



# States Address the Costs of Diabetes

## A 50-State Budget Survey for Fiscal Year 2012

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State governments spend millions of dollars treating, educating people and seeking to prevent all forms of diabetes (for example, type 1, type 2, gestational and pre-diabetes) and its complications. Many of these activities are paid for through appropriations, earmarks, or directives made in state budgets or with federal funds or grants. Documenting the scope and financial impact of the diabetes epidemic, the Centers for Disease Control and Prevention (CDC) National Diabetes Fact Sheet notes that the direct medical cost of diabetes in the United States, including pre-diabetes and undiagnosed diabetes, totaled \$116 billion in 2007.<sup>1</sup>

Most states faced difficulty and uncertainty in crafting and enacting their annual budgets for fiscal year (FY) 2012—a result of significant shortfalls experienced in 2009-2011, reduced tax collections and an end to federal stimulus funds under the American Recovery and Reinvestment Act (ARRA).

As a means to assess how states are responding to the diabetes epidemic, the National Conference of State Legislatures (NCSL) conducted a 50-state analysis of appropriations for FY 2012. This analysis reviewed state budgets and related state budget documents that explicitly identified diabetes programmatic appropriations. The methodology used included reviewing state budgets and supplemental budgets and interviewing staff in state fiscal offices, legislative services and state departments of health. This survey follows upon the first 50-state analysis of FY 2011 state budgets dedicated to spending and appropriations on diabetes activities, published by NCSL in May 2011.<sup>2</sup>

The 2012 report differs somewhat from the 2011 report in that the data and information obtained from states this year generally are more detailed. NCSL staff also conducted more interviews with state budget officials for the 2012 report. As a result, some direct comparisons with the 2011 report may prove challenging.

Table 1 (page 3) provides diabetes spending information in five categories, defined and labeled as follows:

1. **State dollars specifically for diabetes:** Fourteen states appropriated state funds that amounted to \$7,664,916 specifically for diabetes treatment, education and/or prevention focused activities. Although the amounts dedicated vary substantially by state, those that provided state dollars specifically for diabetes include Alabama, Delaware, Florida, Hawaii, Kansas, Kentucky, Michigan, Missouri, New Mexico, New York, South Carolina, Tennessee, Virginia and West Virginia. These states are coded as  in the state narratives below.
2. **State, federal and other dollars appropriated specifically for diabetes** across all states and territories totaled \$4,282,213 for FY 2012.
3. **State, federal and other dollars that may go toward diabetes related activities** across all states and territories totaled \$7,188,569 for FY 2012.

*For 2011, actual federal grants to state diabetes prevention and control programs (DPCPs) were 13.2 percent (or \$3.6 million) below the grants for FY 2010.*

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

Source: NCSL, June 2012.

4. **State, federal and other dollars that could in part** go toward chronic disease, prevention, health promotion and numerous diabetes-related co-morbidities across all states and territories totaled \$77,974,540 for FY 2012.
5. **FY 2011 actual federal grants to state diabetes prevention and control programs (DPCPs)** totaled \$23,804,953, compared to the FY 2010 total of \$27,433,958, a reduction of 13.2 percent. Table 2 (page 11) provides a four-year comparison of these CDC grants.

### Notes on State Budget Processes

Forty-six states used a budget fiscal year beginning July 1, 2011, and ending June 30, 2012. 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 federal money as well as state money. Table 1 separates the source of diabetes funds where possible.

### Notes on Table 1

State, federal and other dollars spent on diabetes, chronic disease and prevention in each state for FY 2012, as noted in Table 1, are specific to money appropriated through the state budget. These dollars often can include a mixture of federal, special, state and, in some cases, local funds, including grants and gifts. An important note: the data provided should not be interpreted as a comprehensive spending reference for the state as a whole, since data presented include only money specifically designated in the state budget via the legislature for diabetes-focused actions.

### Notes on Important Terms

- **Other:** This designation of expenditures or revenues is applied in a broad and purposefully nonspecific manner in many state budgets. For example, the Tennessee state budget uses the term “Other Revenues” to identify funding sources that generally are from local govern-

ments, current services and interdepartmental activities. This term also can include grants, gifts and donations. For the purposes of this publication, *state, federal and other dollars* is the preferred terminology used to describe money 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 2011 legislative sessions unless otherwise noted. Analysis is complete through June 30, 2012.*

### Alabama

The state provided \$80,000 in state funds to match \$262,407 in federal funding from the Centers for Disease Control and Prevention (CDC) for the Diabetes Prevention and Control Program (DPCP) for FY 2012, according to the Alabama Department of Finance.

