

**Texas Diabetes Council
Meeting Minutes
January 28, 2021
1:00 p.m.**

Location: Microsoft Teams Live Event

Table 1: Texas Diabetes Council member attendance Thursday, January 28, 2021.

NAME	IN ATTENDANCE
Dr. Mitchel Abramsky (Non-Voting)	Yes
Ms. Joan Colgin	Yes
Ms. Felicia Fruia-Edge	Yes
Ms. Lisa Golden (Non-Voting)	Yes
Dr. Kelly Fegan-Bohm (Non-Voting)	Yes
Mr. Dirrell Jones	No
Ms. Diane Kongevick (Non-Voting)	Yes
Dr. Kathy LaCivita	Yes
Ms. Aida (Letty) Moreno-Brown	Yes
Ms. Averil Mullins (Non-Voting)	No
Dr. Feyi Obamehinti	Yes
Dr. Stephen Ponder	Yes
Ms. Ardis Reed	Yes
Mr. Jason Ryan	Yes
Mr. William (David) Sanders	Yes
Dr. Christine Wicke	Yes

Agenda Item 1: Welcome

Dr. Kathy LaCivita, Chair of the Texas Diabetes Council (TDC), convened the meeting at 1:07 p.m. and welcomed everyone in attendance.

Agenda Item 2: Roll Call

Ms. Sallie Allen, HHSC, Advisory Committee Coordination Office, provided the logistics announcement, called roll and determined a quorum was present.

MOTION: Dr. LaCivita moved to excuse Ms. Averil Mullins' absence. Ms. Joan Colgin provided the second for the motion. Ms. Allen conducted a roll call vote and the motion carried with no objections. Dr. LaCivita received notice later that Mr. Jones was not able to attend and excused his absence, considering the circumstances.

Agenda Item 3: October 22, 2020 Meeting Minutes

Ms. Allen introduced the October 22, 2020 minutes and asked if there were any edits from the members.

MOTION: Dr. Ponder motioned to approve the October 22, 2020 meeting minutes. Dr. LaCivita seconded the motion. Ms. Allen conducted a roll call vote and the motion carried with no objections.

Agenda Item 4: American Diabetes Association's 2021 Standards of Medical Care in Diabetes

Dr. LaCivita referenced the handout document, *American Diabetes Association Summary of Revisions: Standards of Medical Care in Diabetes 2021*.

Dr. LaCivita provided a verbal summary of the more substantive revisions pertaining to Sections 1 through 15 of the 2021 Standards of Care outlined in the document provided to the members.

Agenda Item 5: COVID-19 Preparedness and Type 1 Diabetes Mellitus

Dr. LaCivita introduced Dr. Matthew Stephen, Dr. Robert Finch, Dr. Daniel Dvoskin, and Dr. Muppala Raju, Baylor Scott & White Health (BS&W). Dr. Stephen referenced the PowerPoint and handout, *Diabetes Emergency Preparedness in the Midst of COVID-19*.

Highlights included:

- Assessed emergency preparedness among families caring for youth with type 1 diabetes (T1D).
- BS&W McLane Children's Pediatric Endocrinology conducted survey specific to youth with T1D.
- Survey addressed demographic data, diagnosis and management of T1D, current supply status, and impact(s) of the COVID-19 pandemic.
- Enrollment began July 22, 2020 and collection ended August 20, 2020.
- Outcome of survey (27 questions):
 - 131 participants used the MyBSWHealth portal in response to the survey
 - Seventy-two percent of participants reported not wearing any form of emergency medical device (EMD).
 - Shorter duration of T1D was correlated with wearing an EMD.
 - EMD status was found to be independent of insurance status and household income.
 - In the absence of primary caretaker, respondents reported presence of at least one to three, immediate family members that they trust to provide T1D care in primary caretaker's absence.
 - Higher parental education was associated with having multiple back-up plans and improved trouble-shooting ability in relation to CGM, pump and insulin injection issues.
- Conclusion of study:
 - COVID-19 restrictions put youth with T1D at risk for adverse events.
 - Factors such as hospital/clinic visitor restrictions, quarantine (particularly displacement of primary caretakers), and potential for impaired access to supply chain have a potential negative impact on care of youth with T1D.
 - This survey encourages providers to regularly inquire about EMD use, comfort of other family members/friends providing care, and regularly review back-up plans and troubleshooting strategies with patient/family.

Data breakdown by age was noted as: 5% under 6 years old, 25% were 6-10 years old, 26% were 11-13 years old, and 42% were 14 years old and older. The data was not specific to the transition phase of the college age group.

