

**Texas Diabetes Council
Meeting Minutes
July 22, 2021
1:00 p.m.**

Location: Microsoft Teams Live Event

Table 1: Texas Diabetes Council member attendance Thursday, July 22, 2021.

NAME	IN ATTENDANCE
Dr. Mitchel Abramsky (Non-Voting)	Yes
Dr. Gary Francis	Yes
Ms. Felicia Fruia-Edge	Yes
Ms. Lisa Golden (Non-Voting)	Yes
Dr. Kelly Fegan-Bohm (Non-Voting)	Yes
Mr. Dirrell Jones	Yes
Ms. Diane Kongevick (Non-Voting)	No
Ms. Aida (Letty) Moreno-Brown	No
Ms. Averil Mullins (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	Yes

Agenda Item 1: Welcome

Dr. Feyi Obamehinti, Chair of the Texas Diabetes Council (TDC), convened the meeting at 1:02 p.m. and welcomed everyone in attendance.

Dr. Obamehinti introduced Ms. Sallie Allen, HHSC, Advisory Committee Coordination Office, to provide logistical announcements.

Agenda Item 2: Introduction of New Members

Dr. Obamehinti introduced a new member, Dr. Gary Francis, and asked him to provide a brief history background and why he wished to serve on Council.

Agenda Item 3: Roll Call, Excused Absences, and Determination of Quorum

Ms. Sallie Allen, HHSC, Advisory Committee Coordination Office, stated Ms. Diane Kongevick provided notice she would not be in attendance for the meeting. Ms. Allen conducted a roll call of the members and at the same time, requested their approval of the excused absence of the member noted.

Ms. Allen conducted a roll call and determined a quorum was present. Members also acknowledged and approved the absence of the member recognized.

Agenda Item 4: Consideration of April 22, 2021, Meeting Minutes

Ms. Allen introduced the April 22, 2021, meeting minutes and asked if there were any edits from the members. Hearing none, she requested a motion to approve.

MOTION: Dr. Ponder motioned to approve the April 22, 2021, meeting minutes as presented. Dr. Obamehinti seconded the motion. Ms. Allen conducted a roll call vote and the motion carried with no objections or abstentions.

Agenda Item 5: Texas Diabetes Council (TDC) Vice-Chair nomination process

Ms. Allen reviewed the procedure for election of officers and the election process with the members and requested a motion to adopt.

MOTION: Dr. Obamehinti motioned to adopt the officer election procedure and election process as presented. Dr. Ponder seconded the motion. Ms. Allen conducted a roll call vote and the motion carried with no objections or abstentions.

Ms. Allen advised that members were solicited via email for nominations and two were received, Dr. Stephen Ponder and Mr. Jason Ryan; and she opened the floor for additional nominations. Hearing none, she advised each candidate they were allowed two minutes, if they so desired, to inform the members of their qualifications for the presiding office. At the conclusion of their statements, Ms. Allen proceeded with the election of the TDC Vice-Chair and called on each member to cast their vote for candidate of choice.

Based on the tallied votes, Dr. Ponder received six votes and Mr. Ryan received four votes. Congratulations were extended to Dr. Ponder as the new Vice Chair. He will assume his new role at the next Council meeting.

Agenda Item 6: Diabetes and Eye Health

Dr. Obamehinti introduced Dr. Shawn Prapta, Texas State Optical, and he referenced the PowerPoint, *How Diabetes Impacts the Health of the Eyes*.

Highlights included:

- There are 34 million people in the United States living with diabetes. As of 2019, approximately 2.8 million Texans are living with diabetes, which equates to about 12.9% of Texans living with diabetes.
- According to ADA, diabetes now costs approximately \$25.6 billion in Texas each year.
- Per Texas Oral Health Coalition, Texas has one of the highest rate of diabetes.
- Approximately 90% of patients with diabetes fall in the Type 2 category
- Patients can live with diabetic eye disease and most are asymptomatic until there is a very high acute level of blood glucose or a retinal problem.

