

Texas Diabetes Council (TDC)
APPROVED - Meeting Minutes
Thursday, July 14, 2022
1:00 p.m.

Location: Microsoft Teams Meeting Platform

Texas Diabetes Council members who attended the Thursday, July 14, 2022 meeting.

NAME	IN ATTENDANCE
Dr. Mitchel Abramsky (Non-Voting)	Yes
Dr. Kelly Fegan-Bohm (Non-Voting)	Yes
Dr. Gary Francis	Yes
Ms. Felicia Fruia-Edge	No
Ms. Lisa Golden (Non-Voting)	Yes
Mr. Dirrell Jones	No
Ms. Diane Kongevick (Non-Voting)	No
Ms. Aida (Letty) Moreno-Brown	No
Ms. Umme Salama Oan Ali (Non-Voting)	Yes
Dr. Feyi Obamehinti	Yes
Dr. Stephen Ponder	Yes
Dr. Ninfa Pena-Purcell	Yes
Ms. Ardis Reed	Yes
Mr. Jason Ryan	Yes
Ms. Maryanne Strobel	Yes
Dr. Christine Wicke	No

Agenda Item 1: Welcome, logistical announcement, roll call, and excused absences

Dr. Feyi Obamehinti, Chair of the Texas Diabetes Council (TDC), convened the meeting at 1:03 p.m. and welcomed everyone in attendance. She announced there are new program staff and Ms. Nallely Trejo will introduce them during the DSHS agency update.

Dr. Obamehinti introduced Ms. Sallie Allen, HHSC, Advisory Committee Coordination Office (ACCO), to provide logistical announcements and roll call.

Before conducting the roll call, Ms. Allen announced Ms. Jacqueline Thompson, is the Producer for the meeting and she would assume the lead facilitator role for the Council at the next meeting.

Ms. Allen stated that Ms. Letty Moreno-Brown, Ms. Felicia Fruia-Edge, and Dr. Christine Wicke provided notice they would not be in attendance for the meeting. She then proceeded with the roll call and requested that the members acknowledge and approve the excused absences for the members recognized. Based on the roll call, Ms. Allen determined a quorum was present and the excused absences recognized were approved.

Agenda Item 2: Consideration of April 14, 2022, Meeting Minutes

Ms. Allen introduced the April 14, 2022, meeting minutes and asked if there were any edits from the members. Hearing none, she requested a motion to approve the minutes as presented.

MOTION: Dr. Obamehinti motioned to approve the April 14, 2022, meeting minutes. Dr. Stephen Ponder seconded the motion. Ms. Allen conducted a roll call vote and the motion passed with seven approvals; four members were absent.

Agenda Item 3: Type 1 Diabetes and Mental Health

Dr. Obamehinti introduced Miss Stephanie Rodenberg-Lewis, a licensed professional counselor with Collective Hope Counseling, and she referenced the PowerPoint handout, *Type 1 Diabetes and Mental Health*.

Highlights included:

- Risk Factors Associated With Chronic Illness and Mental Health
 - Chronic illness can affect cognitive, physical, social, and emotional development.
 - Diagnosis can be more challenging to differentiate between a chronic illness and mental health disorder, as they often share similar symptoms.
 - There is a lack of adequate training preparing healthcare providers to work with the chronic illness population
 - Mental health providers are faced with challenging work when it comes to insurance billing and a medical diagnosis that may not even meet the diagnostic criteria, thus we are left with a pathologize behavior.
 - There is a lack of mental health providers available that specialize in chronic illness, specifically type 1 diabetes, especially in clinical settings.
- Medical Trauma – How it shows up in T1D Community, Why it matters
 - Is defined as a set of psychological and physical physiological responses to pain, injury, serious illness, medical procedures, and frightening treatment experiences.
 - T1D individuals are having these physiological responses to diagnosis and ongoing care. This population does not even recognize that they have medical trauma, but just knowing that they are having these symptoms that either hyper arousal or hyperarousal and this is happening every time they go to visit the endocrinologist.
 - It is important that we educate our endocrinologists and other healthcare professionals on medical trauma, so they are aware of the signs when caring for these individuals.
- Medical Trauma – Type 1 caregivers
 - T1D is a family disease which affects the entire family in many ways, and lack of support for the caregiver adds stress to family system.
 - Caregivers experience some type of toxic stress and depending on their child's diagnosis, they may meet the diagnostic criteria for post-traumatic stress disorder and do not relate these to a physiological response.
 - Toxic stress on the body has shown to create faulty neuroception which is how our brain circuits determine whether a danger or threat is

present. T1D caregivers often describe their experience as “never able to rest” or “always on edge”.

