

SCR

18

<TARGET><BILL>SCR 18</BILL><SUBJECT>SCR
18</SUBJECT><COMM>SHSS30</COMM></TARGET>

ALASKA STATE LEGISLATURE

SESSION

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SENATOR MIA COSTELLO SENATE DISTRICT K

Jewel Lake, Kincaid, Turnagain, Lake Hood, Sand Lake, Spenard, Dimond, Campbell Lake

SPONSOR STATEMENT Senate Concurrent Resolution 18

“Proclaiming November 2018 as Diabetic Eye Disease Awareness Month.”

Senate Concurrent Resolution 18 aims to create awareness for diabetic retinopathy, a disease which results from both type one and type two diabetes. Diabetes is an epidemic in Alaska and the United States. Approximately 29 million Americans age 20 and older have diabetes, and diabetic retinopathy is the leading cause of blindness in those aged 20 to 74. Awareness is essential in preventing this costly disease.

Among the people living with type one and type two diabetes, 30 percent are affected by diabetic retinopathy. It is the most common eye disease, and often has no early symptoms. Creating recognition for diabetic eye diseases will encourage those living with diabetes to get regular eye exams. Yearly eye exams are vital in preventing and treating diabetic retinopathy. With the rising costs of healthcare, prevention is imperative in keeping these costs down.

Proclaiming November 2018 as Diabetic Eye Disease Awareness Month will motivate and encourage those living with diabetes to seek treatment and prevent Alaskans from suffering this terrible disease.

SENATE COMMITTEE REPORT
First Committee of Referral

DATE: 2/19/18

FURTHER: RULES

DATE TURNED
 IN TO OFFICE: 4/6/18

Health and Social Services Committee considered SENATE CONCURRENT RESOLUTION NO. 18

SCR 18-NOVEMBER 2018: DIABETIC EYE DISEASE MONTH

Proclaiming November 2018 as Diabetic Eye Disease Awareness Month.

and recommends:

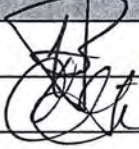
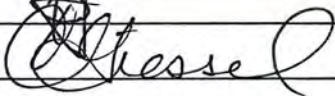
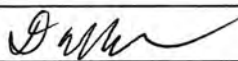
- be replaced with CS _____ (_____) Same Title New Title
- adopt previous CS _____ (_____) Same Title New Title
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

Dept Abbr.	
ADM	LWF
CED	LAW
COR	LEG
EED	MVA
DEC	DNR
DFG	DPS
GOV	REV
DHS	DOT
AJS	UA

NEW FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #
LEG			✓	1

PREVIOUS FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	Begich	✓			
	Giessel	✓			
CHAIR: 	Wilson	✓			

Fiscal Note

State of Alaska
2018 Legislative Session

Bill Version: SCR 18
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SCR18-LEG-SESS-04-03-18
Title: NOVEMBER 2018: DIABETIC EYE DISEASE
MONTH
Sponsor: COSTELLO
Requester: SENATE HEALTH & SOCIAL SERVICES

Department:
Appropriation:
Allocation:
OMB Component Number: 0

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2019	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2019 Request	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
OPERATING EXPENDITURES	FY 2019	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2018) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2019) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency?
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version/comments:

INITIAL VERSION. ONE PAGE, ZERO NOTE.

Prepared By:	SANTE LESH, ADMIN OPERATIONS MANAGER	Phone:	(907)465-6626
Division:	LEGISLATIVE AFFAIRS AGENCY	Date:	04/03/2018 01:46 PM
Approved By:	JESSICA GEARY, EXECUTIVE DIRECTOR	Date:	04/03/2018
Agency:	LEGISLATIVE AFFAIRS AGENCY		

LEARN THE FACTS

About

DIABETIC RETINOPATHY

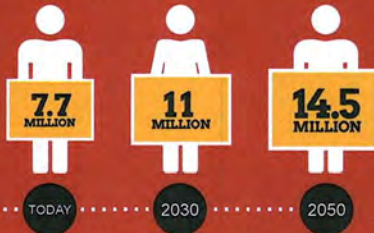


Diabetic retinopathy occurs when diabetes damages the tiny blood vessels inside the retina, the light-sensitive tissue at the back of the eye.

Source: National Eye Institute, 2014

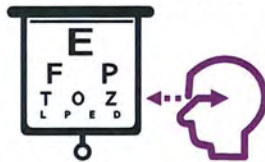
A GROWING ISSUE

Diabetic retinopathy is the leading cause of blindness in working-age adults ages 20–74.



NO EARLY SYMPTOMS

However, over time, diabetic retinopathy can get worse and cause vision loss or blindness.



WHO IS AT RISK?



