansas did not appropriate funds specifically earmarked for diabetes in FY 2014 (2013 KS S 171; *see State of Kansas Comparison Report*; *see also The Governor's Budget Report*).

**Kentucky**

The state appropriated \$1,000 in restricted funds for the Kentucky Board of Licensed Diabetes Educators in FY 2013-2014. The state also appropriated \$10,000 in restricted funds to the City of West Liberty - West Liberty Walking Trail - Sidewalks - Diabetes Coalition. (2012 KY H 265).

**Louisiana**

Louisiana did not appropriate funds specifically earmarked for diabetes in FY 2014 (2013 LA H 1).

**Maine**

Maine did not appropriate funds specifically earmarked for diabetes in FY 2014 (2013 ME H 1079).

**Maryland**

Maryland did not appropriate funds specifically earmarked for diabetes in FY 2014 (2013 MD H 100; 2013 MD H 102).

**Massachusetts**

The state appropriated \$3,228,133 to promote health and disease prevention efforts within the state. Diabetes is one of many listed conditions including ovarian cancer screening, breast cancer prevention, a statewide STOP stroke program, hepatitis C prevention and management, multiple sclerosis screening and care services, colorectal cancer prevention, prostate cancer care and prevention, osteoporosis education, use of a statewide lupus database, and other conditions that may be addressed with the funds (2013 MA H 3538).

**Michigan**

The state earmarked \$1,885,600 from federal sources for eight FTE diabetes and kidney program positions for the Department of Community Health in FY 2014 (2013 MI H 4328). However, Michigan has included these referenced funds in its state budget for several years, yet the funds have never been formally appropriated.

**Minnesota**

Maryland did not appropriate funds specifically earmarked for diabetes in FY 2014 (2013 MN H 729; 2013 MN S 1589; 2013 MN H 1233; 2013 MN H 3172).

**Mississippi**

Mississippi did not appropriate funds specifically earmarked for diabetes in FY 2014 (*see State of Mississippi Budget Fiscal Year 2014*).

**Missouri**

Missouri appropriated \$100,000 in general revenue funds, as well as an additional \$100,000 in obligated

federal funds, for “a targeted program to manage the diabetic population in Southwest Missouri as part of a project to reduce hospitalizations, re-hospitalizations, and emergency room visits” (2013 MO H 11).

**Montana**

Montana did not appropriate funds specifically earmarked for diabetes in FY 2014 (2013 MT H 2; 2013 MT H 13; 2013 MT H 377; 2013 MT H 454; 2013 MT S 410).

**Nebraska**

The state appropriated \$28,101 in general funds and \$1,349,000 in cash funds sourced from the Nebraska Health Care Cash Fund for a minority health initiative that may address, “but not be limited to, infant mortality, cardiovascular disease, obesity, diabetes and asthma” for the fiscal year ending June 30, 2014. (2013 NE L 195).

**Nevada**

Nevada did not appropriate state funds specifically earmarked for diabetes in FY 2014.<sup>12</sup>

**New Hampshire**

The state earmarked \$258,305 from federal funds for diabetes in FY2014 (2013 NH H 1).

**New Jersey**

New Jersey did not appropriate funds specifically earmarked for diabetes in FY 2014 (2012 NJ S 3000).

**New Mexico**

The state appropriated \$748,000 “from the tobacco settlement program for diabetes prevention and control services” and \$100,000 in general funds to the Department of Health “to coordinate with tribal public health programs to develop and implement tribal youth diabetes prevention protocols” in FY 2014 (2013 NM H 2).

**New York**

The state has appropriated \$25,000 in special revenue funds to the Diabetes Research and Education Account in FY 2013-2014 (2013 NY S 2600). The funds will be used “for diabetes research and education.” The state also provided \$6,803,300 “for services and expenses related to obesity and diabetes

programs” with the state allowing per the terms of the budget document the ability to transfer funds to general state operations in the 2013-2014 Aid to Localities Budget (2013 NY S 2603-E).