- Chronic illness, how it relates to grief and the grief cycle
 - What is often found in the chronic illness community is that grief is in fact not linear and does not come to an end.
 - There are a lot of different triggers that can bring up part or all of the grief cycle again. Some of these may include restrictions due to illness, life transitions such as marriage, moving, childbirth, change jobs or loss.
 - Individuals may find themselves in a spiral of self-criticism and feelings of depression as they convince themselves that they “should” be handling things “better”.
- Connection between Type 1 Diabetes, Chronic Pain & Mental Health
 - Autoimmune conditions travel in pairs or triads, thus T1 diabetics may experience, things such as retinopathy or neuropathy, which can lead to some of that chronic pain response.
 - Chronic pain in the front region of the cortex, which is primarily associated with emotion, is constantly active and could lead to the neurons wearing out which breaks down neural connections. Neural connections are not made to sustain this high activity for long periods, thus affecting decision making and emotional regulation, which means that chronic pain is more than sensory.
 - Goal of treatment is to minimize chronic pain and quiet the overactive frontal cortex. Some forms of treatment include pain management medications, cognitive behavioral therapy, and other mindfulness practices.
 - If medical providers have the opportunity to coordinate care with mental health providers, we can offer support and strategies to individuals living with chronic pain, whether as a result of type 1 diabetes or other autoimmune conditions.
- Affects on our Type 1 Diabetes Community
 - Some personal stories were provided by a local type one diabetic group, none of which are clients’ and they all gave permission to share their information.
 - The combination of T1D and the emotional and physical stress, which are signs of chronic pain and illness; we do not have adequate staff to diagnosis and provide on going care for this population.

Member discussion:

- There is a significant shortage of health care providers. At one time, Texas had a bill that reimbursed costs for the mental health professional education, and this should be presented again through legislation. The “988” crisis line has been launched and is a new behavioral health resource.
- There is a need to work better with insurance companies.
- Need to research and find out if the agency has a resource directory for behavioral health guidance or licensed counselors that can be shared.
- The speaker commented that the Texas Education Agency (TEA) has a direct link for mental health. She also commented that she uses a diabetes distress

scale document as a quick assessment tool which gives a snapshot of how that person is feeling from a mental health perspective. I believe you can find it at: www.diabetesuniversitydmcp.com

- Recommended that the next workgroup meeting should look at training opportunities for professionals around mental health and diabetes and who in our government agencies could support the training or develop a co-partner.

Dr. Obamehinti thanked Ms. Rosenberg-Lewis for her presentation and proceeded to the next agenda item.

Agenda Item 4: Healthcare Provider Education on Type 1 Diabetes Screening and Staging

Dr. Obamehinti introduced Doctor Rushi Parikh, with PreventionBio, and he referenced the PowerPoint, *T1D Disease State and Screening*. Dr. Parikh provided a disclaimer and stated that the presentation is being provided for informational purposes only and is not intended to promote any specific product or service.

Highlights included:

- T1D is an Autoimmune Disease and in individuals with high-risk genetics, an infection or other environmental trigger initiates the autoimmune process.
- Certain risk factors can inform T1D development, including family history and HLA mutational status, and these risk factors serve as a key reason for early, proactive pre-screening of potential T1D patients.
- Nearly 80% of individuals with T1D do not have a family history of the disease.
- T1D is a lifelong autoimmune condition with major complications that reduces life expectancy and health-related quality of life.
- T1D is characterized as 3 stages of progressive T-cell-mediated damage to pancreatic beta cells leading to loss of glycemic control.
- T1D Screening can empower clinicians, patients, and families to detect T1D before DKA or clinical hyperglycemia symptoms and enhance clinical vigilance.
- There is a network of advocates, healthcare providers, and education groups ready to provide support such as, JDRF, TCOYD, Beyond Type 1, American Diabetes Association, AACE, and ADCES, just to mention a few.