All people with diabetes—both type 1 and type 2—are at risk.



95%

REDUCED RISK OF VISION LOSS

Early detection, timely treatment, and appropriate follow-up care can reduce the risk of severe vision loss by 95 percent.



YOU CAN PROTECT YOUR VISION.

Get a comprehensive dilated eye exam at least once a year if you have diabetes.

Don't forget to—

- T** Take your medications.
- R** Reach and maintain a healthy weight.
- A** Add physical activity to your daily routine.
- C** Control your blood sugar, blood pressure, and cholesterol.
- K** Kick the smoking habit.

LEARN MORE AT:
www.nei.nih.gov/diabetes



Alaska Health Status Indicators

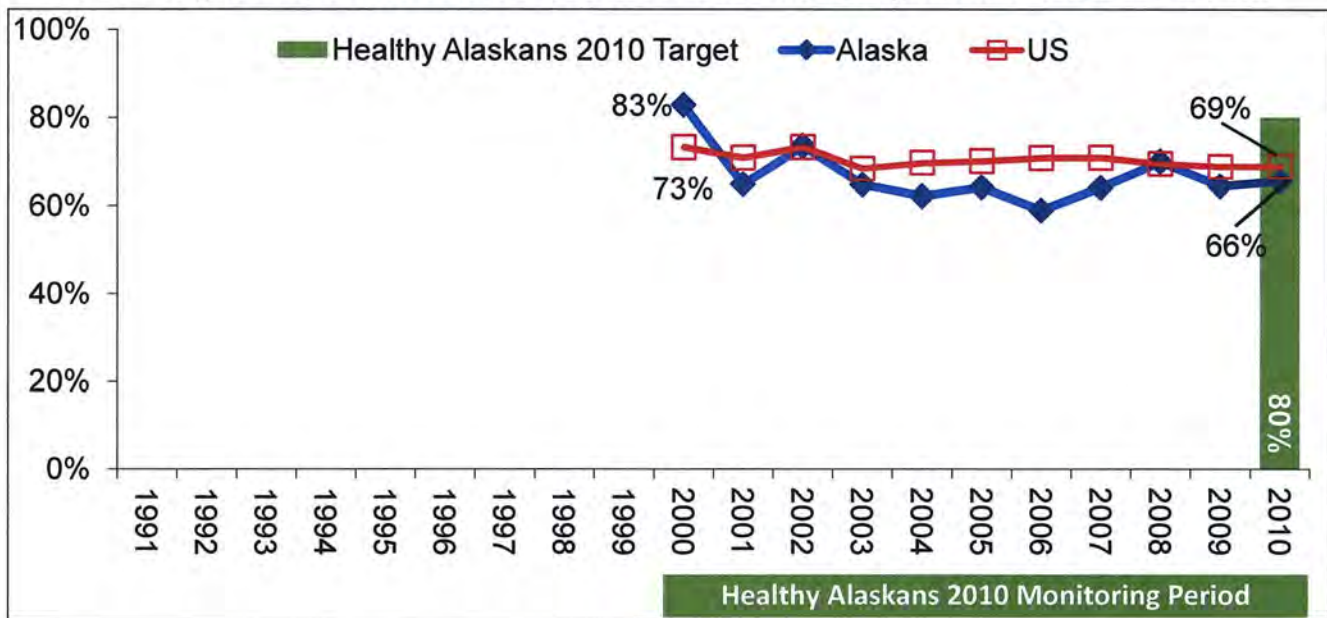
Indicator: Dilated Eye Exams for Adults with Diabetes

Why is this important?

About one in five US adults with vision impairment or legal blindness have diabetes.¹ Among US adults with diabetes, more than one-fourth have diabetic retinopathy (28.5%) and one in twenty have vision-threatening diabetic retinopathy (4.4%).² Diabetes also increases risk for cataract (60% increased risk compared to people without diabetes), glaucoma (40% increased risk), macular edema and retinal detachment.³ Compared to those with no visual impairment, medical costs were \$1,000 higher for people with visual impairment and \$2,000 higher for those with legal blindness.¹ Screening and early treatment prevents vision loss associated with diabetic retinopathy.

How are we doing?

Percentage of Adults with Diabetes Who Have Annual Dilated Eye Exams: Alaska and the U.S.



This indicator has been measured reliably as of 2000. The percentage of Alaska adults with diabetes who receive annual dilated eye exams has fluctuated between 83% and 59% in the past decade.

❖ How is Alaska Doing Relative to the Healthy Alaskans 2010 Target?

The *Healthy Alaskans 2010* target for the prevalence of obtaining annual dilated eye exams (among adults with diabetes) is 80% or higher. The percentage of adult Alaskans with diabetes who receive annual dilated eye exams has decreased during the *Healthy Alaskans 2010* monitoring period, from 83% in 2000 to 66% in 2010. **The *Healthy Alaskans 2010* target of 80% has not been met.**

❖ How does AK compare with the US?