### Alaska

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. Alaska appropriated \$5,000 to membership in health-based nonprofit organizations for FY 2012, including the American Diabetes Association. In 2012, Alaska doubled its FY 2011 appropriation of \$50,000 to \$100,000 for health promotion aids, such as tobacco cessation incentives and diabetes test kits. The state funds hospital and medical service grants, which include grants made to the American Diabetes Association; for FY 2011 the amount totaled \$20,000, and for FY 2012 the total was increased to \$30,000 (Chapter No. 3, [CCS H.B. 108, signed by the governor 5/24/11]).

### Arizona

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The Disease Control Research Fund—comprised of money appropriated by the Legislature, including any gifts, contributions or other money received by Proposition 204 (the Tobacco Master Settlement Agreement)—totaled \$2,051,900 for FY 2011 and \$1,990,200 for FY 2012. These funds are to be used for projects or services that advance research in the causes, epide-

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**Table 1. State, Federal and Other Dollars Allocated by States for Diabetes/Related Chronic Diseases, FY 2012**

State/Jurisdiction	State Dollars Specifically for Diabetes	State, Federal and Other Dollars Specifically for Diabetes	State, Federal and Other Dollars that <i>may</i> Go Toward Diabetes	Multi-disease State, Federal and Other Dollars that <i>could</i> Fund Diabetes Activities	FY 2011 Actual Federal Grants to State DPCPs	State Totals
Alabama	\$80,000				\$262,407	\$342,407
Alaska	\$0			\$135,000	\$350,052	\$485,052
Arizona	\$0		\$1,990,200		\$220,332	\$2,210,532
Arkansas	\$0	\$455,787			\$404,759	\$860,546
California	\$0				\$922,026	\$922,026
Colorado	\$0			\$125,583	\$456,623	\$582,206
Connecticut	\$0			\$434,977	\$214,344	\$649,321
Delaware	\$357				\$347,337	\$347,694
Florida	\$305,015				\$581,695	\$886,710
Georgia	\$0				\$202,618	\$202,618
Hawaii	\$250,000				\$295,998	\$545,998
Idaho	\$0				\$276,946	\$276,946
Illinois	\$0	\$1,250,000			\$614,958	\$1,864,958
Indiana	\$0			\$2,550,000	\$237,258	\$2,787,258
Iowa	\$0				\$189,288	\$189,288
Kansas	\$560,298		\$226,828		\$644,470	\$1,431,596
Kentucky	\$1,000			\$10,162,700	\$613,528	\$10,777,228
Louisiana	\$0			\$919,644	\$133,148	\$1,052,792
Maine	\$0			\$500,000	\$295,731	\$795,731
Maryland	\$0				\$271,429	\$271,429
Massachusetts	\$0		\$3,413,076		\$769,485	\$4,182,561
Michigan	TDTD	\$1,855,700			\$850,232	\$2,705,932
Minnesota	\$0		\$39,078		\$819,133	\$858,211
Mississippi	\$0			\$9,493,019	\$256,578	\$9,749,597
Missouri	\$72,779	\$470,322		\$5,193,992	\$421,537	\$6,158,630
Montana	\$0				\$537,840	\$537,840
Nebraska	\$0			\$1,524,470	\$244,259	\$1,768,729
Nevada	\$0		\$2,908		\$265,952	\$268,860
New Hampshire	\$0	\$250,404			\$258,697	\$509,101
New Jersey	\$0				\$352,355	\$352,355
New Mexico	\$767,100				\$390,413	\$1,157,513
New York	\$100,000			\$7,205,000	\$887,027	\$8,192,027
North Carolina	\$0			\$7,001,891	\$798,486	\$7,800,377
North Dakota	\$0				\$219,835	\$219,835
Ohio	\$0			\$2,577,251	\$661,168	\$3,238,419
Oklahoma	\$0				\$220,403	\$220,403
Oregon	\$0				\$717,980	\$717,980
Pennsylvania	\$0			\$9,659,000	\$426,819	\$10,085,819
Rhode Island	\$0				\$675,997	\$675,997
South Carolina	\$123,470				\$599,547	\$723,017
South Dakota	\$0				\$229,249	\$229,249
Tennessee	\$5,143,500			\$10,000,000	\$221,788	\$15,365,288
Texas	\$0		\$500,000	\$6,526,926	\$879,132	\$7,906,058
Utah	\$0				\$737,643	\$737,643
Vermont	\$0				\$218,022	\$218,022
Virginia	\$156,397				\$321,678	\$478,075
Washington	\$0				\$874,392	\$874,392
West Virginia	\$105,000				\$819,155	\$924,155
Wisconsin	\$0			\$268,087	\$767,595	\$1,035,682
Wyoming	\$0		\$1,016,479		\$195,874	\$1,212,353
District of Columbia	\$0			\$3,697,000	\$235,725	\$3,932,725
Puerto Rico	\$0				\$215,058	\$215,058
U.S. Virgin Islands	\$0				\$180,952	\$180,952
<b>Total</b>	<b>\$7,664,916</b>	<b>\$4,282,213</b>	<b>\$7,188,569</b>	<b>\$77,974,540</b>	<b>\$23,804,953</b>	<b>\$120,915,191</b>