Members discussed:

- The idea of improving screening and staging is becoming a worldwide effort to first catch these patients, diagnose these patients, find the at risk-populations and then improve the education and the discussion that a healthcare provider can have with the patient and their parents, so the key is more screening and identifying early on.
- The goal has always been to replace insulin, and the idea of screening and staging would be to let us protect the beta cells of the pancreas and preserve those because that is the best outcome for patients in the long term.
- Healthcare professionals need to embrace pre-screening and proactive ideas and practical considerations especially for the underserved communities.

Dr. Obamehinti thanked Dr. Parikh for his presentation and proceeded to next agenda item.

Agenda Item 5: HB 3459, SB 827, and HB 1935 Presentation

Dr. Obamehinti introduced Ms. Rachel Bowden, Director of Regulatory Initiatives for Life and Health, Texas Department of Insurance, and she referenced the PowerPoint, *Implementation of Insurance Legislation (87R)*

Highlights included:

Cost sharing Limit – SB 827

First point of interest - TDI doesn't regulate all plans or all commercial plans in the marketplace, and we regulate those that are fully insured.

- Insurance Code §1358.103 requires plans to limit cost-sharing for insulin to \$25 for a 30-day supply for an insulin drug that is on the formulary list but it does not apply to an insulin drug administered intravenously.
- The code requires plans to include in the formula at least one insulin from each therapeutic class.
- By the end of the year, all TDI regulated plans should be in compliance with these cost sharing standards.

Emergency Refills – HB 1935

- Amends the Occupations Code to add §562.0451 to permit pharmacists to provide an emergency refill of a 30-day supply of insulin or insulin-related equipment or supplies, subject to certain requirements.
- Amends the Insurance Code to add §1358.054(a-1) to require a health benefit plan to provide coverage for an emergency refill in the same manner as a non-emergency refill.
- It is effective for plans issued or renewed on or after January 1 of 2022, with the exception of small employer group health plans, (50 employees or less) which are exempt from that particular subchapter of the insurance code.

HB 3459 – Preauthorization exemption

- Statute requires:
 - A provider with a 90%+ approval rate for a given service must be exempt from seeking prior authorization
 - Evaluation periods are six months long and back-to-back
 - Exemption or denial based on the approval rate of all preauthorization requests
 - Rescission of exemption is based on a retrospective review of a random sample of claims (5-20)
 - A rescission may occur only in January/June w/30-day notice.
- Next steps
 - TDI is working to respond to comments and finalize the rules
 - Upon adoption, the rules will be published on TDI's website: tdi.texas.gov/rules/2022/index.html and the Texas Register.

Questions or concerns please send email to Rachel.bowden.tdi@texas.gov.

Dr. Obamehinti thanked Ms. Rachel Bowden for her presentation and proceeded to next agenda item.

Agenda Item 6: Updates from State Agency Representatives

Dr. Obamehinti introduced Dr. Kelly Fegan-Bohm, Community Health Improvement Medical Director, Department of State Health Services.

a. Department of State Health Services

Dr. Kelly Fegan-Bohm did not have any agency level updates to share with the council. She introduced and turned the floor over to Ms. Nallely Trejo, Diabetes, and Cardiovascular Disease Branch Manager, DSHS, and she provided the program updates.

Highlights included:

- Staff update - diabetes prevention and control program is now fully staffed. Camilla Akerberg, has been hired as the new special Projects Coordinator and, Alexandra Alvarenga was hired as a diabetes management program specialist, both working with contracts and providing general support on other program activities.
- The Health Promotion and Chronic Disease Prevention section recently underwent a re-organization, and the Heart Disease and Stroke program will now be housed with a diabetes program with the purpose of collaboration with grant activities.
- Diabetes Register rule - the repeal for this rule was approved and was posted for public comment from June 10th to July 11th, 2022. Some background of this rule, it was repealed to implement Senate Bill 970 of the 87th legislature regular session, which removes the requirement for a diabetes registry. Only one registry was in existence and no data had been reported since 2011. So overall, this repeal reduces the administrative burden on DSHS.