#### **North Carolina**

The state appropriated funds for up to 12 grants that may range up to \$300,000 each in FY 2014 to nonprofit organizations. The money will be used by the organizations to target health disparities in minority populations, including chronic diseases including heart disease, stroke, diabetes, asthma, HIV/AIDS and cancer (2013 NC S 402 §§12E.6.(a); 12E.6.(b)).

#### **North Dakota**

North Dakota did not appropriate funds specifically earmarked for diabetes in FY 2014 (*see State of North Dakota Legislative Appropriations for the 2013-15 Biennium*).

#### **Ohio**

Ohio did not appropriate funds specifically earmarked for diabetes in FY 2014 (2013 OH H 59).

#### **Oklahoma**

Oklahoma did not appropriate funds specifically earmarked for diabetes in FY 2014 (2013 OK H 2301).

#### **Oregon**

Oregon did not appropriate funds specifically earmarked for diabetes in FY 2014 (*see 2013-15 Governor’s Balanced Budget and Analysis of the 2013-15 Legislatively Adopted Budget*).

#### **Pennsylvania**

The state appropriated \$100,000 for diabetes programs in FY 2014 (2013 PA H 1437).

#### **Rhode Island**

Rhode Island did not appropriate funds specifically earmarked for diabetes in FY 2014 (2013 RI H 5127Aaa).

#### **South Carolina**

The state appropriated \$123,470 to the Diabetes Research Center and the Medical University of South Carolina. (2013 SC H 3710).

#### **South Dakota**

South Dakota did not appropriate funds specifically earmarked for diabetes in FY 2014 (2013 SD H 1185).

#### **Tennessee**

The state appropriated at least \$2,850,000 for Project Diabetes, an initiative of the Tennessee Department of Health, in FY 2014. Project Diabetes is a state effort to help residents to prevent, delay, and manage diabetes.<sup>13</sup>

#### **Texas**

The state appropriated \$7,174,172 to fund disease programs that include diabetes and other diseases and conditions including cancer, heart disease, obesity, and multiple other categories. Some programs include \$114,434 in special item support to the University of Texas Pan-American for a diabetes registry, \$6,839,992 to the University of Texas Southwestern Medical Center for the Center for Obesity, Diabetes and Metabolism Research, and \$219,746 for the Diabetes Research Center at the Texas Tech University Health Science Research Center. The state also specifies in its budget that funding for a collaborative agreement between Texas Tech University Health Sciences Center, the University of Texas at El Paso and the El Paso Center for Border Health Research shall be used to research, among other things, “Hispanic health issues such as diabetes and hypertension.” Funds appropriated in the state budget are also to be used to create reports on gestational diabetes in Medicaid patients. (2013 TX S 1, 2013 TX H 1025, 2013 TX H 7, 2013 TX SJR 1).

#### **Utah**

Utah did not appropriate funds specifically earmarked for diabetes in FY 2014 (2013-2014 Appropriations Report; 2013 UT H 6; 2013 UT H 8; 2013 UT S 2; 2013 UT S 3).

