

2005 Priorities for Diabetes

By Nicole Johnson Baker



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The U.S. Congress is back in session and hopes are high for diabetes victories.

As advocates, we must remember that the key to victory is bipartisan traction. In the current landscape of diabetes debate, this is tricky, but not impossible.

The challenge is to communicate and compromise. On complicated issues of ethics and life science, there will be disagreements. However, that does not mean progress can't be made.

To reach a victory, the diabetes community must become the most sophisticated and most respected source for nuanced debate. This may require the swinging of fewer sledgehammers. Far too many put all their eggs in one political basket; sometimes it works, most of the time it fails. In my opinion,

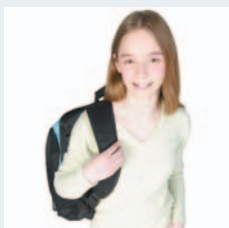
even the slightest positive movement in the direction of diabetes is better than no movement at all.

On other issues there will be complete agreement. Everyone seems to agree that diabetes should receive more federal funding, that more research needs to be done and that discrimination against people with diabetes must stop. Our task: to creatively present the issues to the lawmakers.

Clearly, this year will be one of great debate. That is the beauty of our political system and our freedom. Diabetes is an emotionally charged issue, and for good reason. However, in the emotion of our advocacy, we must remember to maintain balance.

The Major Diabetes Legislative Debates of 2005

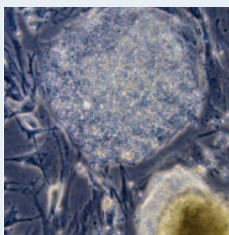
School Issues



Supporters believe that students with diabetes should be allowed to self-manage their condition in the classroom and at school events with the permission of their physician. Opponents fear the liability associated with self-

management and the misuse of insulin syringes and lancets. School personnel do not want to take on the added responsibility of healthcare in the classroom.

Stem Cell Research



Supporters want more freedom to pursue the promise of stem cells and want the restrictions on embryonic stem cell research lifted. Opponents fear that lifting restrictions could result in the increase of human

reproduction for the sake of saving lives—an ethical slippery slope. They believe that this form of research is premature and want science to show documented progress before opening the floodgates.

Health Insurance



Supporters think that coverage for diabetes education and testing supplies is essential. They say that individuals should not be penalized for having a chronic disease and should not be kept from practicing preventive care, which could

save providers thousands in costs for treating complications of diabetes. Opponents think that diabetes care is too costly and is elective. The federal government wants to allow businesses to buy into association health plans that would exempt them from state laws and mandates. (At this time, 46 states require coverage for diabetes supplies and education for HMO members and for individuals with traditional indemnity insurance plans.)