Ms. Nimisha Bhakta, Section director for the health promotion and chronic Disease Prevention section, advised that the public meeting slated for July 26, 2022, would be the best place to learn more about the agency level updates and legislative budget. If we are provided budget information that can be shared, we will present it to the Council.

b. Health and Human Services Commission

Dr. Obamehinti introduced Dr. Abramsky, HHSC Medicaid and CHIP Services, to provide update.

Highlights included:

Medical Policy

- Currently working on the research and development phases of the Diabetes Self-Management Education and Support (DSMES) and Medical Nutrition Therapy (MNT) policies.
- Working on developing CHWs to work with diabetics using the self-management and education codes presented in the Governance presentation in recently in May.
- Items above require both HHSC Leadership and Legislative approval before they can implement.

Vendor Drug Program (VDP)

- VDP is working on a state plan amendment to allow Texas Medicaid to cover devices such as Omnipod as a pharmacy benefit. Our current goal is to submit this amendment to CMS by the end of August.
- Note: Per manufacturer, newer version will be distributed only through pharmacy

Request for Input on Legislative report

- Rider 35, SB1, 87th Regular Session
- HHSC is required to conduct a study regarding the most cost effective and clinically appropriate methods to deliver dialysis services under the Medicaid program, and HHS will consider the following areas:
 - the Medicare End-Stage Renal Disease Treatment Choices model and whether savings could be achieved through increased utilization of home dialysis
 - value-based purchasing models for dialysis services
 - innovative models of delivering services to persons with renal disease, including those that may have been developed under the Delivery System Reform Incentive Payment Program to serve Medicaid recipients and the uninsured
 - alternatives to providing dialysis to persons under emergency Medicaid to improve cost effectiveness and quality and reduce hospitalizations
 - the manner in which other states have been able to modify implementation of their Medicaid program to increase options in providing dialysis
- Please send your input to: Emily Rocha, at: Emily.Rocha@hhs.texas.gov.

c. Teachers Retirement Systems of Texas

Dr. Obamehinti introduced Ms. Umme Salama Oan Ali, Senior Health Engagement Specialist, TRS, to provide update. Ms. Oan Ali advised that she had no update.

d. Texas Workforce Commission (TWC)

Dr. Obamehinti introduced Ms. Lisa Golden, MA, Vocational Rehabilitation (VR) Services Diabetes Specialist to provide update.

Highlights included:

- The White Cane event will take place here in Austin, October 12, and in Houston, October 13th.
- The Austin event which is the biggest white cane day event in the United States and be held at the Texas School for the Blind and visually impaired. The slogan this year is, "I've got the world at the tip of my fingers".
- Reminder - the World Series for the beep baseball will be held July 24-31st in Beaumont, TX.
- Governors Committee on People with Disabilities produces a poster every year about people with disabilities and they are looking for artists! If you know of an artist with a disability that would be interested in submitting their work, please have them contact me.

Dr. Obamehinti introduced Mr. Jason Ryan, TDC member, and Ms. Veronica DeLaGarza, JD, workgroup volunteer to provide update.

a. Advocate and Outreach Workgroup – Ms. De La Garza addressed:

- There is interest in advocacy for Mental Health, and today's presentation is a great resource that we will review and discuss at the October to identify proactive steps we can take as a Council on behalf of Texans with diabetes.
- Identified medical device accessibility and eye care issues as potential additional focus areas for the work group.
- Discussed the need to monitor implementation of House Bill 18, which is the insulin for the uninsured Texans and other prescription drugs to see if there is more support that we need to provide in 2023.

Dr. Obamehinti thanked Mr. Ryan and Ms. DeLaGarza, and introduced Dr. Stephen Ponder, TDC member, and Dr. Mary Kate Sain, workgroup volunteer member, to provide update.

b. Health Professionals and Outcomes Workgroup – Dr. Ponder addressed:

- Member participation was light and we are working on getting our attendee list up in terms of Community physicians and providers for this committee.
- We had a presenter, Doctor Sophia Ebenezer, who oversees the surgical weight loss management program in Houston.
- We recruited a new provider who gave us some very interesting insights about membership-based practices and how they're trying to fill a gap in providing diabetes services to Texans that don't have or not fully insured.
- We will have another presentation at the October meeting on medical management of obesity.