- American Diabetes Association recommends an annual dilated eye exam, which allows for a more comprehensive view of the intraocular structures.
- Optometrists and ophthalmologists are qualified to provide diabetic eye exams
- Eye exams entail refraction, evaluation of ocular dryness, evidence of cataracts, dilation (most important), fundus photography and optical coherence tomography (OCT) for macular edema.
- A large change in prescription can be a telltale sign that the patients' diabetes may not be controlled or that patient may be suffering from undiagnosed diabetes.
- Diabetic retinopathy can lead to blindness if not detected
- If patient has a diabetic eye exam, the optometrist or ophthalmologist should send letter to their healthcare providers to alert them of changes within the eye, which could help in determining patient's underlying diabetes and help manage.
- Annual eye exam can preserve health and prevent ocular complications. Diabetes is one of the leading causes of blindness and for the most part, continuity of care is essential in treating patients with diabetes, and the best type of treatment is prevention.

Suggestions to improve the annual eye exam statistic would be to educate school nurses to make sure children who have physicals and present with symptoms are directed to see their physician so symptoms can be explored and diagnosed early.

Myopia in younger population is alarming and ultimately leading to some retinal detachments, cataracts and other eye issues. The 20-20 rule is a good recommendation; every 20 minutes you take a break from a screen and look at something that is 20 feet away or more, for at least 20 seconds. Something as simple as getting two hours of sunlight is beneficial, the more physically active a child is, the better their vision is going to be whether inside or outside.

Agenda Item 7: Diabetes Education Awareness

Dr. Obamehinti introduced Ms. Glenda Redeemer and Ms. Kathie Robinson, Tarrant County Diabetes Collaboration. Ms. Redeemer and Mr. Robinson referenced the PowerPoint, *Tarrant County Diabetes Collaboration, An Overview of a Tarrant County Asset*.

Highlights included:

- In 1995 Texas A&M AgriLife Extension met with Tarrant County Health staff and created a diabetes club and conducted education training as a pilot program.
- In 1997 Partners at Lunch (PAL) the diabetes awareness committee of the Texas Association of Black City Council members joined with the membership of the collaboration. PAL had received diabetes awareness and education funding. The Diabetes Club curriculum at several locations.
- In late 1997 the Texas County Diabetes Collaboration, (TCDC) designed the logo of the red apple with a bite out of it, an adopted the slogan "Taking the Bite out of Diabetes" as a symbol of empowerment to those who attended the classes conducted by the collaboration.

- In 1998 the TCDC designed a mission and vision statement and in 2001 TCDC became a 501(c)(3).
- Focus on Community Outreach allowed collaboration with American Diabetes Association and the opportunity to host Diabetes Expo in community parks, and Tarrant Public Health offices.
- Host annual continuing education events for healthcare community with over 230 healthcare professionals participation
- Monthly diabetes education has been provided to over 5000 community members in the past 20 years
- Community members provide an array topics of interest for discussion, including nutrition, smart behavior goals, kidney health, medication oral health, physical exercise activities, cooking demonstration, emergency preparedness, finding credible information on internet, and so many more.
- Health care organizations including UNT Health Science Center, Baylor Scott and White, and JPS Health Network, along with numerous health care experts RNs, and RDs, certified diabetes care and education specialists, physicians, nurse practitioners, pharmacists have provided tremendous support over the years.
- New board members and organization members are collaborating to develop a more robust look of our Facebook and social media presence on the web.
- Welcome more bilingual volunteer participation with the organization so we can share the message and the resource of education to more than just the English speaking population in Tarrant County.
- More information can be found at: <https://tcdc-diabetes.weebly.com>

Members discussed:

- Plans to return to face-to-face environment to reach those at high-risk.
- Documenting any specific behavioral outcomes and using evidence based programs
- Collaboration groups in terms of addressing disparities in marginal communities.
- Possibility to post TCDC information on DSHS webpage.
- The education sites are on a bus route and providers share that travel information with their clients.
- Replicate the TCDC model across the state.