\*Too difficult to determine (TDTD)—Michigan’s FY 2012 omnibus budget appropriates \$1,855,700 to the Diabetes and Kidney Program for 8.0 FTE. These funds come from the Chronic Disease and Injury Prevention and Health promotion budget, of which \$2,562,600 of \$28,246,000 are state dollars (general fund, general purpose and restricted revenues).

Source: Research compiled by the National Conference of State Legislatures Health Program; special thanks to the Centers for Disease Control and Prevention and to StateNet for providing detailed information used, in part, to create this table.

miology and prevention of chronic diseases such as diabetes (Chapter 24 [S.B. 1612, signed by the governor 4/6/2011]).

### Arkansas

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The state appropriated a total of \$455,787 to diabetes specific programs from two federal grants and one grant for \$9,500 from the University of Arkansas Medical School. Another \$8,000 of the total funds came from the National Association of Chronic Disease Directors (NACDD), according to the Arkansas Department of Health.

### California

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The state appropriated federal funds in the amount of \$2,186,000 for FY 2012-13 for the Prevention of Chronic Disease program, which includes diabetes prevention programs. It is not possible to determine whether these federal funds include some or all of the \$922,026 granted to the DPCP by the CDC (Chapter 33 [S.B. 87, signed by the governor with vetoes 6/30/2011]).

### Colorado

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The state appropriated \$125,583 in Cash Funds (from the Prevention, Early Detection and Treatment Fund (created in Colo.Rev. Stat., §24-22-117 (2) (d) (I), which consists of revenues from additional state cigarette and tobacco taxes imposed pursuant to Section 21 of Article X of the State Constitution) to the Chronic Disease and Cancer Prevention Grants Program, which includes unspecified money for diabetes prevention programs (Section 2 Chapter 335 [S.B. 209]).

### Connecticut

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The state appropriated \$434,977 for fiscal years 2010-11, 2011-12 and 2012-13 for Preventive Health and Health Services, which includes diabetes and other disease specific education programs within the AIDS and Chronic Disease program (LCO No. 8413 [Bill No. 6652]).

### Delaware

The budget allocates \$357.40 for diabetes activities from \$31,084.30 in appropriated special funds received via 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 328 [S.B. 25]).

### Florida

The final budget includes \$305,015 in grants from the General Fund and aid to the Regional Diabetes Center at the University of Miami. A separate item, "*Specific appropriations SOS, an increase of \$206,660 in recurring funds from the General Revenue Fund is provided to the Islet Cell Transplantation to Cure Diabetes Project,*" was struck from the 2012 state budget (Chapter 2011-069 [S.B. 2000, signed by the governor 5/26/2011]).

### Georgia

The Georgia state budget did not allocate any funds specifically identified for diabetes programs or initiatives for FY 2012 (Act 223 [H.B. 78]).

### Hawaii

The Hawaii Committee on Conference has provided \$250,000 in tobacco settlement special funds to support the 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 [H.B. 2012]).

