

Testimony of Paul Madden on Behalf of The American Diabetes,  
Joslin Diabetes Center and People Living with Diabetes in the  
Commonwealth of Massachusetts Supporting a Constitutional  
Amendment For Affordable Health Insurance for All

10:00 am Tuesday, April 6, 2004.

Gardner Auditorium  
Massachusetts State House  
Boston, MA.

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## Members of the Joint Committees on Healthcare, Insurance, Ways and Means, and the Committees on Medicaid and Federal

**Financial Assistance** thank you for the opportunity to appear before you today. My name is Paul Madden and I am here representing the American Diabetes Association, the Joslin Diabetes Center and the interests of over 400,000 people living with diabetes and their families in the Commonwealth of Massachusetts. We are extremely concerned that so many people with diabetes have no health insurance coverage, many people with diabetes pay premiums that are four to five times the average rate or they must settle for coverage that is less than what they need as a result of these high, discriminatory premiums.

Significant, world-class studies performed in the United States, North America (Diabetes Control and Complications Trial), and Great Britain (United Kingdom Prospective Diabetes Study) have proven without question that people with diabetes do significantly better with their long-term health when they are properly educated and able to access the treatment, equipment and supplies necessary for more balanced blood sugars. These large studies looking at several thousand people with diabetes were stopped early, as the results were so overwhelmingly positive. These studies proved that people with diabetes who did achieve more balanced blood sugars as a result of proper education and utilizing the "right" equipment and supplies do significantly reduce and often prevent the life robbing, costly complications of diabetes.

Did you know that diabetes is the leading cause of blindness in working age adults, that it is the leading cause of kidney failure and amputation from disease and that people with diabetes have a 4 times greater chance of early cardiovascular disease and stroke. Diabetes CAN destroy lives BUT it doesn't need to as long as people with diabetes have access to quality care. With more balanced diabetes management we see a 76% decrease in this serious eye disease which often leads to blindness, a 56% reduction in kidney disease which often leads to kidney failure etc...

These complications now account for approximately \$4 billion in the Commonwealth of Massachusetts per year in direct and indirect costs. As human beings we all need to think of the thousands of dollars that would be saved for these individuals and their families if they did not lose their eyesight, did not suffer kidney failure or lose a limb. As key business leaders who have been entrusted to protect the taxpayers' dollars while at the same time ensuring a better life for our citizens think of the dollars that would be saved as people with diabetes stay healthy and remain gainfully employed, can pay their own mortgage or rent, food and utility bills AND continue to raise and support their families. As human beings and as wise businesswomen and businessmen how can we do anything other than ensure that these individuals have proper healthcare coverage.

Unless substantial changes are made so that all people with diabetes have proper healthcare coverage the citizens with diabetes will not have the ability to properly manage their disease. Ultimately, this lack of insurance coverage will result in an increased reliance on emergency room visits for uncontrolled diabetes, an increase in the

incidence of diabetes related complications like heart disease, blindness, kidney failure and amputations, and an increase in the number of patients relying on inpatient and long-term care to manage their diabetes related complications and an increase in state support for their families.

With this text I have submitted for your review a February 2, 2004 article in the Boston Globe written by Howard Wolpert, M.D. and Alan Moses, M.D. which rather concisely points out some of the areas where billions of dollars are wasted when people with diabetes do not have the proper tools to care for their disease. It also stresses how ethically correct and fiscally wise it is to ensure that people with diabetes do have the proper tools to balance their blood sugars better.

The American Diabetes Association has in place a position statement on third party reimbursement for diabetes care, self-management education and diabetes supplies that may provide ideas for containing costs with insurance coverage. The American Diabetes Association's 2004 Clinical Practice Recommendations are accepted by physicians and healthcare providers throughout the country and world and these recommendations will help give you a better understanding of the diabetes care needs of the citizens of Massachusetts. I will be certain that these documents are submitted for your review and would welcome any questions or thoughts you may have as we all work together to ensure the wisest use of dollars coupled with the best health care for the citizens in the Commonwealth of Massachusetts.

In closing, it is my hope that my testimony has clearly shown the key reasons why all people with diabetes should have proper health insurance coverage. The American Diabetes Association, the Joslin Diabetes Center and I would be honored to continue to work with you to help ensure that insurance coverage for all people with diabetes is realized and that this insurance coverage ensures the best possible health for the over 400,000 people in the Commonwealth living with diabetes.

As a person who has lived with insulin dependant diabetes for over 42 years and has been blessed to have proper health care coverage, thank you for your time and your steadfast commitment to enhance the lives of people living in the Commonwealth of Massachusetts.

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HOWARD A. WOLPERT AND ALAN C. MOSES

## Endangering diabetics

**DIABETES IS A CRISIS** of epidemic proportions in this country. The burden of this crisis may soon be compounded in Massachusetts by a failure of public policy.

The Commonwealth's Division of Health Care Finance and Policy and the Executive Office of Elder Affairs are considering making substantial cuts in Medicaid coverage for the supplies (including blood sugar monitoring strips) that are needed by people with diabetes. If enacted, these cuts will reduce the standards of diabetes care received by many of the poor in the Commonwealth to a Third World level and will lead to increased visits to hospital emergency rooms, hospital admissions, and even to premature debilitating complications and unnecessary deaths.

