



Texas Diabetes Council 2025 State Plan to Prevent and Treat Diabetes and Obesity

**As Required by
Texas Health and Safety Code, Section
103.013**

This report was prepared at the direction of the Texas Diabetes Council. The opinions and recommendations expressed in this report are that of the Council and do not reflect the views of the Department of State Health Services.

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Executive Summary

Texas Health and Safety Code, Chapter [103](#), establishes the Texas Diabetes Council (TDC). Section [103.013](#) requires TDC to develop and implement a state plan for diabetes treatment, education, and training. In conjunction with developing the state plan, TDC also assesses existing state programs for the prevention and treatment of diabetes, in accordance with Section [103.0131](#). The assessment includes a review of state agency programs that provide diabetes-related services. The assessment can be found on the Texas Department of State Health Services (DSHS) [legislative reports website](#).

This plan is based on review and discussion of diabetes prevention and self-management, cost-savings studies, and evidence-based diabetes research studies. TDC members have extensive professional expertise in the prevention and treatment of diabetes, diabetes education and training, nutrition education, and public health policy. TDC developed the priorities as outlined in the 2025 State Plan to Prevent and Treat Diabetes and Obesity (2025 State Plan):

- Increasing access to diabetes treatments and education.
- Addressing co-morbidities and reducing complications in diabetes care.

Introduction

The Texas Legislature established TDC per Texas Health and Safety Code, Chapter 103. TDC is composed of 11 members appointed by the Governor, as well as nonvoting members from DSHS, Texas Health and Human Services Commission (HHSC), Texas Workforce Commission Vocational Rehabilitation Division, Employees Retirement System of Texas (ERS), and Teacher Retirement System of Texas (TRS).

Texas Health and Safety Code, Section 103.013, requires TDC to develop and implement a biennial state plan for diabetes treatment, education, and training. Section 103.013 allows the state plan to include provisions ensuring:

- Individual and family needs are assessed statewide, and all available resources are coordinated to meet those needs; and
- Healthcare provider needs are assessed statewide, and strategies are developed to meet those needs.

Section 103.013 also allows TDC to include in the state plan provisions to address obesity treatment, education, and training related to:

- Obesity-dependent diabetes; and
- The health impacts of obesity on a person with diabetes (PWD).

TDC has established two workgroups. The Advocacy and Outreach Workgroup brings together diabetes stakeholders, such as the American Diabetes Association (ADA), the Association of Diabetes Care and Education Specialists (ADCES), healthcare systems, health plans, and other interested parties to develop recommendations for issues affecting people with diabetes (PWD). The Healthcare Professional and Outcome Workgroup assembles Texas diabetes experts to assess the effectiveness of diabetes management in Texas. Both workgroups assist TDC members ([Appendix A](#)) in developing the state plan for diabetes and obesity treatment, and education, and supporting TDC initiatives.

Diabetes is a prevalent and growing health concern in Texas, and a significant number of individuals experience diabetes complications such as chronic kidney failure, cardiovascular disease, eye health issues, risk of amputations, mental health concerns, and high blood pressure. Diabetes also disproportionately affects

low-income and uninsured Texans and costs an estimated \$25.6 billion in direct medical costs and loss of productivity annually in Texas.^{1, 2} The state plan outlines recommendations to improve access to healthcare, medications, advanced technologies, education, and diabetes prevention for all Texans.

¹ Sim S, Barnes A., Sutton, J, Ben-Porath, E. Critical Health Issues in Texas: Texans' Experiences with and Perspectives on Food Insecurity, Diabetes, Maternal Health, and Non-Medical Drivers of Health. https://www.episcopalhealth.org/wp-content/uploads/2024/11/SSRS_DiabetesPrevention_Final.pdf. Published 2004. Accessed July 29, 2025.