### Idaho

The Idaho state budget did not allocate any funds specifically identified for diabetes programs or initiatives for FY 2012, according to the 2012 Legislative Fiscal Report prepared by the Iowa Legislative Services Office.

### Illinois

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The budget appropriated \$125,000 in grants to the American Diabetes Association and \$125,000 to the American Juvenile Diabetes Research Foundation—the total funds of

\$250,000 were directly from the Diabetes Research Tax Check-off Fund. The state also appropriated \$1 million, payable from the Department of Human Services Federal Projects Fund, for grants and administrative expenses associated with diabetes prevention and control (Public Acts 097-0636 and 097-0642, Chapter 70).

### Indiana

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The Indiana state budget allocated \$2,550,000 from the Tobacco Master Settlement Agreement Fund (IC 4-12-1-14.3) for the Indiana Minority Health Initiative Program and Projects, within the Indiana Department of Health. These funds went in part to the Central Indiana Alliance for Health Care Quality; its responsibilities include conducting surveillance on diabetes and other conditions using REL data (Race, Ethnicity, and Language Data Collection Efforts). A portion of the same funds also went toward the state diabetes self-management program, aimed at prevention efforts targeting racial/ethnic minority adults who have diabetes or are at risk of developing diabetes and to “Search Your Heart,” which conducts workshops on topics such as diabetes. Lastly, these funds include money for the Community Health Education Series, which aims to address diabetes in a comprehensive manner (Act No. 1001).

### Iowa

The state of Iowa does not appropriate any funding specifically identified for diabetes programs or initiatives, according to the Iowa Department of Public Health, Bureau of Chronic Disease Prevention and Management.

### Kansas

The Department on Aging—Chronic Disease Prevention Grant, funded through the American Recovery and Reinvestment Act of 2009, included \$170,614 for FY 2011 and \$226,828 for FY 2012 for several chronic disease prevention activities, including diabetes. From the General Revenue Fund, \$560,298 was allocated in 2012 to serve 4,250 children with several chronic diseases, including diabetes; available funds paid for medications, durable medical equipment and financial assistance (S. Sub. H.B. 2014, signed by the governor 6/12/2011).

### Kentucky

The Commonwealth of Kentucky appropriated \$1,000 in restricted state funds for diabetes educator certification activities for FY 2012, according to the revised 2012-2014 Operating Budget of the Commonwealth, Volume I-Part A, produced by the Kentucky Office of State Budget Director. The Prevention and Quality Improvement program received \$7,490,000 in state general fund dollars and \$2,672,700 in federal funds for FY 2012. A portion of this funding goes to the state Chronic Disease Prevention and Control subprogram, which addresses several conditions, including diabetes, and has the goal of bringing about policy and environmental changes that will improve the health status of Kentuckians. Public Health Departments of Kentucky provided individual and group diabetes services to 69,545 people in 2011, according to the revised 2012-2014 Operating Budget of the Commonwealth, Volume I-Part B, produced by the Kentucky Office of State Budget Director.

### Louisiana

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The Pennington Biomedical Research Center received \$919,644 to continue its work on nutritional research and preventive medicine for chronic diseases such as diabetes (Act Number 11 [H.B. 01]).

### Maine

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. For both fiscal years 2011-12 and 2012-13, the state Department of Education appropriated \$500,000 to the Obesity and Chronic Disease Fund from ‘other special revenue funds’ (Public Law No. 380).

### Maryland

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012, according to the Maryland Department of Budget and Management, FY 2012 Enacted Operating Budget Detail (“Budget Books”).

### Massachusetts

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The Commonwealth of Mas-

sachusetts appropriated \$5,949,484 for FY 2011 and \$3,413,076 for FY 2012 from the General Appropriation Act for the promotion of health and disease prevention, which may include diabetes screening and outreach along with work in other disease areas such as cancer detection (Chapter 68, line item No. 4513-1111 [H. 3535, signed by the governor 6/11/2012]).

### **Michigan**

The Michigan Diabetes and Kidney Program received \$1,855,700 from the Chronic Disease and Injury Prevention and Health Promotion budget, which totaled \$28,246,000 (of which \$2,562,600 came from the state general fund, general purpose and state restricted revenues) to fund 8.0 FTE. NCSL is unable to discern exactly how many state dollars went to this program for FY 2012; however, the budget does contain a line item for the Michigan Diabetes and Kidney Program with funding under one umbrella of both federal and state dollars (Michigan Public Acts of 2012, Act No. 200 [H.B. 5365, signed by the governor 6/26/2012]).

