

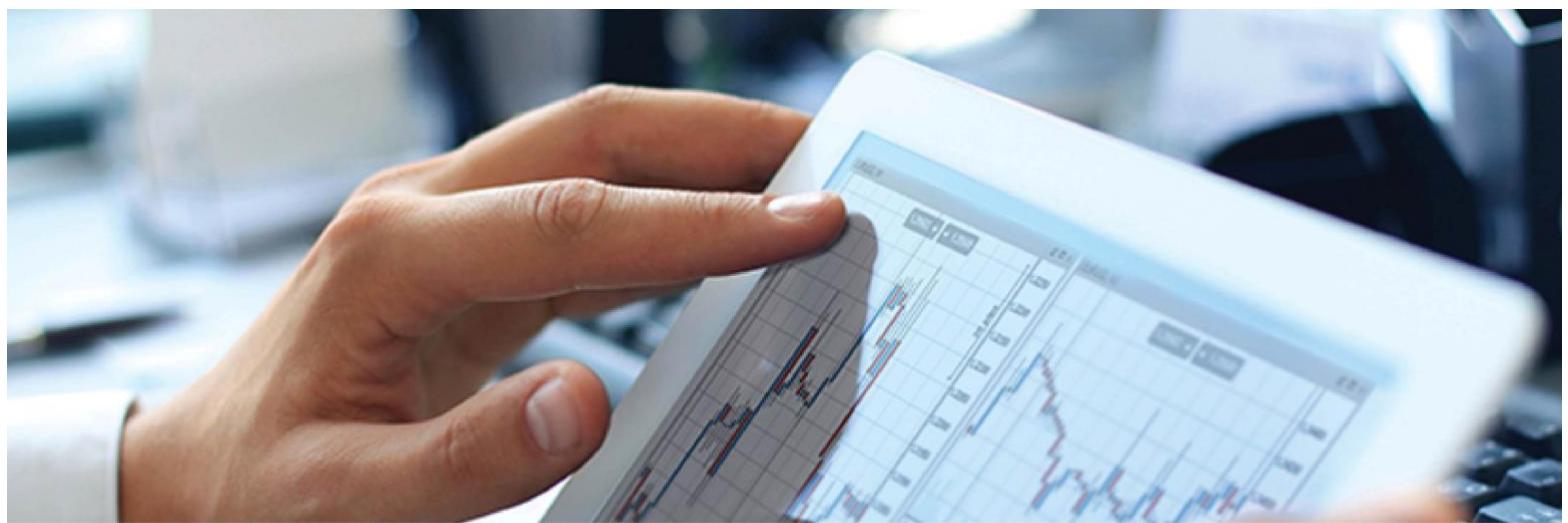


Health and Human Services

Texas Diabetes Council

January 29, 2026

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.





[Texas Diabetes Council](#) addresses issues affecting people with diabetes in Texas and advises the Texas Legislature on legislation needed to develop and maintain a statewide system of quality education services for all people with diabetes and health care professionals who offer diabetes treatment and education.

The Texas Legislature amended the [Health and Safety Code 103](#) to establish the Texas Diabetes Council in 1983. In 1984, Legislature amended [Title 25, Health Services, Part 9, Rule §651.1](#) to establish conduction of meetings. Since then, TDC members have worked with private and public healthcare organizations to promote diabetes prevention and awareness throughout the state. Texas Diabetes Council (TDC) addresses issues affecting people with diabetes in Texas. It advises the Texas Legislature on needed legislation to develop and maintain a statewide system of quality education services for all people with diabetes and health care professionals who offer diabetes treatment and education.

The TDC is required to assess the state's diabetes prevention and treatment programs. The TDC is required to use the results of the assessment to develop a prevention and treatment plan by November 1 of odd-numbered years.

The current [Texas Diabetes State Plan](#) shows priority areas that build on past accomplishments and use current national, state, and local efforts to improve diabetes education and management in Texas. Work in the state plan's priority areas depends on the Legislature's continued funding and support.

The Texas Diabetes State Plan priority areas are:

- Increasing access to diabetes treatments and education.
- Addressing co-morbidities and reducing complications in diabetes care.
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Council Statements

Vision: A Texas free of diabetes and its complications

Mission: To effectively reduce the health and economic burdens of diabetes in Texas

Position: Specific initiatives to improve outcomes and minimize barriers to impact diabetes care in Texas communities for improved delivery of care through system reforms that lead to increased access and high quality, affordable, effective, and efficient care for people with diabetes and coordination of State services.



Members

Name	City	Membership Category	Term Expires*	Public Health Region
Aida "Letty" Moreno-Brown, RD, LD	El Paso	General public member with expertise or demonstrated commitment to diabetes issues	2027	9/10
K. Renee' Yarbrough-Yale, DNP, APRN, ACCNS-AG, CDCES	North Richland Hills	Consumer member	2031	2/3
Dirrell Jones, JD	Farmers Branch	General public member with expertise or demonstrated commitment to diabetes issues	2031	2/3
Jason Ryan, JD	Houston	Consumer member	2031	6/5 South
Maryanne Strobel, RN, MSN, CDCES	Cypress	Registered nurse with a specialization in diabetes education and training	2027	6/5 South
Vice-Chair Ninfa Peña-Purcell, PhD	College Station	General public member with expertise or demonstrated commitment to diabetes issues	2027	7
Michael Kelly, PhD	El Paso	Member with experience and training in public health policy	2031	9/10
Chair Chris Carmona, JD	Houston	General public member with expertise or demonstrated commitment to diabetes issues	2029	6/5 South
Sharon Lemons, MS, RD, CDCES, FAND, LD	Saginaw	Registered and licensed dietitian	2029	2/3
John Trischitti III, MLS	Midland	Consumer Member	2029	9/10

Nonvoting State Agency Members

Laura Cervantes, MSN, RN, CTCM	Teacher Retirement System of Texas
Amy Chamberlain, MS	Employees Retirement System of Texas
Lisa Golden, MA, ED, HD, CRC, CDCES	Texas Workforce Commission
Kelly Fegan-Bohm, MD, MPH, MA	Texas Department of State Health Services
Shannon Teer, RN	Texas Health and Human Services Commission



1. Welcome, logistical announcements, and roll call. The meeting was convened by Ninfa Pena-Purcell, Vice Chair. A quorum was present.

2. Consideration of October 30, 2025, draft meeting minutes. The minutes were approved as drafted.

3. Overview: American Diabetes Association update Douglas Dunsavage
ddunsavage@diabetes.org

Summary Doug Dunsavage from ADA presented updates on two major studies: Amputation Prevention Study (SB 1677): UT San Antonio School of Public Health is leading research to reduce diabetes-related amputations, focusing on early screening, referral, and rural access. The second was Diabetes and Obesity Prevention Study (SB 1): In partnership with Episcopal Health Foundation and HHSC, focusing on Medicaid/CHIP populations, evaluating interventions and policy options, with results to be reported in November 2026.

ADA is using the Texas study as a model for similar work in other Southern states and is also working on interim charges for the Texas Legislature regarding cost-effectiveness of obesity treatment and diabetes prevention, including barriers such as reimbursement and workforce impacts. There is interest in leveraging upcoming federal rural health transformation grants for chronic disease, including diabetes prevention.

Questions from council members covered:

- Data sources and focus on Medicaid versus broader populations.
- Availability of amputation statistics by region; ADA to follow up with more data, particularly for San Antonio and the Valley.
- Reimbursement barriers for diabetes self-management education especially in hospital settings; ADA to feedback to partners.
- Inclusion of indirect costs (e.g., absenteeism/presenteeism) in amputation studies; ADA to discuss with research leads.



- Availability and promotion of simple screening techniques for amputation risk; ADA confirmed focus on upstream prevention in studies.

Presentation

Amputation Prevention – Senate Bill 1677 (Sen. Menendez/Rep. VanDeaver) Texas Senate Bill 1677 mandates a study by a top-tier research university (UTSA) to explore preventing and reducing diabetes-related amputations. Currently, the amputation study is underway, and we are working with UTSA School of Public Health and consensus partners from around the state to garner input and implement this study throughout the year. The findings will be reported back to the Governor and legislature by November 2026.

Diabetes Prevention – SB 1 – Study Language The Health and Human Services Commission (HHSC), in collaboration with the Department of State Health Services, is directed to study the cost effectiveness and feasibility of a diabetes prevention program for Medicaid recipients. In addition, the study evaluates alternative interventions for those at risk of Type 2 diabetes including obesity treatments. We are working with HHSC and the Episcopal Health Foundation and are identifying data, developing prevention recommendations, and working to propose policy solutions for treatment access, including innovative therapies • HHSC must submit a report with findings and recommendations to the Governor and legislative committees by November 1, 2026.

Diabetes Prevention/ Obesity Care and Management – Proposed Interim Charge

- Evaluate Impact: Study cost-effectiveness and health outcomes of comprehensive clinical obesity treatment — including medical, nutritional, behavioral, and pharmacologic care — for Medicaid and State Health Plan populations.
- Identify Barriers: Examine access, reimbursement, and utilization barriers for providers and patients, including telehealth and multidisciplinary care models.
- Assess Return on Investment: Analyze cost savings and workforce benefits from preventing obesity-related diseases such as diabetes, cardiovascular disease, kidney disease, and cancer.

Discussion



Are the data recommendations related to only the Medicaid population. The speaker stated it is Medicaid population for the obesity study. He was less clear about amputation data. He stated that they want to see effectiveness data around the diabetes effort. They try to align with the American Diabetes Association level of care. We are wanting to look at the dramatic rise in amputations, especially in the Rio Grand Valley. The focus is on preventive services. Medicaid and private insurance data is being examined for amputations.

There will be a lag in the data for amputations.

Regarding barriers and reimbursement, will you be looking at cost analysis around reimbursement for diabetes self-management and support? The speaker stated he will take note of that and engage with experts on obesity prevention and chronic disease.

The amputation study should look at indirect costs like lost talent and absenteeism.

The direct and indirect costs could be integrated but they will look at that.

Screening techniques that could be helpful should be addressed also. We should look upstream to see what preventative measures could be taken.

4. Overview: T1D vs T2D Data Fact Sheet.

At the last meeting there were presentations about Type one and type two diabetes numbers that required follow-up. DSHS has compiled some data on hospitalization rates. The information was sent to members but not made available to the public.

Rachel Wiseman (DSHS) presented new data on hospitalizations for type 1 and type 2 diabetes in Texas, noting higher rates in 2023, with disparities by sex and race/ethnicity. Mortality data by diabetes type is not reliably available due to coding limitations. DSHS does periodically publish infographics and dashboards (Texas Health Data) for public access, but not on a fixed annual schedule; will follow up on latest releases.

[Data and Reports | Texas DSHS](#)



5. Consideration of the Proposal Rule Packet for proposed amendments to Texas Administrative Code, Title 25, Part 9, Rule §651, Conduct of Council Meetings

The rule amendment project was opened, and the proposed rule packet was sent to members, and a vote must be taken. The members can offer amendments to the Proposed Rule Project (PRP), or they can adopt the PRP.

This was not shared with the public either.

MOTION: Adopt PRP as presented by staff prevailed.

6. Updates from workgroup

They heard from the teacher retirement system related to GLP1s. Of the 700,000 teachers part of TRS the population with diabetes is 80,000. A policy is in place for 13 fills per year. There is not approval of coverage for pre-diabetes. Cost information was presented. They hope to get similar information from other agencies.

They discussed the need for a mission statement for the work group. A printed copy was discussed but not made available to the public (again). The mission statement was read aloud and appears below.

The working group serves as the primary advisory body to the Texas Diabetes Council members by synthesizing clinical expertise and practice, community health education and outreach, and epidemiological data to inform evidence-based recommendations for the Council plan that advance diabetes prevention, treatment, education, and support across Texas.

This reflects the work of the new workgroup that combines two workgroups into one.

This will be placed on the agenda for a future meeting for a vote.

7. Updates from state agency representatives



Department of State Health Services—There was no agency update; program updates included:

- Vacant positions are being filled
- Staff are planning the February state engagement call with a focus on Medicaid Diabetes Prevention Program (MDPP)
- Staff were selected by CDC to become DSMES state quality specialists
- CDC has released guidance for year four of the grant and DSHS has been working on the packet to be submitted in early February
- The new "Diabetes News You Can Use" update will be released in February

Health and Human Services Commission—They have three projects:

- SB1 Rider 38 Diabetes Research
- DSMES MMT is in progress
- Continuous glucose monitors policy went live November 1, 2025.

Teacher Retirement System of Texas—had presented to the workgroup this morning. There was no additional update other than 25 new school districts will be joining TRS.

Employees Retirement System of Texas—No updates but will be presenting to the workgroup in July.

Texas Workforce Commission—People are not recognizing diabetes as a disability, and they don't have the language to address diabetes in the workplace. They are working on a project to discuss what diabetes at the workplace looks like and how to support employees with diabetes.

8. General announcements No announcements

9. Review of action items and agenda items for next meeting.

Progress on Strategic Plan

10. Upcoming meeting dates.

April 23; July 23; October 22.

11. Public comment. No public comment was offered.



12. Adjourn. There being no further business, the meeting was adjourned.

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