The telehealth model is beneficial in providing patient care and offering education opportunities to folks in distant places, in midst of the pandemic.

Agenda Item 6: Texas Vendor Drug Program (VDP) Formulary Changes

Dr. LaCivita introduced Ms. Jasmine Singh, DSHS. Ms. Singh referenced the PowerPoint and handout, *VDP Formulary Changes*.

Highlights included:

- VDP manages formulary for Medicaid, CHIP and other state programs
- Drugs may require non-preferred and/or clinical prior authorization
- Texas Drug Utilization Review (DUR) Board recommends preferred drugs
- Diabetes and obesity medications include Vyvanse, Xenical and Victoza
- Durable medical equipment (DME) and medical devices are excluded from addition to the Texas Medicaid formulary as a pharmacy benefit
- Pharmacy benefit coverage for diabetic supplies and devices are payable through Vendor Drug Program
- Pharmacies are not required to enroll as a DME provider to provide access to supplies
- Prior authorization and documentation of medical necessity is required for therapeutic Continuous Glucose Monitor (CGM) devices
- Therapeutic continuous glucose monitoring and insulin delivery are measured in real-time
- External insulin pump supplies are a medical benefit through home health services and do not require prior authorization up to the maximum quantities allowed
- VDP websites for additional information:
 - VDP website: txvendordrug.com
 - Texas Medicaid Provider Procedures Manual: tmhp.com/resources/provider-manuals/tmppm
 - Home Health Supplies: txvendordrug.com/formulary/information/home-health-supplies

Agenda Item 7: Diversity in Diabetes

Dr. LaCivita introduced Ms. Quisha Umemba, President and Co-Founder, and Ms. Kacey Creel, Treasurer and Co-Founder, of Diversity in Diabetes (DiD). Ms. Umemba and Ms. Creel referenced the PowerPoint and handout, *Diversity in Diabetes-Volunteer Education Model Proof of Concept*.

Highlight included:

- Diversity in Diabetes organization was founded in August 2020 after the People of Color Living with Diabetes (POCLWD) Summit
- Group is dedicated to creating awareness and providing solutions to end health disparities and the lack of representation in the diabetes space
- Intent is to serve the underserved and underrepresented Blacks, Indigenous,

and People of Color (BIPOC) living with diabetes (community members), and community organizations, healthcare systems, and healthcare providers, etc.

- Four areas of focus:
 - Access to diabetes self-management education/support
 - Diverse representation of diabetes educators and providers
 - Awareness and knowledge of diabetes treatment options
 - Utilization of diabetes technology in people of color living with diabetes
- Workforce of volunteers as educators, instructors and facilitators help provide a variety of diabetes education and support programs to the community
- For more information, our website is: diversityindiabetes.org

Agenda Item 8: Texas Diabetes Council Social Media

Dr. LaCivita introduced Mr. David Sanders. Mr. Sanders referenced the PowerPoint and handout, *Texas Diabetes Council Social Media*.

Highlights included:

- Goal of Texas Diabetes Council (TDC) is to extend its outreach to people in Texas, and it is necessary to develop a robust social media presence
- TDC needs to tap into the top ten social media sites and techniques to extend their presence in social media platform
- Propose TDC start with four sites, LinkedIn, Facebook, Twitter and Instagram
- TDC reviewed DSHS criteria requirements for posting social media messages
- DSHS edits TDC social media content, forwards to Communications team
- Communication team will refine, ask questions, give final approval
- Program will notify TDC when message is posted, approximately one week
- Implement process included:
 - Define list of subject areas
 - Develop format to solicit content/input from TDC members
 - DSHS staff involvement to ensure publish deadlines are met
 - Provide TDC periodic updates on impact of social media efforts
 - Continue to work with DSHS Communications team to expand TDC's social media outreach to Texans living with diabetes
 - Numerous subject matters that TDC could address on monthly social media posts

Agenda Item 9: Overview of Consensus Statement on U.S. Health Care Reform for People with Diabetes

Dr. LaCivita introduced Ms. Ardis Reed. Ms. Reed referenced the PowerPoint and handout, *RECAP of Consensus Statement 2020 Report and Overview of Consensus on US Health Care Reform for People with Diabetes November 2020*.

Highlights of the 2020 Consensus Statement Report included:

- Objective of the consensus is to articulate for policymakers and health care system stakeholders how the nation's complicated health care and coverage system works for, sometimes against, people with diabetes, and provide tangible ideas for improvement.