### **Minnesota**

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The state appropriated \$29,290 for FY 2011 and \$39,078 for FY 2012 from the General Fund for Community and Family Health Promotion, which includes some funding for diabetes programs and initiatives (Bill No. 3678).

### **Mississippi**

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The Office of Preventive Health promotes healthy lifestyles, environments and policies through community-based initiatives, worksites and schools. It includes programs aimed specifically at diabetes prevention and control, heart disease and stroke prevention, injury prevention, community health and comprehensive cancer control. For FY 2012, the state allocated \$6,863,356 in General Funds and \$2,629,663 in State Support Special Funds to the Mississippi Department of Health, which supplies the budget for the Office of Preventive Health to continue these programs, according to the Mississippi Office of Health Administration, 2011 Performance Budget.

### **Missouri**

The Missouri Division of Community and Public Health, located within the Department of Health and Senior Services (DHSS), administers programs for chronic disease prevention and health promotion. The Missouri DHSS spent \$72,779 in state General Revenue and \$470,322 in federal funds on diabetes initiatives. The entire budget for chronic disease programs is \$827,104 in general revenue, \$4,356,888 in federal funds and \$10,000 in *other* state funding—this program and budget include the funding for diabetes initiatives, according to the Missouri Department of Health and Senior Services, Bureau of Budget Services and Analysis.

### **Montana**

Montana did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2012 (Chapter No. 363 [H.B. 02, signed by the governor 5/12/2011]).

### **Nebraska**

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. Nebraska's two-year state budget for FY 2012-13 appropriates \$1,524,470 (\$31,713 in General Funds and \$1,526,000 in 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 and other disease categories (L. 374, signed by the governor 5/17/2011).

### **Nevada**

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The state appropriated \$2,908 for FY 2011-12 and \$6,434 for FY 2012-13 to the Cancer Prevention and Control Program, which includes some activity focused on diabetes control (Chapter 197 [A.B. 480, approved by the governor 6/1/2011]).

### **New Hampshire**

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The state budget appropriated \$250,404 in federal funds to the Division of Public Health for diabetes for FY 2012; in FY 2011, this amount was \$322,683 (Chapters 223:6 [H.B.

01] and 224:14 [H.B. 02], signed by the governor 6/29/2011).

#### **New Jersey**

New Jersey did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2012 (Chapter 35 [S.B. 3000, approved 6/29/2010]).

#### **New Mexico**

The state budget allocated \$767,100 from the tobacco settlement program to fund diabetes prevention and control services (Chapter 179 [H.B. 0002, signed by the governor 4/8/2011]).

#### **New York**

The state allocated \$100,000 to the Drive Out Diabetes Research and Education Account from state Special Revenue Funds for FY 2012. The state also appropriated \$7,205,000 for services and expenses related to obesity and diabetes programs (Chapter 50 [S.B. 6250-D/A.B. 9050-D, signed by the governor 4/11/2011]).

#### **North Carolina**

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The At-Risk Family Health Benefits (State Health Access Plan [SHAP]) was allocated \$55,749 for fiscal years 2010-11, 2011-12 and 2012-13 for health services, including chronic disease management. The state allocated \$7,096,142 for FY 2010-11, \$6,946,142 for FY 2011-12 and \$6,946,142 for FY 2012-13 to the Department of Health for activities that include tobacco use reduction and addressing diabetes at a public health level rather than an individual level. Additional General Fund dollars were appropriated for FY 2012 to fund up to 12 grants-in-aid (up to \$300,000) to close the gap in the health status of minorities as compared to the health status of whites. These grants-in-aid must focus on the use of measures to eliminate or reduce health disparities among minorities with respect to chronic diseases, specifically diabetes (Session Law 2011-145 [H.B. 200, passed by veto override 6/15/2011]).

#### **North Dakota**

The state did not allocate any funding specifically identified for diabetes programs or initiatives for FY 2012 (Chapters 1-53 [H.B. 1001]).

