These slides and the accompanying presenter’s script have been prepared to enable volunteer leaders in Advocacy to provide information about the vital advocacy work of the American Diabetes Association within their own communities.

The presentation is intended to serve several purposes:

1) Provide information about the American Diabetes Association 2010 legislative priorities.
2) Inform and hopefully inspire others about how they can personally support the ADA’s advocacy efforts on behalf of people with diabetes.
3) Encourage community leaders to consider how they can work together to ensure that advocacy messages are incorporated into local market programs and events.

NOTE: Both the PowerPoint Slides and a PDF file of the Slides with script notes for the presenter are provided. You may find it easier to use a printed copy of the PDF script notes, rather than reading from the computer screen, when you are presenting.

On the Federal Priority II and III Slides, the speaker’s script notes have been provided in two different levels of detail:

At the top of the speaker’s script notes is an overview script.

Below the red line, is a more detailed explanation of the bills, that can be used for longer presentations, or as a reference, should questions arise in shorter presentations.
Welcome and thank you for the opportunity to speak with you today about the vital advocacy work of the American Diabetes Association.

In speaking with you today I have several purposes:

1) First, I want to provide you with information about the American Diabetes Association 2010 legislative priorities.

2) Second, I want to inform and hopefully inspire you about how you can personally support our advocacy efforts on behalf of people with diabetes.

3) Third, I want to encourage you as leaders in our local diabetes community to consider how we can work together to ensure that advocacy messages are incorporated into local market programs and events.
The American Diabetes Association’s Government Affairs and Advocacy team of volunteers and staff is committed to advancing the Association’s mission, that is:

To prevent and cure diabetes and to improve the lives of all people affected by diabetes.

Advocacy at ADA has three central goals:

1. Increase federal and state funding for diabetes prevention, treatment and research
2. Prevent diabetes and improve the availability of accessible, adequate and affordable health care
3. Eliminate discrimination against people with diabetes at school, work, and elsewhere in their lives
Those are great and enduring goals, but they are purposefully broad.

For the day-to-day work in influencing public policy we need to translate those broad goals into specific actions, and relate them to existing or likely legislative efforts and strategies.

At the American Diabetes Association, the legislative priorities at both the federal and state levels are outlined in November or December for the following year.

These priorities are drafted by the volunteer members of the Legislative Subcommittee, which is a sub-group of the Advocacy Committee, with input from advocates around the country.

After the annual priorities plan is drafted, it must be reviewed and approved or modified by the Advocacy committee, and following that, by the Executive Committee of the Board of Directors, and finally the full Board of Directors.

Note: The 2010 priorities will be finally voted on by the Board at its March meeting but we can – and should – begin work on these issues now.
There is so much work to be done to stop diabetes.

There are many potential pieces of legislation that could help people with diabetes. And given the Association’s position and status, many groups and companies want our support on their initiatives.

In addition, we need to play defense, fighting bills that could harm people with diabetes. To best utilize our resources, it is key that we make strategic decisions on how we can best reach our advocacy goals.

To accomplish this, volunteers are charged both coming up with a list of priorities and with ranking the items in the list, in order to strategically direct the staff, volunteer, financial, and partnership resources of the ADA.

This slide shows the criteria that are used in determining and ranking priorities. These criteria include addressing the following issues:

- Adherence to ADA mission and intended impact on people with diabetes
- Adherence to ADA Strategic Plan
- Political reality and actual impact on people with diabetes
- Impact on and support of diabetes community and other stakeholders
- Availability of resources
The list of potential legislative issues or actions is ranked into three tiers, according to the criteria listed on the last slide.

In addition, the tier rankings are intended to indicate the level of resources that ADA staff and volunteers will direct to each issue, as follows:

- **Tier I** - Highest priority activities; ADA involved as a key player, either by leading efforts or as a critical partner.

- **Tier II** - ADA consistently engaged but with less expenditure of resources; ADA might lead or could be one of many partners in a wider coalition effort.

- **Tier III** – Activities to which ADA will lend its name, but will not play a major or very proactive role.

The goal in assigning tier levels is to help volunteers and staff in deciding how to respond to the multiple demands for ADA advocacy involvement.