Agenda Item 8: Health Equity Nebraska Conference Recap

Dr. Obamehinti introduced Ms. Ardis Reed, TDC member, and she referenced the PowerPoint, *Texas Diabetes Council Nebraska Health Equity Conference Review*.

Highlights included:

Ms. Ardis attended the two-day conference and there were two presentations that she felt would have strong impact on Texas and the Council.

- First session addressed, "Impact of Unresolved Trauma", presented by Donald Warne, MD, North Dakota State University (NDSU)
 - Able to connect the impact of trauma among indigenous communities, with higher prevalence of chronic disease among Native American

populations. Although this is focused on Native American, we can relate it to marginalized populations.

- Established a new PhD program at NDSU to study Indigenous Health to prepare more public health professionals to be well versed in the health needs of indigenous people.
 - Policy makers do not understand the culture or how the decisions being made are going to affect the American Indian or Alaska native.
 - Adverse childhood experiences lead to chronic disease and early death.
 - Disconnect in database exchange between systems: federal, state and tribal, leads to gap in data sharing and incomplete COVID-19 data.
- Second session addressed, "Migrant Farmworkers Health in Nebraska", presented by Athena Ramos. Two reasons for selection of this were:
 - Seven migrant patterns coming out of the RGV, and majority return to Texas, but what is happening while the farmworkers are gone.
 - With current border issues, we may have an increase in migrant health issues in the coming agricultural seasons.
 - Very little in law or protection of healthcare farm migrant worker.
 - Three-fold challenges for migrant worker: health, social and agricultural environment.
 - Multiple migrant health centers across US; none in Nebraska.
 - National Center for Farmworker Health, located in Buda, Texas.
 - Will facilitate a Diabetes learning collaborative to prepare for the CDCES exam this fall.
 - Information about learning collaborative, contact Maria Bustamante, Diabetes Prevention Control Manager, at Bustamante@ncfh.org.

BREAK

Members took a 5-minute break, Dr. Obamehinti reconvened the meeting and Ms. Allen conducted a roll call and noted a quorum was present.

Agenda Item 9: 2021 State Plan Priorities for Diabetes and Obesity Treatment

Dr. Obamehinti reviewed the PowerPoint handout which outlined the 2019 and 2021 TDC priorities and opened the floor for discussion.

- 2019 state plan priority updates addressed three specific areas: DSMES enrollment, evidence-based prevention program engagement and obesity and pre-diabetes in school age children.
- Five recommendations were made for the 2021 state plan priorities recommendations.
- Three recommendations were discussed in-depth and voted on.
 - 1) Diabetes Self-Management Education and Support (DSMES) Enrollment
 - 2) Improving Health Equity for All Persons with Diabetes and Obesity
 - 3) Reducing Therapeutic Interference in Hospital Settings

Recommendation 1:

Diabetes Self-Management Education and Support (DSMES) Enrollment, change bullet one to read:

"TDC should ~~endorse support~~ encourage the creation of incentives (e.g., lower copays for diabetes medications, podiatry and ophthalmology visits) to motivate greater DSMES enrollment and completion".

Recommendation 2:

Improving Health Equity for All Persons with Diabetes and Obesity, change heading to read:

"Decrease Identified Health Disparities for All Persons with Diabetes".

Recommendation 3:

Reducing Therapeutic Interference in Hospital Settings, change bullet one to read:

"Explore legislation to minimize hospital formularies from restricting access to medications with the most therapeutic benefit to patient and lesson interference of the treatment protocol outlined by the prescribing physician", and delete the second bullet.

A roll call vote was conducted and the members approved the edits as written above to the three recommendations for the 2021 State Plan Priorities.

Agenda Item 10: Updates from State Agency Representatives

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

a. Department of State Health Services

Dr. Kelly Fagan-Bohm congratulated Dr. Gary Francis on his appointment as the new physician to the Texas Diabetes Council. She stated that he has already been a great help in providing a lot of content for the state plan for diabetes and obesity treatment. She turned the floor over to Ms. Kelsi Dilley to provide program updates.

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

Highlights included:

The 87th special legislative session began on Thursday, July 8, 2021. Legislation passed during the regular session, impacting prescription co-pays and supplies for persons with diabetes included:

- Senate Bill 827 will cap insulin co-pays to \$25 per month for each prescription for individuals insured through state-regulated health benefit plans.
- House Bill 18 requires development of a prescription drug savings program to allow uninsured Texans to purchase prescription medications at a reduced price. The HB also requires HHSC to conduct a study on the implementation of the program and report the results by 2/14/2025.

- House Bill 1935 will allow pharmacists to dispense a 30-day emergency supply of insulin and insulin-related equipment and supplies, and requires health benefit plans to provide coverage for emergency refills in the same manner as non-emergency refills.
- The 5% reductions that were put forward by DSHS in October 2020 in Senate Bill 1 and House Bill 1 moved forward during legislative session. This will reduce the diabetes prevention and control program budget by \$224,000 over the next biennium and eliminate one position.
- SB 970 repealed the Health and Safety code Subchapter B, chapter 95, so the diabetes prevention and control program will no longer submit the Diabetes Registry report that is due to the legislature December 1st every even-numbered year. The registry had no funds nor collected any data since 2011.

Program Updates

- DSHS is slowly beginning to bring staff back into the office, although the majority of them are still teleworking. The Diabetes Prevention and Control Program is one of the first programs to come back and several other teams of DSHS will continue to telework for the foreseeable future.
- A state engagement call is scheduled for July 20th, and the University Of Texas College Of Pharmacy will discuss pharmacist engagement in diabetes self-management, education and support.
- DSHS and HHSC are drafting the 2021 Assessment of Programs to Prevent and Treat Diabetes. This report and the 2021 State Plan for Diabetes and Obesity Treatment are due to the legislature on November 1, 2021.
- We submitted Program's Year 4 CDC grant technical review a week early and we are proud of that accomplishment.

b. Employees Retirement System of Texas (ERS)

Dr. Obamehinti advised there was no report for this agency.

c. Health and Human Services Commission

Dr. Abramsky, HHSC Medicaid and CHIP Services, provided an update.

Highlights included:

- THMP bulletin of 7/16/2021– referenced updated GCM policy effective 9/1/2020
 - New benefits for adjunct continuous CGM systems.
 - Added benefits for CGM integrated insulin pump systems, and expand the Omni pod benefit to adult diabetic population.
 - TMP PM Updates, effective 9/1/2021, contains a list of all the codes and descriptions.
 - Link to THMP bulletin: <https://www.thmp.com/news/2021-07-16-diabetes-equipment-and-supplies-benefits-change-texas-medicaid-september-1-2021>

- DSMES topic nomination by TDC to Texas Medicaid medical benefits
 - DSMES has been assigned to a medical research specialist on the Medical Benefits Teams for policy development.
 - The policy language is being drafted and we hope to kick off the project with THMP in the fall.
 - Draft plan will need to go through rate hearing and public comment period.
 - Date of the final policy depends on outcomes.
 - Best case, target implementation date, subject to change, is September 2022, provided no conflicts arise.

d. Teacher Retirement Systems of Texas

Ms. Averi Mullins, Health Benefits Program Analyst Specialist, TRS, provided an update.

Highlights included:

- Two new plans:
 - TRS-ActiveCare – health plan for employees of the Texas Public School System
 - TRS-Care MA – health plan for retirees or covered dependents who are enrolled in Medicare Diabetes Management
- Blue Cross Blue Shield is new health plan administrator as of 9/1/2020.
- Virta Health was implemented March 1, 2021 for active care participants and is available to employees, spouse, and adult independents enrolled in BCBS Texas medical plan.
- Mailings and emails were targeted to those diagnosed with T2 diabetes.
- Those “at risk” have several programs available to them, along with targeted education and tools, and those who experience complications due to diabetes have access to additional programs including 1/1 nurse case manager, remote patient monitoring and digital Blue booth kits.
- Real Appeal is also offered to MA enrollees, a 52-week digital weight loss program, and beginning 1/1/22, it will offer a program specific to diabetes.
- The \$25.00 insulin cap will impact the programs, and will go into effect 9/1/2022 for TRS Active Care and 1/1/2022 for TRS-Care.