#### **Ohio**

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The state General Fund appropriated \$2,962,361 for Chronic Disease and Injury Prevention for FY 2011 and \$2,577,251 for FY 2012 to promote healthy lifestyle choices for the prevention of chronic disease and injury and to increase early identification and improve management of chronic diseases such as diabetes, cancer, heart disease and stroke (Session Law No. 2011-28).

#### **Oklahoma**

Oklahoma did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2012 (H.B. 2170, approved by the governor 5/20/2011).

#### **Oregon**

Oregon did not appropriate any specific funding for diabetes programs or initiatives for FY 2012, according to the 2011-2013 Legislatively Adopted Budget (LAB) for Public Health, and updates provided by the Oregon Legislative Fiscal Office.

#### **Pennsylvania**

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The Commonwealth of Pennsylvania appropriated \$100,000 in state dollars to the Preventive Health Special Projects fund and allocated \$9,559,000 in federal dollars to the Collaborative Chronic Disease Program for FY 2011-12 (Act No. 2011-1A, signed by the governor 6/30/2011).

#### **Rhode Island**

Rhode Island did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2012 (LCO 2105 [H.B. 5894] signed by the governor 5/30/2011).

**South Carolina** 

The South Carolina state budget included a line item in the amount of \$123,470 for operating expenses for the Medical University of South Carolina's Diabetes Center for FY 2011-12 from the General Fund (Act No. 73 [H.B. 3700] Part 1A Section 17A Medical University of South Carolina).

**South Dakota**

South Dakota did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2012 (H.B. 1251, signed by the governor 3/28/2011).

**Tennessee** 

The Diabetes Prevention and Health Improvement fund received an appropriation of \$5,143,500 in-state funds for FY 2011-12. These specific funds provided grants to health care providers for education, treatment and prevention initiatives focused on type 2 diabetes and obesity. The state also made grants available to Tennessee high schools that participate in National Institute of Health clinical trials. The Memphis Research Consortium received \$10 million in non-recurring General Fund dollars (specifically the fund for the *improvement of higher education*) to recruit senior scientists from the fields of genomics, population health and regenerative medicine to work on significant health issues in Tennessee, such as diabetes and other chronic conditions (Public Chapter No. 473 [H.B. 2139, signed by the governor 6/21/2011]).

**Texas**

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The state budget allocated \$500,000 from the End Stage Renal Disease Prevention Program to be directed to outreach for people with diabetes mellitus, hypertension or a family history of kidney disease. The University of Texas Pan-American was allocated \$114,434 for FY 2012 from the state General Fund for activities related to the Texas Diabetes Registry. The Center on Obesity, Diabetes and Metabolism Research, located within the University of Texas Southwestern Medical Center at Dallas, received an appropriation of \$6,412,492 from the state General Fund for Education (S.B. 01, signed by the governor 7/19/2011).

**Utah**

The state of Utah did not appropriate any specific funds for diabetes programs or initiatives for FY 2012 (Session Law 4 [H.B. 8 Substitute, signed by the governor 2/16/2011]).

**Vermont**

The Vermont state budget did not allocate any state funding specifically identified for diabetes programs or initiatives for FY 2012 (Act 63 [H.B. 441]).

**Virginia** 

The Commonwealth of Virginia appropriated funds specifically identified for diabetes through the General Fund for Education. The University of Virginia received an appropriation of at least \$156,397 for FY 2011 and \$156,397 for FY 2012 to support diabetes education and public services at the Virginia Center for Diabetes Professional Education (Chapter 890 [H.B.1500 and S.B.800, signed by the governor 5/1/2011]).

**Washington**

The Washington state budget did not allocate any state funding specifically identified for diabetes programs or initiatives for FY 2012 (Ch. 50 [H.B.1087]).

**West Virginia** 

The state allocated line item #873 to Diabetes Education and Prevention in the amount of \$105,000 for FY 2012-13 (Act. No. 10 [S.B.160, signed by the governor with vetoes 3/21/2012]).

**Wisconsin**

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The Department of Health Services received an appropriation of \$268,087 for the Public Health Services Planning, Regulation and Delivery Program, which includes as one of its objectives "to reduce the rate of preventable hospitalizations due to diabetes."