Agenda Item 8: Follow-up items from April TDC meeting and announcements

Dr. Obamehinti commented, because we have new agency staff, she thanked them all for their help and support of the Council. She clarified that communications related to notification of absences, or meeting details should be directed to Ms. Julia Robinson. Ms. Robinson is the Council's point of contact person and is responsible for the coordination of information pertaining to the meeting. So, I want to re-emphasize this so everyone is aware, who to share it with and she will get it to me.

- Social Media committee – at the last meeting, members felt that they did not have the freedom to express their creativity. The idea of a newsletter was discussed and a draft of it was provided in the member packet today. Members were asked to vote on moving forward with the newsletter.

MOTION:

Dr. Obamehinti motioned to move forward with the council newsletter. Ms. Ardis Reed seconded the motion. Ms. Allen conducted a roll call vote and the motion passed by majority of four approvals, and two objections.

- The newsletter is divided into three sections: lead story, tips corner and smart diabetes management. Each section would be limited to 100-225 words.

Members who volunteered to write the three articles are Ms. De La Garza (lead story), Ms. Strobel (tips corner), and Dr. Purcell (the smart diabetes management). Members are to send their articles to Dr. Obamehinti, and she will prepare and send to DSHS for distribution. The debut of the newsletter would be this November in recognition of Diabetes Awareness Month. Dr. Obamehinti expressed her gratitude to Ms. Rachel Wiseman for all her time and effort to get the newsletter designed and finalized.

- Dr. Fegan-Bohm clarified that the distribution list for diabetes spans a lot of different groups, so it's not just people who have diabetes, but also health care providers, diabetes educators, dietitians, these are people with an interest in diabetes. This newsletter will be shared with a wide variety of people and groups within the state of Texas with an interest in diabetes.
- The 88th legislature will convene January 2023 and that means the state plan is upon us, and that will be a major discussion for us at the October Council meeting.
- Two other states have shown interest in forming a similar diabetes council in their state and once they have discussed the interest with their state agency we will explore and extend the discussions.
- We will look at that the possibility whether the Council wants to vote and approve for the Agency to basically update the Texas Administrative Code, which is the first step in updating the bylaws.
- The agency has given the go ahead to proceed with the pilot study that will combine telemedicine and health equity. We need a lead for this pilot study.
- Ms. Ardis Reed attended the Kidney Action Week that was sponsored by the American Kidney Fund. A white paper titled, *Unknown Causes for Chronic Kidney disease*, was shared and it has lot of references to genetic testing and disparities. In conjunction with the Rider 35 study for the legislature report, it might be of interest to the members. Could possibly be a good article for the newsletter. Document will be sent to Ms. Robinson to share with members.

Agenda Item 9: Public Comment

Public comment was not received for the meeting.

Agenda Item 11: Date and topics next meeting

Dr. Obamehinti stated the next meeting is scheduled for Thursday, October 13, 2022, at 1:00 p.m. and will be conducted as a hybrid meeting.

Topics presented for the next meeting are:

- Mr. Justin Hallgren, an Army veteran, will present on Chronic Kidney Disease and Early Risk Assessment.
- Mr. Greg Kidd, with Glytec, will present on Glytec's E-glycemic management system.
- Texas Cares will be present on the new program established through the Texas Legislature and will walk-through some of the key framework.
- 2023 meeting dates for the Council will be shared at the October meeting.
- The January 2023 council meeting will focus entirely on the state plan. The TDC State plan is on the TDC website and can be found here: <https://www.dshs.texas.gov/txdiabetes/tdc/> in the third paragraph illustrated by a blue hyperlink.

Agenda Item 11: Adjournment

Dr. Obamehinti thanked the members for their participation and valuable input; all the speakers for their enlightening presentation on T1 diabetes, as well as TDI for those insurance policies on the bills presented.

She extended a huge thank you to the agency staff and ACCO facilitation team for their support, and the stakeholders, friends and the public for their involvement. She encouraged all Texans with diabetes to stay connected with the council. She adjourned the meeting at 3:55pm.

To access the archived webcast recording of the July 14, 2022, meeting go to:

<https://texashsc.new.swagit.com/videos/177230>