

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Ron DeSantis**

Governor

Joseph A. Ladapo, MD, PhD

State Surgeon General

Vision: To be the Healthiest State in the Nation

**Diabetes Advisory Council (DAC)
Quarterly Meeting Summary Notes
Date: May 20, 2025**

Participants (note if participants had called in)**DAC Members –****(Quorum not met)**

- Joseph Chebli
- Nancy Murphy
- Melvin Price

Applicants

- Robert Dubin
- Gregg Laskoski
- Francesco Vendrame
- Jennifer Waskovich
- Lucille Beseler
- Elizabeth Forrest

Guests

- Sarah Grant
- Tara Hylton
- Katrina Rivers

- Adam Fundora
- Liezl Dobbins
- Amanda Dibley
- Carolina Gutierrez

- Sara Lerner
- Jordan Bender

DAC Members Absent**Excused**

- Larry Fox
- Bridget Jennings

Unexcused*

* Any DAC members who tried unsuccessfully to participate by phone should email Sarah Grant (Sarah.Grant@flhealth.gov) so their absence can be marked as excused.

Welcome:

Dr. Chebli called the meeting to order at 2pm.

- No updates on the meeting with Dr. Ladapo or the pending member appointments

Announcements from DOH Bureau Chief, Tara Hylton:

- Confirmed that DOH has not received updates from the Office of the Governor; our Bureau is waiting to see what happens with federal/state funding and the impact on diabetes-related initiatives.

Insulin Distribution Program:

- (Hylton) Drug Budget Review Committee reports show that we are not maximizing the ~\$333,000 budget allocation for Insulin Distribution Program (approx. 1/9th of budget allocation) because formulary needs to be updated, and more awareness is needed
- (Grant) New formulary requests have been submitted to the Pharmacy & Therapeutics Committee for review, including a rapid-acting and long-acting insulin, insulin syringes, and testing supplies.
- (Murphy) Communication plan needs to include promotion to county health departments; (Hylton) Bureau of Chronic Disease Prevention has implemented greater marketing to Health Officers, consortia, community health program staff; DOH is working on an online application.
- (Lerner) [Blue Circle Health](#) is available as a resource for individuals seeking insulin and other medications through their patient assistance program.

Discussion on Action Items:

- Action Plan Tracker tool is now available.
- In preparation for Dr. Chebli's meeting with the State Surgeon General, we can insert recommendations from recent and prior DAC reports.
- We may plan for an in-person meeting.
 - o Other topics for advocacy:
 - Reemphasize the importance of meeting the standards of care
 - Promote the importance of diabetes as a comorbidity with other conditions that are important to decision-makers: cancer, CV, Alzheimer's (Hylton)
 - Demonstrate the epidemiology, economic impact; 2.1 million Florida voters have diabetes (Laskoski)
 - Address root cause such as obesity (Beseler)
 - Address impact on aging adults, who have reduced ability to manage diabetes (Murphy)
 - Florida Stroke Registry is currently exploring the impact of discharge education about diabetes for stroke patients diagnosed with diabetes and post hospital outcomes. They are willing to share results (Gutierrez).

Presentation by Dr. Robert Dubin from Pennington Biomedical Research Center:

- Edmonton Obesity Staging System is a helpful tool.
- Body mass index has limitations; other methods for classifying obesity are needed.
- Two takeaways:
 - 1) Use of the term preclinical obesity – characterized by excess body fat, elevated waist circumference (BIA, DEXA), high risk of chronic disease, “metabolically healthy”? This is compared to clinical obesity, which is characterized by signs/symptoms – breathlessness, joint pain, chronic disease.

- Contrast between traditional measurement (use of term “overweight” and “obese”) and new diagnostic methods that account for muscle mass, presence of excess body fat
- 2) Adipose assessment of body composition
- Tools include DEXA, Bodpod, MRI
 - Algorithm for classification and treatment, gives guidance on how to proceed for individuals with preclinical obesity
 - New pharmacotherapies are being developed – bimagrumab, retatrutide (triple agent); In the US, presence of “middle-men” (pharmacy benefit managers) result in much higher prices
 - Future direction – directly target adiposity (decrease size or number) instead of just targeting food intake.

Question & Answer

- Has research been done in pediatrics? Yes, semaglutide is approved for age 12y+.
- Practitioners should be able to get coverage for patients with T2D; MDCR also covers treatment for conditions like HF, sleep apnea, renal dysfunction; see how to get coverage for comorbidities
- Pharmacy Benefit Managers increase cost, and this should be addressed; clinicians should initiate pre-authorizations if needed to get their patients the prescribed medications.
- (Murphy) Is there a use of these meds for T1D? Dr. Dubin has found that ~50% of patients have been responsive to weight loss meds.
- How much research has been done on effectiveness of National DPP? The pre-clinical obesity staging system is new, more studies to come that will help determine the ROI of meds compared to lifestyle change. Dr. Dubin recommends different treatment options, like short-term pharmacotherapy.
- (Chebli) GLP-1s can cause sarcopenia, patients need protein. DEXA can show baseline and progress of bone density; waist-to-hip-ratio
- Since BMI is the currently available metric, the DAC may want to extract those data from lab repositories to direct screening and awareness efforts. It’s a start, but we need additional tools.

SHIP Chronic Disease & Conditions Priority Area Workgroup

- (Rivers) Steering committee is composed of individuals from a variety of agencies and organizations; they welcome input on updating [objectives](#).
- The workgroup meets bimonthly, **next meeting focused on diabetes is June 5, 1-2pm**. They invite the DAC to recommend new strategies. Changes in funding or capacity can affect the ability to increase the number of National DPP organizations; Dr. Price’s organization, MCR Health, offers DSMES; their population health team helps in the referral and tracking processes.

Public Comment:

- (Fundora) School Health team is almost finished updating their diabetes care guidelines. They are requesting input on the draft (volunteers: Murphy, Waskovich, Forrest); final version should be routed by mid-June.
- (Forrest) Touched by Type 1 non-profit organization has a free [conference](#) for persons with diabetes and their families on September 20, 2025, in Orlando; they need additional HCPs to provide foot and retinal exams. Contact Elizabeth at elizabeth@touchedbytype1.org

Future Scheduled Meetings:

New calendar invite series is forthcoming.

Wrap-up and Adjourn:

This conference call meeting was recorded. By staying on the conference call line, all participants agreed to be recorded.