**Wyoming**

The state appropriated \$1,016,479 for the Preventive Health and Safety Division (PHSD), which provides administrative and professional supervision to the Wyoming Diabetes Prevention and Control Program. PHSD coordinates and provides

leadership for programs focused on the prevention of disease and promotion of services that lead to early diagnosis and treatment of diseases such as diabetes, cancer and heart disease. PHSD does not generate revenue and is funded entirely by state General Fund dollars (2011-2012 Wyoming Department of Health Biennium Budget Request).

### **District of Columbia**

The District did not appropriate funds specifically for diabetes treatment, education or prevention for FY 2012. The District allocated \$3,996,000 for FY 2011 and \$3,697,000 for FY 2012 of both General Fund (\$555,000 in dedicated taxes from the General Fund—which can include local funds) and federal fund dollars for the Cancer and Chronic Disease Prevention Program, which seeks to reduce the burden of diabetes mellitus, according to the Office of the Chief Financial Officer, Volume 5 Operating Appendices Part II Schedule 30-PBB.

### **Guam**

Guam did not allocate any funds specifically identified for diabetes programs or initiatives for FY 2012 (Public Law 31-77).

## **Conclusion**

All 50 states, the District of Columbia, Guam, America Samoa, Marshall Islands, Northern Mariana Islands, Palau and the U.S. Virgin Islands operate a State Diabetes Prevention and Control Program, 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, to reduce complications related to the disease, to eliminate diabetes-related health disparities and to reduce the disease's financial costs. The programs also promote good nutrition, physical activity, weight loss and smoking cessation, recommended influenza and pneumococcal vaccines, foot exams, eye exams and HbA1c tests. These are key factors to control, prevent, delay, or manage diabetes and help people live longer, healthier lives.<sup>3</sup>



## Notes

1. 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).

2. National Conference of State Legislatures, *A 50-State Survey for Fiscal Year 2011* (Denver: NCSL, May 2011), <http://www.ncsl.org/?tabid=21930>.

3. Alabama Diabetes Program, [www.adph.org/diabetes](http://www.adph.org/diabetes).

## Additional Resources

NCSL Diabetes Overview Page  
[www.ncsl.org/tabid=14520](http://www.ncsl.org/tabid=14520)

NCSL Federal Health Reform Provisions Related to Diabetes  
[www.ncsl.org/?tabid=23198](http://www.ncsl.org/?tabid=23198)

NCSL Disparities in Health  
[www.ncsl.org/?tabid=14494](http://www.ncsl.org/?tabid=14494)

NCSL States Address Diabetes in Minority Populations  
[www.ncsl.org/?tabid=24940](http://www.ncsl.org/?tabid=24940)

NCSL The Chronic Cost of Diabetes  
[www.ncsl.org/?tabid=24523](http://www.ncsl.org/?tabid=24523)

CDC Diabetes Public Health Resource  
[www.cdc.idc.gov/diabetes](http://www.cdc.idc.gov/diabetes)

U.S. Department of Health and Human Services  
National Diabetes Information Clearinghouse  
[diabetes.niddk.nih.gov](http://diabetes.niddk.nih.gov)

American Diabetes Association  
[www.diabetes.org](http://www.diabetes.org)

This publication is available on the NCSL website at [www.ncsl.org/?TabId=25271](http://www.ncsl.org/?TabId=25271).

### About This NCSL Project

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

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

State/Jurisdiction	FY 2011 Actual Grants to DPCPs	FY 2010 Actual Grants to DPCPs	Percent Change FY 2010 to FY 2011	FY 2009 Actual Grants to DPCPs	FY 2008 Actual Grants to DPCPs
Alabama	\$262,407	\$291,564	10.00%	\$291,564	\$304,833
Alaska	\$350,052	\$424,661	17.57%	\$424,661	\$477,405
Arizona	\$220,332	\$250,017	11.87%	\$250,017	\$256,270
Arkansas	\$404,759	\$464,177	12.80%	\$464,177	\$500,311
California	\$922,026	\$1,043,922	11.68%	\$1,043,922	\$1,020,030
Colorado	\$456,623	\$507,359	10.00%	\$507,359	\$530,450
Connecticut	\$214,344	\$252,782	15.21%	\$252,782	\$272,460
Delaware	\$347,337	\$386,912	10.23%	\$386,912	\$434,968
Florida	\$581,695	\$694,394	16.23%	\$701,337	\$666,596
Georgia	\$202,618	\$369,150	45.11%	\$369,150	\$364,105
Hawaii	\$295,998	\$328,887	10.00%	\$328,887	\$369,737
Idaho	\$276,946	\$330,219	16.13%	\$565,344	\$371,315
Illinois	\$614,958	\$850,153	27.67%	\$850,153	\$888,845
Indiana	\$237,258	\$312,007	23.96%	\$312,007	\$316,705
Iowa	\$189,288	\$229,862	17.65%	\$229,862	\$252,971
Kansas	\$644,470	\$716,078	10.00%	\$716,078	\$748,667
Kentucky	\$613,528	\$681,698	10.00%	\$681,698	\$678,785
Louisiana	\$133,148	\$202,000	34.09%	\$202,000	\$170,271
Maine	\$295,731	\$340,473	13.14%	\$340,473	\$370,800
Maryland	\$271,429	\$301,588	10.00%	\$301,588	\$306,130
Massachusetts	\$769,485	\$854,983	10.00%	\$854,983	\$893,894
Michigan	\$850,232	\$947,905	10.30%	\$947,905	\$917,635
Minnesota	\$819,133	\$913,246	10.31%	\$913,246	\$954,809
Mississippi	\$256,578	\$292,533	12.29%	\$292,533	\$305,847
Missouri	\$421,537	\$470,314	10.37%	\$470,322	\$477,404
Montana	\$537,840	\$599,533	10.29%	\$599,533	\$652,936
Nebraska	\$244,259	\$271,399	10.00%	\$271,399	\$315,279
Nevada	\$265,952	\$344,404	22.78%	\$344,405	\$371,215
New Hampshire	\$258,697	\$294,478	12.15%	\$294,478	\$324,083
New Jersey	\$352,355	\$478,533	26.37%	\$478,533	\$500,312
New Mexico	\$390,413	\$433,792	10.00%	\$433,792	\$477,404
New York	\$887,027	\$986,305	10.07%	\$986,305	\$954,809
North Carolina	\$798,486	\$887,207	10.00%	\$887,207	\$866,902
North Dakota	\$219,835	\$244,261	10.00%	\$244,261	\$277,585
Ohio	\$661,168	\$734,631	10.00%	\$734,631	\$717,817
Oklahoma	\$220,403	\$244,892	10.00%	\$244,892	\$256,037
Oregon	\$717,980	\$797,756	10.00%	\$797,756	\$834,062
Pennsylvania	\$426,819	\$522,169	18.26%	\$522,169	\$545,933
Rhode Island	\$675,997	\$758,986	10.93%	\$758,986	\$835,292
South Carolina	\$599,547	\$666,163	10.00%	\$666,163	\$689,585
South Dakota	\$229,249	\$257,525	10.98%	\$257,525	\$299,162
Tennessee	\$221,788	\$268,653	17.44%	\$268,653	\$280,880
Texas	\$879,132	\$976,813	10.00%	\$976,813	\$945,620
Utah	\$737,643	\$888,327	16.96%	\$888,327	\$928,756
Vermont	\$218,022	\$242,247	10.00%	\$242,247	\$272,336
Virginia	\$321,678	\$372,906	13.74%	\$372,906	\$371,312
Washington	\$874,392	\$974,690	10.29%	\$974,690	\$970,524
West Virginia	\$819,155	\$916,152	10.59%	\$916,152	\$912,235
Wisconsin	\$767,595	\$852,883	10.00%	\$852,883	\$891,699
Wyoming	\$195,874	\$259,499	24.52%	\$259,503	\$291,735
District of Columbia	\$235,725	\$261,917	10.00%	\$261,917	\$273,837
Puerto Rico	\$215,058	\$238,953	10.00%	\$238,953	\$249,828
U.S. Virgin Islands	\$180,952	\$202,000	10.42%	\$202,000	\$212,180
<b>Total</b>	<b>\$23,804,953</b>	<b>\$27,433,958</b>	<b>14.01%</b>	<b>\$27,676,039</b>	<b>\$28,370,598</b>

Source: Centers for Disease Control and Prevention, 2012. Compiled by the National Conference of State Legislatures Health Program, June 2012.



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