

**Bob Rossi's Testimony in Front of Pennsylvania House Professional
Licensure Committee May 23, 2016**

Dear Chairwoman Harhart, Chairman Readshaw and members of the
Pennsylvania House Professional Licensure Committee:

My name is Bob Rossi and I'm a pharmacist and a certified diabetes educator. Thank you for the opportunity to testify in front of this committee regarding HB 1851.

I would like to thank Representative Tallman for sponsoring this important legislation. I would also like to note that I reside in the 163rd District here in Pennsylvania. Representative Santora, my representative, happens to be on this committee. As you have already heard, or will hear, the numbers of patients with diabetes is staggering. Even more staggering are the numbers of pre-diabetics. Many, if not most, will go on to develop Type 2 diabetes. The associated financial costs are also burdensome.

There are nationally recognized Standards for Diabetes Self-Management, Education and Support. Certified Diabetes Educators are uniquely qualified to provide this education and support. We are a multi-disciplinary group of professionals, 14,000 strong nationally and over 600 here in Pennsylvania. We are physicians, nurses, dietitians, pharmacists, exercise specialists, and others. Diabetes is a chronic disease, and when treated properly, the associated complications of diabetes - cardiovascular disease, nerve damage, kidney damage, eye damage and foot damage - can be minimized or even avoided. These complications cause suffering to patients and their families, as well as immense costs to our medical system. Effective treatment of diabetes saves money and lives.

House Bill 1851 can help Pennsylvania battle this disease. Licensing diabetes educators and creating a scope of practice for those Licensed Diabetes Educators will ensure an infrastructure of qualified multidisciplinary health care professionals. This scope of practice will protect the consumer and encourage more people to become CDEs.

Everything I have said so far is important but perhaps rather clinical and impersonal. I hope you will allow me to now make it personal. I became a pharmacist because I loved science and I wanted to do work in a field where I felt I could make positive contributions in people's lives.

As a pharmacy student in a community hospital, I was lucky enough to be asked to teach in-patients with diabetes how to mix and inject insulin. In those days there were only 2 types of medications for the treatment of diabetes. One was insulin and the other was a pill. In those days the insulins we used had to be obtained from the intestines of cows and pigs. Imagine that! As for the one type of pill we had, if you could not take it or it didn't help, then your only way of treating your diabetes was insulin. Today we have 9 different classes of medications to treat diabetes and many of them are pills. The insulins we have today are able to be manufactured and are far more effective than the insulins obtained from cows and pigs. Never

have we been better able to treat diabetes than today. But for the patient with diabetes, these medications can add a level of complexity. CDEs are uniquely qualified to help diabetic patients understand how to best use these medications. Please remember that medications are only a part of the effective treatment of diabetes. Diet and exercise will always be the cornerstones of therapy. Hence the multidisciplinary approach is vital.

Thank you, again, for your time and consideration of HB 1851.