² American Diabetes Association. The Burden of Diabetes in Texas. https://diabetes.org/sites/default/files/2023-09/ADV_2023_State_Fact_sheets_all_rev_Texas.pdf. Published March 2023. Accessed July 29, 2025.

2023 Texas Diabetes State Plan Update

During the 2024-25 biennium, stakeholders across Texas collaborated to make progress toward achieving the 2023 State Plan for Diabetes and Obesity Treatment priorities:

- Improving eye health in all persons with diabetes
- Improving mental health in all persons with diabetes
- Reducing identified health disparities for all persons with diabetes and/or obesity
- Expanding the use of advanced diabetes technologies
- Increasing access to insulin and diabetes treatments

Improving Eye Health in All Persons with Diabetes

TDC collaborated with [DSHS Grand Rounds](#) in November 2024 to provide a presentation on diabetes and eye health.

Eye health continues to be a concern for people living with diabetes. Therefore, TDC has included recommendations regarding eye health for the 2025 State Plan.

Improving Mental Health in all Persons with Diabetes

TDC formed an ad-hoc subcommittee that recommended updates to the DSHS Diabetes Prevention and Control [webpage](#) to include mental health and diabetes resources, as well as psychosocial screening tools, geared towards people with diabetes.

TDC collaborated with DSHS Grand Rounds to provide diabetes and mental health education in November 2025. The presentation will increase awareness of mental health issues that people with diabetes experience.

While TDC believes this topic is still important in Texas, other entities are advocating for improving mental health in PWD. Therefore, TDC is not including this priority in the 2025 State Plan.

Reducing Identified Health Disparities for all Persons with Diabetes and/or Obesity

TDC presented on its mission, structure, function, accomplishments, and legislative initiatives during the Texas ADCES 2024 meeting. TDC members discussed the needs and identified gaps for people living with diabetes and health disparities.

TDC collaborated with DSHS Grand Rounds in January 2024 to provide a presentation on advancing health in diabetes and improving pathways to health for all.

TDC continued to disseminate resources and educational opportunities that addressed health disparities through the *Diabetes News You Can Use* quarterly electronic newsletter and social media. There were eight newsletter items about health disparities in fiscal year 2024 and six items so far for fiscal year 2025. Topics included reducing diabetes complications in disproportionately impacted populations, accessing free medical equipment, and diabetes and mental health.

While TDC believes this topic is still important in Texas, TDC is not including health disparities as a primary priority in the 2025 State Plan. However, TDC will continue to consider and address health disparities in their activities because health disparities work can be applied to all priorities in the 2025 State Plan.

Expanding Use of Automated Diabetes Technologies

Following the Centers for Medicare and Medicaid Services (CMS) approved formulary state plan amendment, the HHSC Vendor Drug Program added certain non-drugs, like Omnipod 5 (device that provides automated insulin for up to 72 hours), to the formulary to make them available to Medicaid and Children's Health Insurance Program (CHIP) recipients.

TDC believes that they have limited ability to further address this issue. Therefore, TDC is not including this priority in the 2025 State Plan.

Increasing Access to Insulin and Diabetes Treatments

To improve access to diabetes medication in the school setting, TDC updated the document, [*Guidelines for Training School Employees Who Are Not Licensed Health Care Professionals*](#), required by Texas Health and Safety Code, Section [168.005](#), that explains how to train school professionals who are not diabetes professionals in recognizing and treating symptoms of low and high blood sugar and how to assist students in monitoring their blood sugar.

During a council meeting, TDC promoted the utilization of pharmacists as healthcare providers who help manage chronic disease and deliver patient care services, as well as support increased access to medications and improve medication adherence.

Despite the progress being made on this topic, barriers to increasing access to insulin and diabetes treatments remain. TDC is keeping this priority for the 2025 State Plan.

2025 Texas Diabetes State Plan

TDC has developed a Texas Diabetes State Plan with priorities that build on past accomplishments and use current national, state, and local efforts to improve diabetes education and management. Work in the priority areas that follow is dependent on continued funding from the Legislature and support of DSHS.