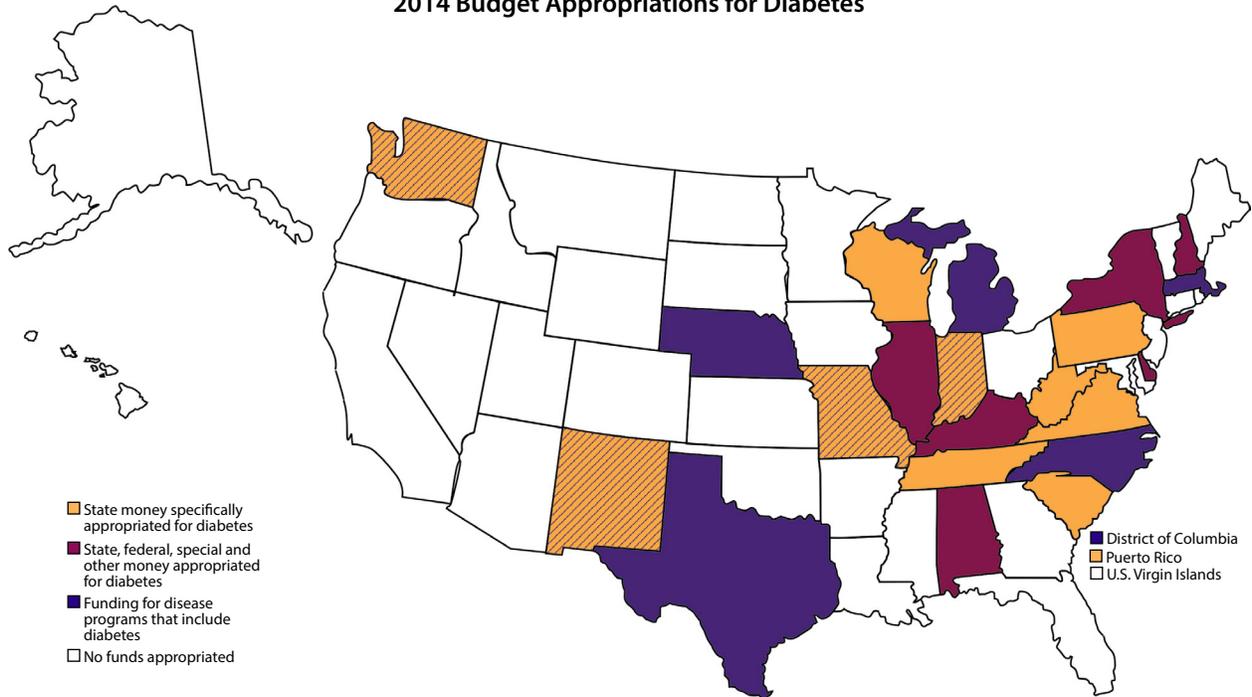
#### **Vermont**

Vermont did not appropriate funds specifically earmarked for diabetes in FY 2014 (2013 VT H 530; 2013 VT H 655).

#### **Virginia**

The state has appropriated \$156,397 for diabetes in FY 2014. The funds will be used for “diabetes

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Source: National Conference of State Legislatures, 2015.

education and public service at the Virginia Center for Diabetes Professional Education at the University of Virginia” (2014 VA H 5001 a).

### Washington

The state has appropriated \$216,000 in state funds and earmarked an additional \$83,000 in federal funds for diabetes in FY 2014. The funds will be used to develop a report examining state diabetes prevention and control efforts (2013 WA S 5034; 2013 WA S 6002).

### West Virginia

The state has appropriated \$105,000 in FY 2014 for “diabetes education and prevention” (2013 WV H 2014).

### Wisconsin

The state has appropriated \$22,500 in FY 2013-2014 for “American Indian diabetes prevention and control” (2013 WI A 40).

### Wyoming

Wyoming did not appropriate funds specifically earmarked for diabetes in FY 2014 (2012 WY S 1).

### District of Columbia

The District of Columbia authorized grants of up to \$850,000 in 2013 for FY 2014. The money is to be granted to nonprofits to work on preventing various diseases and conditions, including, “asthma, cancer, diabetes, hypertension, kidney disease, and obesity.” (2013 DC B 337; 2013 DC B 199; 2013 DC B 496; 2013 DC B 553; 2013 DC B 554).

### Puerto Rico

Puerto Rico appropriated a total of \$811,000 in FY 2013-2014. Of these funds, \$700,000 was appropriated to the Center for Diabetes Research, Education and Medical Services at the University of Puerto Rico. The remaining funds were distributed to several nonprofit organizations.<sup>14</sup>

### U.S. Virgin Islands

The U.S. Virgin Islands did not appropriate funds specifically earmarked for diabetes in FY (2013 VI Bill No. 30-0277; see also the proposed Executive Budget for Fiscal Year 2014 for the Government of the United States Virgin Islands).