- The goal is to ensure people with diabetes have adequate coverage for individualized care that can prevent or delay the onset of these costly and life limiting complications.
- Diabetes Care Reform workgroup is comprised of 12 independent, non-profit national diabetes organizations to align on a patient-centered framework for U.S. health reform.
- Foundation of the consensus framework is under the Patient Protection and Affordable Care Act (PPACA).
- Thirty-four million people in U.S. have diabetes, with average cost of \$17,650/year to manage.
- 67% of the nation's diabetes costs are paid by Medicare, Medicaid or military insurance.
- Seven of the twelve states that did not expand Medicaid are in the southeastern US belt.
- In 2017, diabetes cost the nation an estimated \$327 billion, which related to direct medical expenditures and reduced productivity.
- Productivity loss accounted for work absenteeism, disease-related disability and premature death.
- Consensus statement outlined following topics:
 - Access recommendations
 - Value-based coverage
 - Acceptable outcome measures
 - Summary of eight consensus findings
- Payer coverage addressed the commercial, Medicare and Medicaid areas and provided recommendations.
- Eleven state Medicaid programs do not have a published CGM coverage policy.
- To manage patient risk and improve quality of life, we need to look at hospitalizations, emergency room visits, and disability and mortality; these are the areas that need to be addressed to promote change in the health care system.

The *Overview of Consensus on US Health Care Reform for People with Diabetes November 2020 Report* is a 36-page detailed report. Excerpts from that report were used to create the *RECAP of Consensus Statement 2020 Report* document that was presented.

MOTION: Dr. LaCivita motioned that the *RECAP of Consensus Statement 2020 Report PowerPoint and the Overview of Consensus on US Health Care Reform for People with Diabetes November 2020 Report* be sent to the Governor's office for educational purposes only. Dr. Obamehinti seconded the motion. Ms. Allen conducted a roll call vote and the motion carried with one abstention.

Agenda Item 10: 2021 Legislative Priorities

Dr. LaCivita outlined the following five 2020-2021 legislative priorities of the Texas Diabetes Council:

- Insulin co-pay cap of approximately \$35.00 for low-income populations
- Therapeutic interferon, as it relates to substitution of medications in hospitals

- Making a permanent telehealth, very effective during COVID, especially to the distant travel populations. Several legislative bills are in support of this service
- Equalization of COVID-19 vaccine for all diabetics
- Keeping up with advances in automated technology

Dr. LaCivita recommended that these five priorities be put forward for a vote by the Council.

MOTION:

Dr. LaCivita motioned to approve the five priorities: insulin co-pay cap, therapeutic interferon, making a permanent telehealth, equalization of COVID-19 vaccine for all diabetics, and keeping up with advances in automated technology. Dr. Ponder seconded the motion. A roll call vote was conducted, and the motion carried with no objections.

Agenda Item 11: State Agency Representatives

Dr. LaCivita introduced the State Agency representatives to provide updates to the members.

a. Department of State Health Services

Ms. Kelsii Dilley, Manager of Diabetes in School Health Branch, DSHS, provided an update.

Highlights included:

- 87th regular legislative session began on January 12, 2021, and as of today the diabetes prevention and control program has received zero bills to analyze and the agency continues to track bills as filed
- There is a comprehensive border health-related bill that included diabetes education and a screening component along with obesity and other chronic diseases
- Senate Bill 1 and House Bill 1 were recently released and are being reviewed by the Chief Financial Officer and Division Finance analyst
- The 5% reductions are reflected in these budget bills and program staff has not received any direction on these reductions
- Christina Edgar, the new diabetes special projects coordinator, joined the team on October 26, 2020
- Program staff continue to work remotely for the foreseeable future
- The diabetes prevention and control program will host the next state engagement call in March, and we will explore strategies to retain participant attendance in diabetes prevention programs implemented virtually
- Program is working on the Centers for Disease Control and Prevention Year 4 Renewal application; it is due to the CDC the beginning of March
- Plans underway for the 2021 state plan and assessment of programs to prevent and treat diabetes and are due to the legislature November 1, 2021.

Dr. LaCivita stated there was no report available for the Teacher Retirement System.

b. Employees Retirement System of Texas (ERS)

Ms. Diana Kongevick, Director of Group Benefits provided an update.

Highlights included:

- United Healthcare, new Medicare Advantage PPO vendor, effective 01/1/2021
- Additional programs for retirees related to value-added services, such as:
 - caretaker assistance driving retirees a few hours a week
 - personal emergency response available at no cost, free setup in home
 - provide transportation services for elderly patient to doctor visits
- Continue to focus on social distance provision of medical services through telemedicine and virtual visits
- Mental health network has dramatically increased through the added services.

c. Health and Human Services Commission

Dr. Mitchell Abramsky, HHSC Medicaid and CHIP Services, Associate Medical Director provided an update.

Highlights included:

- Adjunct CGM policy is being developed in the diabetic medical and supplies and DME policies, and the policies are in final processes with target and implementation sometime in the fall this year
- DSMEs self-management education support topic nomination that was put forth by TDC, passed governance in December. It is on the priority list and pending assignment to someone in policy development to begin work on it.
- CPT Codes for DSMES G0108 and G0109 are not currently covered benefits
- HHS proposed overall budget is \$91.6 billion dollars, for legislative session
- Medicaid proposed biennium budget is \$74 million dollars
- Data on utilization of CGMs by population is not current to date; will try to obtain data through vendor drug and provide at upcoming meetings.

d. Texas Workforce Commission (TWC)

Ms. Lisa Golden, MA, Vocational Rehabilitation (VR) Services Diabetes Specialist provided an update.

Highlights included:

- VR staff are working remotely and communicating internally
- All divisions at Texas Workforce are open for business and working to meet the needs of our customers
- In last ten months have received over 8 million phone calls concerning UI benefits and paid over \$ 38 billion dollars in unemployment
- Continue to host diabetes education training with contract providers
- Social Security Administration has several incentive programs for those on SSI or SSDI to support individuals while they return to work
- Individuals concerned about losing Medicare/Medicaid when returning to work, should contact TWC VR staff to speak with benefits planning providers.

- The TWC website provides a directory list of Vocational Rehabilitation offices or individual can call 512-936-6400 to discuss their concerns.
- Individuals 55 or older who are blind and need assistance may call the helpline, 512-936-3388 or send email to oib.info@twc.texas.gov.

Agenda Item 12: Workgroups

a. Advocacy and Outreach

Dr. LaCivita introduced, Mr. Jason Ryan, TDC member, provided an update.

Highlights included:

- Discussed Workgroup meeting and upcoming Legislative session
- Would like to discuss at next Council meeting the possibility of delegating someone from TDC (possibly Chair) to send letter on behalf of committee on topics within scope of Council to advocate and address issues that are important to the Council.
- An ADA virtual lobbying event is scheduled for Texas, February 3, 2021, from 4:00-5:15pm. If interested in participating, go to Diabetes.org for more information.

b. Health Professionals and Outcomes

Dr. LaCivita introduced, Ms. Colgin, TDC member and co-facilitator of the Health Professionals and Outcomes workgroup. Ms. Colgin provided update on

Highlights included:

- Communicate TDC legislative priorities to educate legislature and staff on mission and vision.
- Dr. Ponder gave presentation on TDC Mission and addressed:
 - diabetes education as a lifelong undertaking,
 - medical homes for all Texans with diabetes
 - improving access to diabetes medication, supplies and technology
- Workgroup recommended revisions to include:
 - Increase prevention
 - Improve education/care
 - Increase access/utilization of resources and services.
- An ad hoc workgroup will be convened to modify the presentation and will be presented at the April 22, 2021 HPOW meeting.
- The HPOW recommended adding a priority related to keeping abreast of technological advances in automated insulin delivery and continuous glucose monitoring.
- Ongoing Social Media discussions which is now being considered by legal.

Agenda Item 13: Announcements

Dr. LaCivita called for announcements Council members would like to share.

- Dr. Obamehinti announced the second reading of the revised TEKS was passed and approved for use in public schools. She expressed thanks to everyone who contributed valuable input to the report.

- Dr. LaCivita announced she is retiring and will not reapply for another term to serve on the Council. She stated four memberships expired in February 2021 and members will continue to serve until replaced. If those expiring are eligible for second term, and wish to continue to serve the Council, they will need to submit an application to Governor's office.

Proceeded to Agenda 15 to allow public audience to hear topics for future meetings.

Agenda Item 15: Future Meetings

Dr. LaCivita stated the next is scheduled for Thursday, April 22 at 1:00 p.m. The meeting will be held virtually through Microsoft Teams.

Topics of discussion for the April meeting:

- Request an announcement be prepared about summer diabetes camps
- Request a legislative and budget update after the legislative session ends
- Request an update on TDC mission/vision infographic
- Request discussion of the legislatively mandated report

Dr. LaCivita reminded members to send their April meeting topics to Ashly Doyle by end of March.

Returned to Agenda Item 14.

Agenda Item 14: Public Comment

No written or public comment was received for the meeting.

Agenda Item 16: Adjournment

Dr. LaCivita adjourned the meeting at 4:02 p.m.

Webcast: <https://texashhsc.swagit.com/play/01292021-551>