The 2025 State Plan priorities include:

- Increasing access to diabetes treatments and education; and
- Addressing co-morbidities and reducing complications in diabetes care.

Increasing Access to Diabetes Treatments and Education

Expanding access to healthcare and Diabetes Self-Management Education and Support (DSMES)³ for PWD is crucial to improve health outcomes. [Healthy People 2030](#) (HP2030), an agenda for health in the United States, has several objectives relevant to access to diabetes treatment and care, including using insulin, formal diabetes education, and kidney disease screening.⁴ TDC proposes improved access in two areas: 1) insulin and diabetes treatment, and 2) DSMES.

Access to Insulin and Diabetes Treatment

Increasing access to insulin and diabetes treatment is vital for PWD. Rising healthcare costs, including those from diabetes medications and complications, limit access to affordable, quality treatments PWD need to improve their health. Insulin is a critical tool for managing diabetes. All people with Type 1 diabetes and 30 percent of people with Type 2 diabetes require insulin.⁵

³ Diabetes Self-Management Education Support (DSMES) provides knowledge, skills, and support to PWD.

⁴ U.S. Department of Health and Human Services (USDHHS). Healthy People 2030: Diabetes. <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/diabetes>. Accessed April 19, 2025.

⁵ American Diabetes Association. Making insulin affordable for people with diabetes: A primer for healthcare professionals. <https://professional.diabetes.org/sites/dpro/files/2024->

In the United States, the costs of nonadherence to prescribed medications are high and place significant financial strains on the healthcare system.⁶ Medication nonadherence is associated with worse health outcomes among adults with diabetes.⁷ In a national study, one in six non-elderly and one in 14 elderly adults with diabetes reported cost-related medication non-adherence.⁸ The implications of diabetes medication non-adherence are widespread and have financial consequences for providers, payers, health systems, and, most importantly, patients. These factors may be exacerbated by poor access to healthcare and pharmacy services, a lack of trust and effective communication with providers, and limited patient involvement in shared decision-making.⁹

Evidence suggests that pharmacists can have a positive impact on medication affordability and adherence when they take an active role in coordination between providers and payers/insurance companies.¹⁰

Diabetes Self-Management Education and Support

Successful DSMES programs are built on documented strategies to improve health behaviors and outcomes. Evidence-based DSMES interventions empower at-risk individuals with the knowledge and skills to make lifestyle changes that promote health and well-being. Self-management behaviors include healthy eating, physical activity, medication usage, glucose monitoring, and detection of diabetes complications. National data found that DSMES services reduce glycated

[09/ADA_WhitePaper_MakingInsulinAffordableForPeopleWithDiabetes.pdf](#). Published 2024. Accessed July 29, 2025.

⁶ Benjamin RM. Medication adherence: Helping patients take their medicines as directed. *Public Health Reports*. 2012;127(1):2-3. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3234383/>. Accessed July 29, 2025.

⁷ Taha MB, Valero-Elizondo J, Yahya T, et al. Cost-related medication nonadherence in adults with diabetes in the United States: The National Health Interview Survey 2013-2018. *Diabetes Care*. 2022;45:594-603. <https://diabetesjournals.org/care/article/45/3/594/139257/Cost-Related-Medication-Nonadherence-in-Adults>. Accessed July 29, 2025.

⁸ Ibid.

⁹ Centers for Disease Control and Prevention. Pharmacy-Based Interventions to Improve Medication Adherence. Cardiovascular Disease Data, Tools, and Evaluation Resources. <https://www.cdc.gov/cardiovascular-resources/php/medication-adherence/index.html>. Published May 15, 2024. Accessed May 28, 2025.