### *Notes on State Budget Processes*

In 46 states, the 2014 budget fiscal year began July 1, 2013, and ended June 30, 2014. 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.

Sixteen states, including Connecticut, Hawaii, Indiana, Maine, Minnesota, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North

Dakota, Ohio, Oregon, Texas, Washington and Wisconsin passed their FY 2014 budgets as part of a two-year cycle.

### *Notes on state data*

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. Medicaid spending on diabetes usually is not included in this report because the funds are combined with other provider services and reimbursements.

## Notes

1. Centers for Disease Control and Prevention, *Leading Causes of Death*, 2013, available at <http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>.

2. National Diabetes Education Program (NDEP) is a partnership of the National Institutes of Health, the Centers for Disease Control and Prevention, and more than 200 public and private organizations, <http://ndep.nih.gov/diabetes-facts/>.

3. National Diabetes Education Program, *The Facts About Diabetes: A Leading Cause of Death in the U.S.*, <http://ndep.nih.gov/diabetes-facts/>.

4. American Diabetes Association, *Statistics About Diabetes*, 2014, available at <http://www.diabetes.org/diabetes-basics/statistics/>.

5. U.S. Department of Health and Human Services, “Nationwide costs of diabetes up \$3.4 billion,” available at <http://www.foh.hhs.gov/NYCU/diabetescost.asp>.

6. Ibid.

7. National Institutes of Health, *Your Guide to Diabetes: Type 1 and Type 2*, available at <http://www.niddk.nih.gov/health-information/health-topics/Diabetes/your-guide-diabetes/Pages/index.aspx>.

8. American Diabetes Association, *How To Treat Gestational Diabetes*, available at <http://www.diabetes.org/diabetes-basics/gestational/how-to-treat-gestational.html>.

9. Centers for Disease Control and Prevention, *Diabetes Report Card 2014*, 2015, available at <http://www.cdc.gov/diabetes/library/reports/reportcard.html>.

10. Centers for Disease Control and Prevention, *Prediabetes: Could it be you?*, 2014, available at: <http://www.cdc.gov/diabetes/pubs/statsreport14/prediabetes-infographic.pdf>.

11. State Diabetes Action Plans: News from the Field (May 2015), National Association of Chronic Disease

Directors. Cited at <https://www.cga.ct.gov/2015/rpt/pdf/2015-R-0191.pdf>.

12. This information was obtained from an employee at the Nevada Budget Office.

13. Project Diabetes staff member, telephone conversation with author, 2014.

14. Reported by a member of the Puerto Rico Senate Finance Committee.

15. Figure does not include CDC diabetes prevention and control program [DPCP] grants (columns E and F).

16. Michigan has included these referenced funds in its state budget for several years, however the funds have never been formally appropriated.

17. North Carolina appropriated funds for up to 12 grants that may range up to \$300,000 each in FY 2014 to nonprofit organizations. The money will be used by the organizations to target health disparities in minority populations, including chronic diseases including heart disease, stroke, diabetes, asthma, HIV/AIDS and cancer (2013 NC S 402).

18. Texas appropriated an additional \$50,000,000 in General Revenue for primary health care for women. “It is the intent of the legislature that the services include but are not limited to the following: preventative health screenings such as breast and cervical cancer screenings, diabetes, cholesterol, hypertension, and STD-HIV screenings; family planning services including contraception; perinatal services; and dental services.”

19. The District of Columbia authorized grants of up to \$850,000 in 2013 for FY 2014. The money is to be granted to nonprofits to work on preventing various diseases and conditions, including, “asthma, cancer, diabetes, hypertension, kidney disease, and obesity.”

### **About this NCSL Project**

This report was researched and written by Ashley Noble. NCSL's Diabetes Project is housed at the NCSL Health Program in Denver, Colo., since it was launched in 2008. It is led by Richard Cauchi (program director) and Ashley Noble (policy specialist). NCSL gratefully acknowledges the financial support of Novo Nordisk for this work.

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