Managing all the ADA legislative agenda is very much a juggling act, with several bills (or balls) in the air at all times, and new bills are being introduced all the time. Having a clear set of priorities helps sort out which demands for attention and action will be addressed.
NOTE: Please cover each of these Tier I Priorities, using the detailed notes below.

For the year 2010, the highest category, or Tier 1 priorities are:

Urging Congress to Increase Federal Funding for research and diabetes prevention programs:

1. increase funding for the Center for Disease Control’s Division of Diabetes Translation
2. increase funding for diabetes research at the National Institutes of Health’s National Institute for Diabetes and Digestive and Kidney Diseases
3. A third item is to encourage the Reauthorization of Special Diabetes Programs for Type 1 Research and Native Americans. We are urging Congress to re-authorize both of these successful programs, which are set to expire in 2011.
4. We are also looking for innovative ways to increase the overall federal funding dedicated to diabetes research and prevention. This includes examining program funding at DOD, the Veterans Administration, and other institutes at NIH.

Health Reform Passage/Implementation – We are working to ensure that health reform is passed and implemented that best meets the needs for people with, or at risk for diabetes with emphasis on:

- Coverage
- Quality
- Prevention

ADA Diabetes Bills

- Diabetes Prevention Act – This bill provides grants for diabetes prevention model sites for those at high risk for diabetes, develops a CDC recognition program for eligible entities, and creates a training and outreach program. This provision is currently in the health reform bill passed by the Senate and if it makes it through to the final health reform bill, we will continue to work to ensure the program is funded.

- Diabetes Screening and Medicaid Savings Act- The bill adds screening for diabetes under Medicaid and it requires that states provide diabetes care benefits to Medicaid coverage. Specifically, prescription drugs, durable medical equipment, pregnancy services, vision, podiatric services, education and self-management training and nutrition services.
We supported legislation that passed both the House and Senate in 2009, but the status of those bills is currently in flux. However, we must continue our message that people with diabetes cannot wait any longer for true health reform and encourage Congress to overcome recent setbacks and move the legislation forward. Just as we did throughout 2009, we will continue to fight tirelessly to ensure that pending federal health care reform legislation meets the needs of people with, and at risk for, diabetes including:

• Ending discrimination faced by people with diabetes in the insurance market, such as ensuring guaranteed issue of insurance plans and eliminating the practice of denying coverage for people with pre-existing conditions.

• Ensuring that insurance companies cannot drop coverage because you become sick.

• Ensuring health coverage is affordable.

• Including wellness and prevention provisions within health reform.

• Our grassroots health reform campaign including e-mail, social media, webinars, and videos, so far has:
  – brought over 63,000 people to a dedicated website, and
  – resulted in 28,000 people signing a petition calling for health reform.
Whether items fall in Tier I, II, or III, reflects many factors, one of which is the likelihood of new legislation being drafted or successfully passed.

For example, let’s take the case of a couple of issues in Tier II— that is Stem Cell Research and Discrimination (on the next slide) – these issues are both at Tier II currently because in 2008 and 2009 there were successful efforts that were favorable to people with diabetes, (for example the passage of the American with Diabetes Amendments Act.) If something were to happen that might either further expand or restrict the provisions, then these items would likely move to a Tier 1 priority.

This first slide of tier II priorities identifies three areas:

1) Diabetes bills, that address issues such as:
   – Eliminating disparities in prevention and care
   – Gestational diabetes
   – Diabetes Treatment and Prevention act
2) Stem Cell Research
3) Wellness and Prevention

BACKGROUND DETAIL: (Given time constraints, it is suggested that you do not go in-depth on all issues. The details below are provided for your reference, should you have questions).

Diabetes Bills

• **EDDPAC** – This is our bill to combat the disproportionate toll diabetes takes on communities of color through research and training health care professionals

• **Gestational Diabetes Act** - Expands screening, diagnosis, data collection and treatment of gestational diabetes and the children born to women with gestational diabetes.

• **Diabetes Treatment and Prevention Act**: This bill codifies the Division of Diabetes Translation (DDT) at the Centers for Disease Control and Prevention (CDC); establishes diabetes treatment demonstration projects; improves state diabetes surveillance and education programs; and expands the understanding of diabetes as a co-occurring condition.