e. Texas Workforce Commission (TWC)

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

Highlights included:

- Twenty-five percent of employees have physically returned to office.
- Added a portal to the TWC website, called, “Start My VR” and individuals can self-refer to VR services and is operable 24/7.
- Legislation did away with DARS, and the best programs continue to be in HHSC, especially the Blindness Education, Screening and Treatment Program, which is for emergency services for those who are blind or having eye issues and need treatment. Funds are available however your driver license renewal provides opportunity to donate to the program for emergency surgeries such as retinal detachments for the underserved Texas population.

- Would encourage the programs to develop a referral to diabetes self-management education and support to reduce the need of VR services.

Agenda Item 11: Updates from TDC Workgroups

a. Advocacy and Outreach

Dr. Obamehinti introduced, Mr. Jason Ryan, TDC member, and Ms. Veronica De La Garza, volunteer, of the Advocacy and Outreach workgroup. Mr. Ryan and Ms. De La Garza provided the following update.

Highlights included:

- House Bill 18 passed legislation that affected insulin prices and availability.
- House Bill 2509 passed creation of the first Podiatry school in Texas. Dr. Larry Harkless will be the Dean.
- Workgroup discussion focused on equity and availability of diabetes education in Texas, and the low percentage of people with diabetes receiving quality diabetes education.
- Workgroup action ideas included:
 - A public campaign to emphasize the benefits of diabetes education, especially as our population continues to increase with at risk Texans
 - An interim Texas legislative study on diabetes education to drive continued legislative efforts on the topic
 - Data analytics from prior studies on diabetes education to help drive action items above

b. Health Professionals and Outcomes

Dr. Obamehinti introduced, Dr. Stephen Ponder, TDC member and co-facilitator of the Health Professionals and Outcomes workgroup. Dr. Ponder provided following update.

Highlights included:

- Meeting was an extension of exploring the use of automated insulin technologies, hybrid closed-loop insulin pumping systems.
- Presentation by Dr. Rayhan Lal, professor at Stanford, related to the ins-outs of the various hybrid closed-loop insulin pump systems. His discussion focused on the concept and basic functions of the technology.
- Dr. Jordan Pinkster, Medical Director, Tandem Insulin Pump Company, presentation address product related to control IQ technology
- Ms. Joyce Freehling, Pump Trainer, Insulet, discussed new upcoming systems in the form of the Omni Pod 5 or new marketed machine.
- Next topic to target will be obesity and discuss therapies and therapeutics and find a neutral content expert to present and discuss with workgroup.

Agenda Item 12: Announcements

Dr. Obamehinti called for any announcements Council members would like to share.

- Volunteer position opening with the health professionals and outcome workgroup
- Address reimbursement policy for workgroup volunteers.

Agenda Item 13: Public Comment

Public comment was received for the meeting. Mr. Kunal Ramani, Regional Medical Affairs Director, Xeris Pharmaceuticals, addressed the importance of access to multiple novel glucagon agents. He urged council to address the public health issue that all insulin patients receive glucagon.

Agenda Item 14: Date and Topics for Next Meeting

Dr. Obamehinti stated the next is scheduled for Thursday, October 28, at 1:00 p.m. The meeting will be held virtually through Microsoft Teams.

Topics of discussion for the October meeting:

- Dr. Rayhan Lal present on hybrid closed loop insulin pump systems at full council.
- Review and discuss the TDC bylaws, including conflict of interest statement.
- Dr. Harkless present on podiatry school in Texas at full council.
- If members have any additional topics please send to Ms. Ashley Doyle.

Agenda Item 15: Adjournment

Dr. Obamehinti thanked the members for their valuable input, the DSHS and HHASC agency staff and facilitation team for their support, and the public for the participation. She adjourned the meeting at **4:58 p.m.**

To access the archived webcast recording of the July 22, 2021 meeting go to:
<https://texashhsc.swagit.com/play/07232021-706>