

- SUBJECT:** Creating a risk assessment program for Type 2 diabetes
- COMMITTEE:** Public Health — favorable, without amendment
- VOTE:** 7 ayes — Delisi, Coleman, Dawson, Jackson, McReynolds, Truitt, Zedler
0 nays
2 absent — Laubenberg, Solis
- SENATE VOTE:** On final passage, April 28 — 31-0
- WITNESSES:** (*On House companion bill, HB 3099 by McReynolds:*)
For — Lawrence Harkless, Texas Diabetes Council; Lin Spatcher, San Marcos CISD; Craig Walker

Against — None

On — Jann Melton-Kissel and Susan Young, Department of State Health Services
- BACKGROUND:** Diabetes is a disease in which the body does not produce enough insulin (Type 1 diabetes) or does not properly use insulin to control blood sugar (Type 2 diabetes). Chronic diabetes can lead to blindness, loss of limb function, amputation, dental problems, and heart problems.

In 2001, the 77th Legislature approved HB 2989 by Gutierrez, which established an *acanthosis nigricans* screening pilot program for public and private school students in nine counties along the Texas-Mexico border. *Acanthosis nigricans* is a disorder that causes light brown-black, velvety, rough, or thickened areas on the surface of the skin, most frequently on the back of the neck. It is considered a primary marker for high insulin levels indicative of insulin resistance.
- DIGEST:** SB 1239 would expand the *acanthosis nigricans* screening pilot program to include Type 2 diabetes screening, extend it to additional locations, and continue it through September 1, 2005. The program would identify students with higher-than-normal body mass index numbers and use

surveillance software to assess the risk of contracting Type 2 diabetes. In administering the program, the Texas-Mexico Border Health Coordination Office of The University of Texas-Pan American would consult with the Board of Nurse Examiners to determine training requirements for participating nurses.

The bill also would establish a risk assessment program advisory committee composed of 12 members, including representatives from health and education agencies, medical and public health groups, medical and school professionals, and a parent or guardian of a child with Type 2 diabetes. The bill would apply standard restrictions and limitations on compensation and conflicts of interest. Government Code, ch.2110, would not apply to the size, duration, or composition of the committee.

The advisory committee would make recommendations about the implementation of the program, such as the person who should be responsible for conducting risk assessment tests in schools without a school nurse, the age groups that would benefit most from risk assessment, methods to record and report findings, and timelines. The committee also would contribute to the state plan for diabetes treatment.

The bill would take effect September 1, 2005.

**SUPPORTERS
SAY:**

SB 1239 would provide an important preventive screening mechanism for a serious disease that is a growing problem among children. Populations most at risk for Type 2 diabetes are Hispanics, African Americans, and Native Americans. Diabetes is estimated to affect as much as 20 percent of the population in the Lower Rio Grande Valley. The incidence of obesity and diabetes is rising among children. High blood pressure and high lipid levels have been found in children as young as five years old. If these conditions are not treated, these children will not live beyond middle age. Chronic diabetes can lead to a variety of very serious health conditions, including blindness. Yet these conditions often can be prevented if identified early and treated with changes in exercise and diet.

Costs of this screening are minimal because it already is being done in many places. The benefits of identifying diabetes at its early stages could improve the health of children and reduce state and local governments' costs for medical treatment and social services. Screening is done in seconds during a child's required vision and hearing screen.

This screening would bring parents and physicians together to intervene earlier. Parents would be alerted that their child shows markers that could indicate diabetes. They then would take the child to the doctor's office where the medical evaluation and treatment plan would take place. The screening is merely a flag, and the doctor's office still would remain the venue for education and treatment.

**OPPONENTS
SAY:**

Screening for diabetes among children is a noble public health goal, but evaluating a child's body mass index, based on a child's weight, is best done in the doctor's office. Weighing children in school can carry significant stigma and hurt the children the program is trying to help. Also, communicating the findings to parents or other individuals who can help the child take corrective action also is best conducted by the family physician, not through a letter or other notification from the school.

NOTES:

The companion bill, HB 3099 by McReynolds, was reported favorably, as substituted, by the House Public Health Committee on April 29.

The fiscal note estimates a cost of almost \$600,000 in fiscal 2006-0. Neither the House nor the Senate appropriations proposals included funding for this program.