Wellness & Prevention – We regularly monitor and advocate for legislation that promotes wellness and prevents the onset of diabetes or complications related to diabetes. This includes nutrition bills such as child nutrition efforts, menu labeling, etc.; promoting
Three more Tier II Priorities include:

1) Diabetes relevant issues like how the congressional budget office scores the cost benefit ratio on prevention bills

2) Protecting benefits for those with diabetes under health entitlement programs like Medicare and Medicaid

3) Monitoring legislative and regulatory activity related to discrimination.

**BACKGROUND DETAIL:** (Given time constraints, it is suggested that you do not go in-depth on all issues. The details below are provided for your reference, should you have questions).

**Diabetes Relevant Issues** – We monitor and offer support to bills that are relevant to lives of people with diabetes but that may or may not have a personal health connection but have an impact on the lives of people with diabetes. The main example of this is a bill to change how the window of time the Congressional Budget Office uses in scoring prevention related bills. Currently, the CBO only forecasts cost savings on all bills by looking at a 10-yr window.

**Health Entitlement Programs** – Under this category of bills, we monitor any changes that come about related to Medicare and Medicaid as they relate to access to care and coverage of diabetes supplies and treatment.

**Discrimination Issues** – We regularly monitor legislative and regulatory activity that would result in discriminatory actions toward people with diabetes. This includes the issue of commercial driving license restrictions for people with diabetes.
Finally, Tier III Federal Priorities include two areas:

1. **Diabetes & Co-morbidity Bills**, including but not limited to:
   - Home Infusion
   - Catalyst
   - Prosthetic and Custom Orthotic Parity Act
   - Student-to-School Nurse Ratio Improvement Act

2. **National Diabetes Coordinator**: Creates a position of National Diabetes Coordinator within the Department of Health and Human Services

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**BACKGROUND DETAIL**: (Given time constraints, it is suggested that you do not go in-depth on all issues. The details below are provided for your reference, should you have questions).

**Diabetes & Co-morbidity Bills**, including but not limited to:

- **Home Infusion**: Provides coverage under Medicare Part B for infusion-related services, equipment, and supplies so patients can receive treatment in their homes.

- **Catalyst**: Calls for a creative and collaborative incentive-based approach to employee wellness and an important examination of the diabetes screening benefits in Medicare; creates a National Diabetes Report Card; improves the infrastructure for vital statistics collection. Provisions of this legislation are included in the health reform bills.

- **Prosthetic and Custom Orthotic Parity Act**: Requires that insurance companies offering prosthetic devices to offer coverage comparable to that of other medical and surgical devices.

- **Student-to-School Nurse Ratio Improvement Act**: Creates grants to states to improve the ratio of students to school nurses.

**Diabetes Relevant Issues**

- **National Diabetes Coordinator**: Creates a position of national Diabetes Coordinator within the Department of Health and Human Services to serve as the Secretary's principle advisor on diabetes and develop and coordinate a national strategy to reduce the incidence, progression and impact of diabetes and its complications. (This has been moved to a Tier III issue because the consensus of groups involved is that it cannot move forward at this time.)
It is important to recognize that the rankings through the volunteer committee structure are general.

**Although the priorities for each state are derived from the document approved by the Board, the specific legislation that will be worked on in a given state needs to be determined based on local needs, opportunities, and threats.**

This should occur through discussions between the volunteer Advocacy Chair(s), local advocacy committee members and the staff State Advocacy Director.

There are 7 State Advocacy Directors each of whom covers a geographic area of the country.