The AK and US rates for annual eye exams are similar.

❖ How are different populations affected?

Adults 35-44 were less likely to have had an eye exam than adults in the 45-64 and 65 or over age groups (46% vs. 69% and 72% respectively). Gulf Coast residents were less likely to have had an eye exam than any other BRFSS region (51% - 71%). There are no significant differences in prevalence of obtaining dilated eye exams by race,

Alaska Health Status Indicators

education, or income level. Note that the small sample size for this indicator may limit the ability to detect significant differences between groups. (Source: 2008-2010 BRFSS)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

- 1) The AK Diabetes Program develops and disseminates recommendations for the clinical management of adults with diabetes to health care providers statewide.⁴ These recommendations include eye exam guidelines for clinicians to prevent diabetic eye complications.
- 2) The Diabetes Program advocates for formal diabetes self-management education coverage by health care insurers, including the Alaska Medicaid Program. Research has shown a strong correlation between receiving diabetes self-management education and self-management activities.⁵

Indicator Definition and Notes

Percentage of adults aged 18 years and older with diabetes who answer "Within the past month" or "Within the past year" to the following question: *When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.* Diabetes status is indicated by a respondent answering "Yes" to the following question: *Have you ever been told by a doctor that you have diabetes?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 2000 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

1. Prevent Blindness America. The Economic Impact of Vision Problems. 2007. http://www.preventblindness.org/research/Impact_of_Vision_Problems.pdf (printed 5/10/11)
2. Zhang X, et al. Prevalence of Diabetic Retinopathy in the United States, 2005-2008. *JAMA* August 11, 2010; 304(6): 649-656. <http://jama.ama-assn.org/content/304/6/649.full.pdf+html> (printed 5/10/11)
3. ADA. Blindness or Vision Problems. <http://www.diabetes.org/living-with-diabetes/complications/mens-health/serious-health-implications/blindness-or-vision-problems.html> (printed 5/10/11)
4. AK Diabetes Program. *State of Alaska: 2010 Recommendations for the Management of Type 2 Diabetes in Adults.* http://www.hss.state.ak.us/dph/chronic/diabetes/data/DiabetesRecs_2010.pdf
5. Norris S, Nichols P, et al. Increasing Diabetes Self-Management Education in Community Settings: A Systematic Review. *Am J Prev Med* 2002; 22(4S): 39-66.



Available at: <http://www.hss.state.ak.us/dph/chronic/>



November is Diabetic Eye Disease Awareness Month

Diabetes is the leading cause of blindness in working-age Americans. During the month of November, we will be sharing news and information to increase awareness and encourage patients to seek treatment of vision problems related to Diabetes.

According to the American Academy of Ophthalmology, approximately 29 million Americans age 20 or older have diabetes, but almost one-third don't know they have the disease and are at risk for vision loss and other health problems.

Early symptoms are often unnoticed, therefore vision may not be affected until the disease is severe and less easily treated.

Diabetic eye disease, a group of eye problems that affects those with diabetes, includes diabetic retinopathy, cataracts and glaucoma. The most common of these is **diabetic retinopathy**, which affects 5.3 million Americans age 18 and older.

Diabetic retinopathy is a potentially blinding condition in which the blood vessels inside the retina become damaged from the high blood sugar levels associated with diabetes. This leads to fluids leaking into the retina and obstructing blood flow. Both may cause severe vision loss.

Once you are diagnosed with diabetes, **schedule a complete dilated eye examination with your UNC Eye M.D.** at least once a year by calling 919-966-5509. Make an appointment promptly if you experience blurred vision and/or floaters that:

- Affect only one eye;
- Last more than a few days;
- Are not associated with a change in blood sugar.



[click to enlarge](#)

Diabetes can also affect your vision by causing cataracts and glaucoma. If you have diabetes, you may get cataracts at a younger age, and your chances of developing glaucoma are doubled.

Early diagnosis of diabetes and, most importantly, maintaining strict control of blood sugar and hypertension through diet, exercise and medication, can help reduce your risk of developing eye disease associated with diabetes.

The following UNC Eye Care M.D.'s specialize in diabetic retinopathy:

- **Travis A. Meredith, M.D.**, Professor & Past Chairman
- **Maurice B. Landers, M.D.**, Professor
- **Sai H. Chavala, M.D.**, Associate Professor
- **Seema Garg, M.D.**, Associate Professor
- **Odette M. Houghton, M.D.**, Associate Professor
- **J. Niklas Ulrich, M.D.**, Assistant Professor