Consider these grim statistics. Health officials report approximately 336,000 (or 5.3 percent) of Massachusetts adults have been diagnosed with diabetes. Another 140,000 adults are estimated to have diabetes but are undiagnosed. Diabetes disproportionately affects minorities, including African-Americans, Hispanics, and Asians. Diabetes is the leading cause of blindness in working-age adults, end-stage kidney failure, and leg amputation in the United States.

In 2000, over 130,000 people with diabetes underwent dialysis or kidney transplantation. Every year over 80,000 amputations are performed on people with diabetes. In 2002, the direct medical costs related to diabetes in the United States came to \$92 billion, and the indirect costs, due to disability and lost productivity, reached \$40 billion.

This toll from diabetes is not inevitable. Research studies at Joslin Diabetes Center and throughout the world have proven that people with diabetes who keep their blood sugar levels close to the normal range can substantially reduce their risk of developing complications that dramatically reduce quality and du-

ration of life and that cost the healthcare system billions of dollars. It takes effort and diligence for people with diabetes to control their blood sugar.

Individuals with type 1 diabetes need to check their blood sugar levels several times a day in order to guide them in their use of multiple insulin injections or the use of an insulin pump. The good news is that these efforts translate into fewer hospitalizations, less blindness, decreased need for dialysis, and fewer amputations.

The money that is spent for these supplies to manage diabetes significantly reduces healthcare costs. Proper management of diabetes *saves* money. In fact, economic analyses show that improved

### Medicaid cuts will have grave consequences for diabetes patients.

diabetes control leads to significant cost savings within one to two years.

While test strips necessary for diabetes patients to monitor their blood sugar levels cost an estimated \$600 annually for a person with type 2 (non-insulin dependent) diabetes and \$1,200 for those with type 1 (insulin-dependent) diabetes, the cost for those with kidney complications from uncontrolled diabetes costs about \$38,000 annually. Uncontrolled diabetes will lead to more trips to the hospital for our citizens. An average 24-hour stay in a hospital emergency room in the Boston area costs over \$2,000.

So this is the folly of these proposed budget cuts: There will be no cost savings. Inevitably, more people with diabetes will develop complications, and the added health expenditures necessary to take care of these people will substantially outweigh whatever is "saved" by these cuts.

There also is another side: the human stories buried away in all the statistics about diabetes. Each of our patients has a personal story about struggling with diabetes, and the shadow of blindness, dis-

ability, and early death that hangs over their lives.

Patients we admire and care about will be hurt and die because of these Medicaid cuts. Patients like Claire, who has lived with diabetes since childhood.

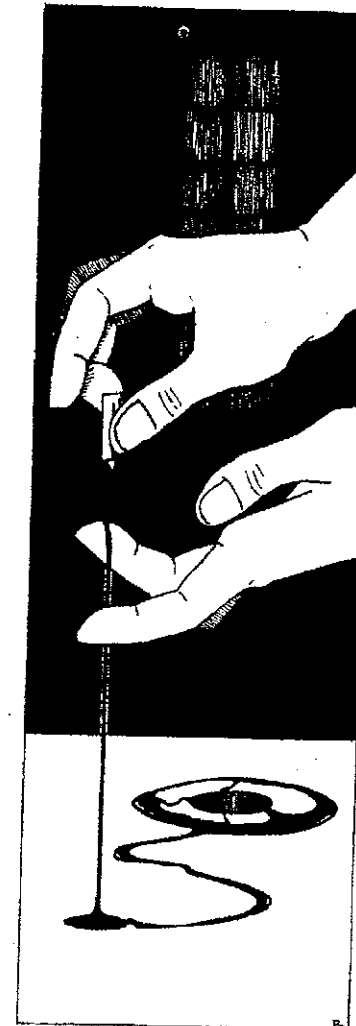
For 47 years Claire has shown silent determination and courage. Four times a day she injects herself with insulin. Before she eats, goes for a walk, or lies down to sleep at night she pricks her finger for a droplet of blood to check her sugar level. Because of her diligence and because Medicaid provides her with the supplies she needs to control her sugar levels, she has defied all the grim statistics: Her vision is good, her kidneys function normally, and her feet are untouched by diabetes.

But she does suffer from very frequent low blood sugar reactions. By regularly pricking her finger and checking her sugar levels she has managed to prevent these reactions from getting out of hand. Take away the supplies she needs to manage her diabetes, and before long she could be having seizures from low blood sugar.

And if Claire dies from a seizure or suffers from other serious complications of diabetes, and her daughter asks why, what should the answer be? Claire tries her best, and medical science and technology have given people with diabetes the chance to have long, healthy, and rewarding lives. But if Medicaid cuts are enacted and she is unable to have access to supplies she needs daily to help her control her condition, the system has failed her.

We hope the government of Massachusetts will have the wisdom and compassion to reverse these proposed cuts in Medicaid for diabetes durable supplies and that this conversation with Claire's daughter will never have to occur.

While the Commonwealth may save dollars in the cost of glucose testing strips and diabetes pump supplies, the real costs — both economic and human — will



ELIZABETH ROCK ILLUSTRATION

go up, not down.

Let us hope that three years from now Claire and her family will have the chance to celebrate her triumph when she receives a medal from Joslin Diabetes Center for living 50 years with diabetes — and that children and adults on Medicaid will get the diabetes supplies they need, so they can emulate Claire.

**Dr. Howard A. Wolpert** is senior physician and **Dr. Alan C. Moses** is chief medical officer at Joslin Diabetes Center.