**[SLIDE NOTE]** This is a good time to give people the name and contact information for your state advocacy director.
With respect to priorities at the state level, **Tier I priorities are:**

1. **Health Insurance coverage for individuals with diabetes.**
   - Since many health insurance plans are currently regulated at the state level, the state legislatures are often the battleground for making sure that diabetes care is covered.
   - We have successfully passed mandates for diabetes coverage in 46 states. This means state-regulated plans must include specified diabetes care. We are still working to pass mandates in Ohio, Alabama, North Dakota, and Idaho. These bills are called Diabetes Cost Reduction Acts (DCRA)
   - In 2010, ADA’s efforts will focus in two directions:
     1. Providing coverage where it may not exist.
        - Passing the DCRA in Ohio.
     2. Protecting existing coverage that may by opposing
        - Attempts to repeal or create loopholes into DCRA mandates
        - Medicaid cutbacks affecting eligibility or benefits

2. **State funding for diabetes prevention and control programs**

3. **School care issues** – ensuring that students with diabetes are medically safe and have access to the same opportunities as peers without diabetes.

4. **Private driver's licenses** - opposing laws and/or other state action with blanket treatment of people with diabetes
The first of tier II priorities is the category of:

**HEALTH PROMOTION** - for 2010 this category includes two areas of focus:

1. **School-Based Efforts**
   - Physical education requirements focused on the amount of time physical education is provided for K-8 students.
   - Prevention and Obesity issues including nutrition, vending machines, obesity and other health education legislation.

2. **Menu Labeling** - comprehensive menu labeling requirements to provide posting of calories and access to additional nutritional information (fat, sodium, carbohydrates).

**STATE LEVEL RESEARCH ACTIVITIES** - this category also includes two areas of focus:

1. **Stem Cell Research Funding and Protection**
   - As most disease research is federally funded identifying diabetes research opportunities and protecting stem cell research from attempts to make it illegal (and where possible, funding it) are the active state level research issues.

2. **Diabetes Specific Research**
   - Even in this difficult economic climate, we continually look for opportunities to direct state research efforts towards promising diabetes research including both clinical and basic science research.
This State Tier III priority for 2010 is broad but is not intended to open the door to anything and everything that could be related to diabetes.

Rather it is intended to allow us to sign on to promising legislation that fits within our other goals. One such area we have added our voice to in the past is legislation setting up smoke free environments.
Legislation is not the only way that the ADA works to influence public policy. Although it will be the focus of future webinars, it’s important to briefly touch upon our efforts to battle discrimination through Legal Advocacy.

People with diabetes face discrimination at work, at school, in places of public accommodation (like restaurants and airports), even while in police custody or imprisonment. Often discrimination results in limited opportunities or access or threats to the individual’s health; rarely, but tragically, sometimes it results in death.

We are committed to ending this discrimination through our legal advocacy program. To do so, we have developed a four-step approach:

- educate,
- negotiate,
- litigate, and
- legislate – the goal being to resolve the problem at the earliest step possible.

Through our legal advocacy efforts, ADA provides individual help to anyone facing discrimination and provides a wealth of training and resources to people facing discrimination and the lawyers, health care professionals, and advocates who help them to prevent discrimination or stop ongoing discrimination.

Please instruct anyone experiencing discrimination because of diabetes to call 1-800-DIABETES for assistance. Please do not refer them to ADA Legal Advocacy Staff.
When talking to the Leadership Council, you may want to pick one or two examples to highlight ADA’s successes. Below are highlights from 2009 from which to choose. If you would like more information about the items listed, or want to find out if there was something notable in your state, contact your State Advocacy Director.

2009 ADVOCACY ACCOMPLISHMENTS: A SNAPSHOT –

Won numerous victories in our fight against employment discrimination based on diabetes, including:
• A jury trial victory in the District of Columbia found the FBI had discriminated when it rejected Jeff Kapche from the job of Special Agent because he uses multiple injection therapy to manage his diabetes.
• The State Department settled a case to allow a person with diabetes to work in the Foreign Service.
• The Coast Guard reversed its course to allow a person with diabetes to be a ship captain.

Capitalized on 2008 passage of the Americans with Disabilities Act Amendments Act:
• Became a national leader in training attorneys, health care professionals, and people with disabilities about their rights under the new law.
• Ensured that the new regulations adequately address protection from discrimination for people with diabetes.

Protected the health and educational opportunities of children with diabetes through our Safe at School Campaign:
• Provided 100 workshops to help parents advocate for their children.
• Developed legal advocacy materials for post-secondary students.
• Passed a new law in New Jersey that ensures capable students can self manage their diabetes at school and school staff can be trained to administer glucagon injections for severe hypoglycemia.
• Strengthened a diabetes school care law in North Carolina to include reporting requirements and charter schools.

