



## Legislation Details (With Text)

<b>File #:</b>	Res 0619-2023	<b>Version:</b>	*	<b>Name:</b>	Collect and publish data on diabetes-related amputations annually, and encourage hospitals to create a strategy to reduce the growing number of diabetes-related amputations.
<b>Type:</b>	Resolution	<b>Status:</b>			Filed (End of Session)
		<b>In control:</b>			Committee on Hospitals
<b>On agenda:</b>	5/11/2023				
<b>Enactment date:</b>		<b>Enactment #:</b>			
<b>Title:</b>	Resolution calling on New York State to collect and publish data on diabetes-related amputations annually, and encourage hospitals to create a strategy to reduce the growing number of diabetes-related amputations.				
<b>Sponsors:</b>	Mercedes Narcisse, Shahana K. Hanif, Kevin C. Riley				
<b>Indexes:</b>					
<b>Attachments:</b>	1. Res. No. 619, 2. May 11, 2023 - Stated Meeting Agenda, 3. Hearing Transcript - Stated Meeting 5-11-23, 4. Minutes of the Stated Meeting - May 11, 2023				

Date	Ver.	Action By	Action	Result
5/11/2023	*	City Council	Introduced by Council	
5/11/2023	*	City Council	Referred to Comm by Council	
12/31/2023	*	City Council	Filed (End of Session)	

### Res. No. 619

Resolution calling on New York State to collect and publish data on diabetes-related amputations annually, and encourage hospitals to create a strategy to reduce the growing number of diabetes-related amputations.

By Council Members Narcisse, Hanif and Riley

Whereas, According to 2022 statistics from the Centers for Disease Control and Prevention (CDC), in the United States roughly 28.7 million people have been diagnosed with diabetes, and an additional 8.5 million people are undiagnosed; and

Whereas, In New York, approximately 1.7 million people have been diagnosed with diabetes, with an additional estimate of 456,000 who are undiagnosed; and

Whereas, Over 117,000 people are diagnosed with diabetes every year in New York; and

Whereas, For individuals with diabetes, the risk of lower extremity amputations are 20 times higher than in individuals without diabetes, with studies showing that most non-traumatic lower limb amputations are

caused by diabetes; and

Whereas, Amputations are common for individuals with diabetes due to their high risk of developing foot ulcerations because of inadequate blood supply and damage to the nerves in the feet; and

Whereas, Estimates from Health People - Community Preventive Health Institute show that between 2009 and 2021, New York State had 50,000 diabetes-related amputations; and

Whereas, Between 2009 and 2017, New York saw an 84% increase of hospitalization rates for diabetes-related amputations, compared to the nationwide increase of 47%; and

Whereas, The increase has been even more significant in New York City over the same time period, with Bronx, Queens, and Manhattan each increasing by more than 95%; and

Whereas, For diabetic patients, adjusting to life after a lower extremity amputation is not the only post-operation concern; and

Whereas, Almost 55% of individuals who had a lower limb amputation caused by diabetes, needed an amputation on the second leg within 2 to 3 years of their first amputation; and

Whereas, A publication from the *Journal of Foot and Ankle Research* shows that the five year death rate for diabetic patients after a minor amputation is 29% and 57% after a major amputation; and

Whereas, Research shows that regular care and early intervening treatments, through foot screening and designated strategies related to foot care, are effective methods for preventing diabetic-related amputations; and

Whereas, Early care for lower limb issues, targeted patient education, or asking people with diabetes on government insurance to attend one wellness visit a year have all yielded in reductions of lower limb amputations; and

Whereas, Due to the COVID-19 pandemic, regular care and preventive treatment appointments decreased significantly, negatively affecting the health of diabetic patients and in some regions resulted in an increase of lower extremity amputations; and

Whereas, Diabetic patients that require amputations are also subject to overwhelming costs of care, with

initial hospital costs between \$30,000 and \$60,000 dollars and additional follow-up costs after the operation; and

Whereas, Diabetic patients often have to navigate lost employment following an amputation, or pay for mental health and other services often necessary for amputees, which can result in costs of up to \$200,000 in the first year after an amputation; and

Whereas, Diabetes also takes a significant toll on the nation's economy, with diabetes care cost estimates rising to \$327 billion in 2018, with almost 68% of that cost covered by Medicaid, Medicare, and the military; and

Whereas, In New York State, Medicaid patients with diabetes average about \$15,336 beyond the average cost for Medicaid patients without diabetes; and

Whereas, Although New York State collects data on rates of lower extremity amputations in diabetic patients, the information is not posted consistently; and

Whereas, Limited information on the rates makes it difficult to identify whether the numbers are improving or worsening across New York City and to respond accordingly; and

Whereas, According to health professionals and diabetes patient advocates, New York State does not have programs or initiatives that advocate care and strategies necessary to reduce lower extremity amputations; and

Whereas, Without targeted strategies and encouragement to hospitals to address this growing number, lower extremity amputations will continue to increase; and

Whereas, To improve the health and wellbeing of the 1.7 million New Yorkers living with diabetes; now, therefore, be it

Resolved, That the Council of the City of New York calls on New York State to collect and publish data on diabetes-related amputations annually, and encourage hospitals to create a strategy to reduce the growing number of diabetes-related amputations.

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05/03/2023  
RLB