Commentary: Investing in KY’s future means diabetes prevention too, but that didn’t happen

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By Stewart Perry and Larry Smith

Twelve one-hundredths of a percent. .024 percent.

That’s how much Kentucky state officials did not include in the recently passed budget for diabetes prevention, a budget which by all accounts is heavy on other investments in the future.

As a percentage of the total budget, that’s two-tenths of one penny out of every one hundred dollars. Measured against the family budget of the average Kentuckian, that’s less than the coins lost in our respective couches and easy chairs.

After funding diabetes prevention in the last two budgets, it is frustrating that state leaders could not find what amounts to pocket change, $5.2 million, in a $21 billion biennial state budget to continue what they considered a priority in the past.

It is even more frustrating considering how much attention the budget seems to pay to reducing future expenses, like $175 million for the rainy day fund.

The governor and legislators should be applauded for investing in Kentucky’s future. No one is criticizing the wisdom of putting money back for emergencies. But investing in diabetes prevention is exactly like saving for a rainy day. Invest now to save many more millions in the future.

It is counter-intuitive to save huge amounts for the future and fail to spend a tiny sum on programs that can make those funds available for other needs. Failing to fund diabetes prevention simply means that more of those rainy day funds will be needed to pay future health care costs that might have been avoided.

The Institute for Alternative Futures estimates that diabetes costs Kentucky $5.61 billion per year in direct and indirect costs.

Doing nothing means that those costs are going to increase in the years ahead. According to the Centers for Disease Control and Prevention only Oklahoma has a higher rate of increase in the prevalence of diabetes among its citizens. From 1995 to 2010, Kentucky saw a 158 percent increase compared to a 226 percent increase in the Sooner State.
Diabetes prevention is a proven way to reduce health care costs. Research has shown that by losing weight and increasing physical activity, a person with pre-diabetes can prevent or delay the onset of Type 2 diabetes by 58 percent.

Plus, the effectiveness of prevention improves as we get older. For individuals 65 years of age and older, the chances of developing diabetes can reduce by as much as 71 percent.

Why not invest a little money now, to save a whole lot more in the future?

This budget also invests heavily in restoring the state employee and teachers pension programs, certainly another worthy effort. Wouldn’t it make sense to invest what amounts to a miniscule amount to help those Kentuckians enjoy their retirement a few years longer?

It is important to point out that Kentucky’s legislators have been extremely supportive of meaningful diabetes legislation in the past.

In 2011, Kentucky became the first state to adopt a comprehensive, statewide diabetes action plan. Eighteen states have modeled similar legislation after Kentucky’s Diabetes Action Plan. As a part of that plan, participation in a diabetes prevention program became a covered benefit for those enrolled in the state employee health care program.

Also in 2011, Kentucky was the first state to license diabetes educators. Two years later, the General Assembly passed the Safe At School Act making it easier for students with diabetes to receive necessary care during school hours and to participate in extracurricular activities.

We have acknowledged and thanked legislators in the past for supporting those and other important measures. But failure to fund diabetes prevention is a major step backward for a state that is recognized as one of the leaders in the fight against the diabetes epidemic.

We urge Governor Bevin and legislators to revisit this important need in whatever way is possible moving forward.

There may be differing opinions on the price tag and overall economic impact, but everyone acknowledges that Kentucky’s share of the cost of health care reform is going to increase as more of the expense is passed to the states.

The consequences of diabetes are devastating and expensive. Prevention means fewer trips to the emergency room and doctors’ offices, less money spent on other coverage, possibly even fewer costly surgeries.

Pocket change is all we are asking for in return for healthier Kentuckians and a healthier Kentucky budget.

Stewart Perry and Larry Smith are past chairs of the American Diabetes Association National Board of Directors. They are leaders of the National Diabetes Volunteer Leadership Council.