Achieved our long-sought goal of lifting restrictions on federal funding for embryonic stem cell research through an Executive Order. Favorable regulations are in place and new stem cell lines are being used by researchers

The American Recovery and Reinvestment Act (stimulus bill), resulted in an additional:
• $10 billion in funding for the National Institutes of Health.
• $1 billion for prevention and wellness at the Department of Health and Human Services.
• $19 billion for health information technology.
• $87 billion to states to make up for Medicaid shortfalls.

The reauthorization and expansion of the State Children’s Health Insurance Program (SCHIP), providing health insurance to seven million children of families who otherwise could not afford coverage.

Strengthened public policies that address prevention through health promotion:
• Thirteen state bills were passed that improve nutrition and physical education.
• Menu labeling laws were passed in eight jurisdictions.
• As a result of the progress at the state and local level, an agreement was reached on federal menu labeling legislation that is pending as a part of the larger health reform package.

Initiated a Presidential Proclamation on National Diabetes Month followed by resolutions in both the House and Senate.
ADA is a nonpartisan, nonprofit organization with a 501(c)(3) tax status. This means:

- We cannot:
  - endorse candidates
  - show preferential treatment to elected representatives or political parties

- We can:
  - give our issues preferential treatment
  - meet with public officials
  - invite public officials to our events as long as we follow specific rules

[SLIDE NOTE] The picture on the left of the slide shows ADA’s ad campaign from January 2007 on Capitol Hill. The goal was to draw attention to the severity of diabetes.
Helping ADA to capture compelling stories from people in your community is a great way to support our advocacy efforts.

Members of Congress and state officials are always interested to hear first-hand from constituents who live with diabetes just how it affects their day-to-day life.

We reach out for “stories” to share with Congress through the Action Center and our new site at stopdiabetes.com.

We use stories like that of this mother and daughter to create compelling campaigns aimed to influence the public, state legislators, Members of Congress, and other elected officials to act on behalf of their constituents with diabetes.
To make these priorities a reality we need all of our voices – loudly, clearly, and consistently! It is only by working together we will be heard from the halls of Congress to the White House to state capitols.

The first step is getting your voice heard is signing up at the ADA Advocacy Action center, which can be accessed online at: www.diabetes.org/TakeAction

- The Online Action Center is how advocates from all over the country are notified of legislative activity at the federal level and within their states – hearings, votes, lobby days and important issues - so that they can get involved.

- More than 100,000 advocates and growing. Made up of people with diabetes, family members, health care professionals working together.

It is our contact as constituents, and our stories, that can have the greatest impact on both federal and state policy makers.
Many elected officials do not view diabetes as a serious issue. This means we need everyone on board to help ADA achieve our advocacy goals.

As the ADA volunteer leaders in this community, it is vital that each of us makes a commitment to:

- Personally sign up as diabetes advocates then and take actions when requested including attending lobby days
- Work to increase the number of diabetes advocates by
  - providing opportunities to sign up and take action at every ADA event
  - recruiting health care professionals for the ADA Health Care Professionals Legal Advocacy Network and lawyers for the Advocacy Attorney Network
  - Identifying community members with relationships with Members of Congress, the Administration, state legislators, and the governor
- Write letters to the editor and Op Eds
- Visit our elected officials as a Diabetes Advocate

Engaging people in advocacy will also help increase our local fundraising revenues, because volunteers involved with advocacy are much more likely to donate to ADA. A recent study showed average annual donations for programs with an advocacy program were almost three times higher than those without an advocacy component.

[SLIDE NOTE] Please take a few minutes with your Community Leadership Board to talk about how your market can incorporate advocacy at each of your events. You may include a speaker or have sign up forms. There are lots of creative ways to integrate advocacy in a way that demonstrates this as being part of ADA’s mission.
If you have questions, or would like more detail about any of the issues mentioned you visit our website at:  [www.diabetes.org/advocacy](http://www.diabetes.org/advocacy)

Or contact your State Advocacy Director:

The state advocacy director for our community is: