

# Texas Diabetes Council

Addendum to

Gestational Diabetes in Medicaid: Prevalence,  
Outcomes, and Costs

Rider 75, Senate Bill 1, 83<sup>rd</sup> Legislature, Regular Session 2013

## **Texas Diabetes Council Strategies to Reduce the Impact of Gestational Diabetes and Improve Outcomes for the Medicaid Population**

The members of the Texas Diabetes Council have reviewed the new data presented by the Health and Human Services Commission staff in the report, *Gestational Diabetes in Medicaid: Prevalence, Outcomes, and Costs*.

This report addresses the implications of untreated gestational diabetes among Texas women. The Texas Diabetes Council is especially concerned about the new prevalence data that suggests that as many as nine percent of pregnant women in Texas are affected by the disease. This is a significant increase compared to previous studies that cite a six percent prevalence. Also, the screening data laid forth in this report indicates that only 40 to 50 percent of women participating in the Medicaid or CHIP Perinatal program were screened for gestational diabetes during fiscal year 2012.

Based on these report findings, the Texas Diabetes Council presents the following policy recommendations to improve the care of Texas women with gestational diabetes:

1. Texas Diabetes Council in collaboration with the Health and Human Services Commission (HHSC) will work to ensure Medicaid managed care plans screen all pregnant women they serve for gestational diabetes, and if diagnosed, receive appropriate management (medical nutrition therapy, self-management education, and supplies) and care to prevent complications, hospitalizations and potential neonatal intensive care unit costs for the newborn.
2. Texas Diabetes Council and HHSC will identify solutions to decrease poor birth outcomes experienced by infants born to mothers with gestational diabetes due to lack of adequate diabetes management.
3. Texas Diabetes Council will work with HHSC to ensure that, upon delivering the baby, women in Medicaid and CHIP Perinatal Program who were diagnosed with gestational diabetes are referred to a local evidence-based lifestyle change program, such as the National Diabetes Prevention Program, to help prevent or delay the onset of type 2 diabetes.

These key findings support two TDC strategies that involve collaboration with HHSC to improve screening rates and support timely management of GDM. While collaboration with HHSC can be achieved at no cost, potential quality improvement projects may incur costs. The third TDC strategy addresses referral of women with GDM to lifestyle change programs proven to prevent or delay onset of type 2 diabetes. An implied cost to Texas Medicaid could include coverage of programs such as the National Diabetes Prevention Program, which has been delivered through community organizations like the YMCA.