¹⁰ Chisholm-Burns MA, Kim JL, Spivey CA, et al. US Pharmacists' Effect as Team Members on Patient Care: Systematic Review and Meta-Analyses. *Med Care*. 2010;48(10):923-933, <https://pubmed.ncbi.nlm.nih.gov/20720510/>. Accessed July 29, 2025.

hemoglobin (HbA1c)¹¹ in approximately 70 percent of participants.¹² Patients who receive diabetes education saved healthcare systems an estimated \$5,287 per patient over three years.¹³

However, barriers exist around the availability and affordability of DSMES programs. Of the 167 Diabetes Self-Management Education (DSME) programs in Texas, 48 programs (28.7 percent) were in a single county, Harris County, and only 49 counties (19.3 percent) had at least one DSME program.¹⁴ Similarly, the 25 counties (9.8 percent) with the highest diabetes prevalence had only 4 DSME programs (2.4 percent). Three counties (Presidio, Brewster, and Culberson) were identified as diabetes education deserts.¹⁵

Increasing the availability, accessibility, and acceptability of DSMES programs necessitates community-driven initiatives that consider local context, identifying potential partnerships for referral to local programs, and increasing the number of accredited DSMES organizations.

Texas Diabetes Council Recommendations

- Support the formation of diabetes-specific care teams to help manage diabetes, deliver patient care services, support increased access to medications, and improve medication adherence.
 - Evaluate existing education materials for all providers on the care team; explore opportunities to create informational campaigns and, if needed, new materials that care teams may use during patient interaction.

¹¹ HbA1c is an average of a person's blood sugar levels over the past three months.

¹² Tharakan A, Hinz EM, Zhu E, et al. Accessibility of diabetes education the United States: barriers, policy implications, and the road ahead. *Health Aff Sch*. 2024;2(8):qxae097. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11350287/>. Accessed July 29, 2025.

¹³ Hirsch JD, Bounthavong M, Arjmand A, et al. Estimated cost-effectiveness, cost benefit, and risk reduction associated with an endocrinologist-pharmacist diabetes intense medical management "tune-up" clinic. *Journal of Managed Care and Specialty Pharmacy*. 2017;23(3):318-326. <https://www.jmcp.org/doi/10.18553/jmcp.2017.23.3.318>. Accessed July 29, 2025.

¹⁴ DSME is a former version of DSMES.

¹⁵ Baek J, Cheon O, Lee S, Nwana N. Diabetes Education Desert: Regional Disparity Between Diabetes Prevalence and Diabetes Self-Management Education Programs in Texas. *Population Health Management*. 2021;24(2):266-274. <https://pubmed.ncbi.nlm.nih.gov/32379532/>. Accessed July 29, 2025.

- ▶ Encourage medical systems to engage care team members who are Certified Diabetes Care and Education Specialists (CDCES) to help patients manage diabetes and advance DSMES.
- ▶ Provide resources for care teams to evaluate insulin and diabetes treatment affordability to ensure PWD can obtain and implement their diabetes care plan optimally.
- Assess the geographic availability of DSMES to identify gaps and barriers.
- Promote the use of community health workers (CHWs) to address DSMES acceptability.
- Establish processes to refer PWD to DSMES.

Addressing Co-Morbidities and Reducing Complications in Diabetes Care

To address the growing impact of diabetes, it is necessary to prioritize the prevention and management of common and severe diabetes comorbidities. Comorbidities significantly increase the risk of disability, hospitalizations, and premature death and reduce quality of life in PWD.¹⁶ Complications such as ocular complications to diabetes mellitus, cardiovascular disease, and peripheral artery disease not only impair quality of life but also contribute to escalating healthcare costs and strain on community resources. It is estimated in 2023 alone, diabetes-related hospitalization costs in Texas were close to \$6 billion.¹⁷

Both prevention of diabetes through evidence-based lifestyle programs and comprehensive systems of care to support optimal disease management for PWD are important to reduce the risk of diabetes and diabetes-related complications. TDC has focused the recommendations in this state plan on reducing the impact of three major complications of diabetes:

- Cardiometabolic conditions,

¹⁶ Cannon A, Handelsman Y, Heile M, Shannon M. Burden of Illness in Type 2 Diabetes Mellitus. *Journal of Managed Care & Specialty Pharmacy*. 2018;24(9-a Suppl):S5-S13. doi: <https://doi.org/10.18553/jmcp.2018.24.9-a.s5>. Accessed July 29, 2025.

¹⁷ Texas Department of State Health Services. TDC 2024 State Plan, 2023 Behavioral Risk Factor Surveillance System and Texas Health Care Information Collection Tables. <https://www.dshs.texas.gov/sites/default/files/CHI-Diabetes/Docs/Reports/2025-tdc-state-plan-brfss-thcic-data.pdf>. Published September 2025.

- Diabetic retinopathy, and
- Diabetes-related limb amputations.

These complications impact all Texans, including those in rural and underserved communities, where the availability and accessibility of preventative care services is often limited.

Reducing Complications from Cardiometabolic Conditions

Patients with diabetes are more likely to develop multiple chronic health conditions due to the impacts elevated glucose and insulin resistance have on multiple organ systems. This includes PWD having a significant risk for co-occurring cardio-metabolic conditions, including insulin resistance, obesity, dyslipidemia (unhealthy level of fat in one's blood), and high blood pressure.¹⁸ In 2023, 50 percent of people with diabetes in Texas had obesity and 20 percent had cardiovascular disease.¹⁹ The greater the number of co-morbid conditions, the greater the impact on the person with diabetes, their family, their community, and health systems.²⁰

To successfully address the underlying contributors to cardio-metabolic conditions, PWD must have access to lifestyle and behavioral health programs, including medical nutrition therapy, physical activity programs, and DSMES in both rural and urban areas of the state and across a range of organizations that can meet their specific needs.

Similarly, PWD need support from state-level initiatives focused on models of care that promote early screening for diabetes co-morbidities, evidence-based treatments, and coordinated management of diabetes and cardiometabolic co-

¹⁸ Chakraborty S, Verma A, Garg R, Singh J, Verma H. Cardiometabolic Risk Factors Associated with Type 2 Diabetes Mellitus: A Mechanistic Insight. *Clinical Medicine Insights: Endocrinology and Diabetes*. 2023;16.

<https://journals.sagepub.com/doi/10.1177/11795514231220780>. Accessed July 29, 2025.

¹⁹ Texas Department of State Health Services. TDC 2024 State Plan, 2023 Behavioral Risk Factor Surveillance System and Texas Health Care Information Collection Tables. <https://www.dshs.texas.gov/sites/default/files/CHI-Diabetes/Docs/Reports/2025-tdc-state-plan-brfss-thcic-data.pdf>. Published September 2025.

²⁰ Cicek M, Buckley J, Pearson-Stuttard J, Gregg EW. Characterizing Multimorbidity from Type 2 Diabetes: Insights from Clustering Approaches. *Endocrinology and Metabolism Clinics of North America*. 2021;50(3):531-558. doi: <https://doi.org/10.1016/j.ecl.2021.05.012>. Accessed July 29, 2025.

morbidities. Initiatives should utilize partnerships with community-based organizations and trusted local partners, such as community health workers, to provide education and connection to local diabetes resources.

These combined efforts can help to improve quality of life for PWD, and reduce avoidable hospitalizations, diabetes-related complications, and incidence of diabetes co-morbidities.

Improving Eye Health in All Persons with Diabetes

Eye health is a critical component for diabetes management and essential for patients to retain their independence. Chronically high blood sugar from diabetes is associated with long-term damage, dysfunction, and failure of the eyes.²¹ Diabetic retinopathy, the most common eye complication, is the leading cause of vision loss among the working-aged population in the United States.²² People with diabetes have a 25 times higher risk of blindness than individuals without diabetes, and more than 90 percent of vision loss caused by diabetes can be avoided with early detection and treatment.²³ Overall health expenditures increase substantially following vision loss in a PWD.

Despite facing a higher risk of blindness, 60 percent of PWD do not get an annual eye exam.^{24, 25} Common contributors to PWD not receiving annual dilated eye

²¹ American Diabetes Association. Diagnosis and classification of diabetes mellitus. *Diabetes Care*. 2014;37 Suppl 1:S81-S90. <https://doi.org/10.2337/dc14-S081>. Accessed July 29, 2025.

²² Klein BE. Overview of epidemiologic studies of diabetic retinopathy. *Ophthalmic Epidemiol*. 2007;14(4):179-183. <https://pubmed.ncbi.nlm.nih.gov/17896294/>. Accessed July 29, 2025.

²³ Thomann KH, Marks ES, Adamczyk DT, eds. *Primary Eye Care in Systemic Disease*. 2nd ed. McGraw-Hill; 2001:793.

²⁴ American Optometric Association – Evidence-Based Optometry Guideline Development Group. Eye Care of the Patient with Diabetes Mellitus. <https://aoa.uberflip.com/i/1183026-evidence-based-clinical-practice-guideline-eye-care-of-the-patient-with-diabetes-mellitus-second-edition/1?m4=.> Published October 4, 2019. Accessed May 38, 2025.

²⁵ Flaxel CJ, Adelman RA, Bailey ST, et al. Retinal Vein Occlusions Preferred Practice Pattern®. *Ophthalmology*. 2020;127(2):P288-P320. <https://doi.org/10.1016/j.ophtha.2019.09.029>. Accessed July 29, 2025.

exams include socioeconomic status, insufficient insurance coverage, time constraints, lack of symptoms, health literacy, or lack of awareness.²⁶

Educating patients on the importance of an in-person dilated eye examination and increasing access to comprehensive eye care services can improve patient outcomes by reducing the risk of diabetes-related blindness. Since diabetes is a condition that requires medical management from multiple providers, standardizing interprofessional communication may result in delivering optimal patient care and improved outcomes.

Preserving vision by early detection of diabetes-related eye disease will ultimately lower healthcare spending, preserve patient independence, and improve quality of life by decreasing associated vision loss.

Increasing Limb Preservation for People with Diabetes

Lower limb amputations remain one of the most severe and preventable complications of diabetes and are associated with high mortality and considerable economic burden. In the five years following a major diabetes-related lower limb amputation, almost half of those who undergo the procedure will have died.²⁷ Between 2011-2016, a total of 56,864 diabetes-related lower-limb amputations took place in Texas.²⁸ The national average cost of a diabetes-related amputation in 2018 was \$46,802 for minor and \$73,222 for major procedures.²⁹ In Texas, the

²⁶ Paksin-Hall A, Dent ML, Dong F, Ablah E. Factors contributing to diabetes patients not receiving annual dilated eye examinations. *Ophthalmic Epidemiol.* 2013;20(5):281-287. <https://doi.org/10.3109/09286586.2013.789531>. Accessed July 29, 2025.

²⁷ Armstrong DG, Swerdlow MA, Armstrong AA, Conte MS, Padula WV, Bus SA. Five-year mortality and direct costs of care for people with diabetic foot complications are comparable to cancer. *J Foot Ankle Res.* 2020;13(1). <https://doi.org/10.1186/s13047-020-00383-2>. Accessed July 29, 2025.

²⁸ Collazo A, Shibuya N, Prochaska J, Jupiter DC. Diabetes-Related Lower Limb Amputations in the Rio Grande Valley of Texas: A Focused Look at a Historical Health Disparity. *J. Racial and Ethnic Health Disparities.* Published online February 13, 2025. <https://doi.org/10.1007/s40615-025-02301-3>. Accessed July 29, 2025.

²⁹ Nilsson A, Willis M, Neslusan C. A Review of the Costs of Lower Limb Amputations in Patients With Diabetes in the US. *Value in Health.* 2018;21:S73. doi:<https://doi.org/10.1016/j.jval.2018.04.492>. Accessed July 29, 2025.

total cost of diabetes-related nontraumatic lower extremity amputations was \$2.5 billion in 2023.³⁰

Diabetes-related amputations not only represent a significant burden on individuals and families but also strain healthcare systems and resources. These outcomes are preceded by signs of peripheral arterial disease (narrowing or blockage of blood vessels) and neuropathy (nerve damage that causes prickling, tingling, or numb sensations), conditions that can be effectively managed through regular foot care, early detection, and comprehensive diabetes management. Addressing lower limb amputations requires a multifaceted approach, including targeted prevention strategies and early recognition to mitigate disease progression.

Expanding the Presence of Podiatric Care in Hospital Acute Settings

Approximately 1.6 million people are affected by diabetic foot ulcers in the U.S. each year.³¹ Additionally, around 50 percent of diabetic foot ulcerations become infected and possibly limb threatening and are one of the largest reasons for hospitalization in this population.³²

Prevention and early recognition of ulceration are imperative for prevention of amputations.³³ Unfortunately, delayed treatment and a lack of systematic protocols in acute care settings are significant obstacles to reducing hospitalizations and amputations for diabetic foot pathology.

³⁰ Texas Department of State Health Services. TDC 2024 State Plan, 2023 Behavioral Risk Factor Surveillance System and Texas Health Care Information Collection Tables. <https://www.dshs.texas.gov/sites/default/files/CHI-Diabetes/Docs/Reports/2025-tdc-state-plan-brfss-thcic-data.pdf>. Published September 2025.

³¹ Armstrong DG, Tan T, Boulton AJM, Bus SA. Diabetic Foot Ulcers: A Review. *JAMA*. 2023;330(1):62–75. <https://doi.org/10.1001/jama.2023.10578>. Accessed August 8, 2025.

³² Edmonds M, Manu C, Vas P. The current burden of diabetic foot disease. *Journal of Clinical Orthopaedics and Trauma*. 2021;17(17):88-93. doi:<https://doi.org/10.1016/j.jcot.2021.01.017>. Accessed July 29, 2025.

³³ Centers for Disease Control and Prevention. Preventing Diabetes-Related Amputations. <https://www.cdc.gov/diabetes/diabetes-complications/preventing-diabetes-related-amputations.html>. Published May 15, 2024. Accessed August 28, 2025.

Multidisciplinary and interdisciplinary approaches to managing the diabetic foot are critical for a successful outcome.³⁴ Protocol-driven diagnostics and therapeutics are essential to direct a stepwise approach to appropriate standard of care. For example, a patient who appears in the emergency room with a foot ulcer requires a history and physical examination with lab tests and X-ray. An emergency room physician might order an MRI instead of consulting a podiatrist who can do a comprehensive assessment and expedite the care if necessary.

Texas Diabetes Council Recommendations

- Expand the availability of evidence-based lifestyle programs, such as the National Diabetes Prevention Program (DPP) and DSMES, to prevent diabetes and diabetes-related co-morbidities across all communities in Texas.
- Support statewide adoption of healthcare initiatives that promote integrated care models to reduce cardiometabolic complications in PWD.
- Encourage local communities to adopt policies that maximize access to nutritious foods and use of outdoor spaces for physical activity.
- Support the inclusion of eye care services through Texas Health and Human Services or explore ways to implement another program in which low-income or at-risk Texans with diabetes could access comprehensive eye care services at Community Health Centers across the state.
- Support increased funding for eye care visits in Community Health Centers and the establishment of Uniform Data System (UDS)³⁵ measures on comprehensive diabetic eye examinations.
- Increase standardization for interprofessional communications regarding outcomes of diabetic eye examinations.
- Support strategies to improve Healthcare Effectiveness Data and Information Set (HEDIS) measures³⁶ in Texas for screening for diabetic retinal disease by 25 percent over the next two to four years.

³⁴ Kim PJ, Attinger CE, Steinberg JS, et al. Building a Multidisciplinary Hospital-Based Wound Care Center: Nuts and Bolts. *Plast Reconstr Surg*. 2016;138(3 Suppl):241S-247S. doi:<https://doi.org/10.1097/prs.0000000000002648>. Accessed July 29, 2025.

³⁵ Uniformed Data System is an annual reporting system that provides standardized information about the performance and operation of health centers delivering healthcare services to underserved communities and vulnerable populations.

³⁶ Healthcare Effectiveness Data and Information Set is a tool used to measure performance of care and service.

- Promote the use of multidisciplinary care teams in hospitals that specialize in limb preservation for high-risk populations using evidence-based protocols for diagnostic and therapeutic interventions.
- Support investment in research on healthcare models that promote early detection, personalized treatments, and improved patient outcomes for limb preservation.

Conclusion

Diabetes is the seventh leading cause of death in Texas and accounted for 24.2 out of 100,000 deaths in Texas in 2023.³⁷ If left unaddressed, the number of people in the U.S. living with diabetes is projected to increase by 54 percent by 2030, which will significantly increase the economic burden in the state.³⁸ Diabetes affects all areas of a person's health and quality of life. TDC chooses to prioritize the following issues in the 2025 State Plan:

- Increasing access to diabetes treatments and education.
- Addressing co-morbidities and reducing complications in diabetes care.

TDC is committed to identifying ways to simultaneously reduce overall expenditures while improving the delivery of evidence-based, cost-effective prevention and health services that improve population health. TDC proposes these priorities for the 2026-27 biennium with the hope that there will be positive change for the benefit of all Texans.

³⁷ Centers for Disease Control and Prevention. Texas. National Center of Health Statistics website. <https://www.cdc.gov/nchs/state-stats/states/tx.html> . Last reviewed October 3, 2024. Accessed May 7, 2025.

³⁸ Rowley WR, Bezold C, Arian Y, Byrne E, Krohe S. Diabetes 2030: Insights from Yesterday, Today, and Future Trends. *Popul Health Manag.* 2017;20(1):6-12. doi: <https://doi.org/10.1089/pop.2015.0181>. Accessed July 29, 2025.

Appendix A. Texas Diabetes Council Members

Governor Appointees	Role
Chris Carmona, JD	Chair, General public member with expertise or demonstrated commitment to diabetes issues
Ninfa Peña-Purcell, PhD, MCHES	Vice-Chair, General public member with expertise or demonstrated commitment to diabetes issues
Aida "Letty" Moreno-Brown, RD, LD	General public member with expertise or demonstrated commitment to diabetes issues
K. Renee' Yarbrough-Yale, DNP, APRN, ACCNS-AG, CDCES	Consumer member
Dirrell Jones, JD	General public member with expertise or demonstrated commitment to diabetes issues
Jason Ryan, JD	Consumer member
Maryanne Strobel, RN, MSN, CDCES	Registered nurse with a specialization in diabetes education and training
Sharon Lemons, MS, RD, CDCES, FAND, LD	Registered and licensed dietitian
John Trischitti III, MLS	Consumer Member
Michael Kelly, PhD	Member with experience and training in public health policy

Governor Appointees	Role
Vacant	Licensed physician with specialization in diabetes treatment

Statute Agency Members	Representing
Laura Cervantes, MSN, RN, CTCM	Teacher Retirement System of Texas
Amy Chamberlain, MS	Employees Retirement System of Texas
Lisa Golden, MA.Ed.HD, CRC, CDCES, FADCES	Texas Workforce Commission
Kelly Fegan-Bohm, MD, MPH, MA	Texas Department of State Health Services
Vacant	Texas Health and Human Services Commission