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SENATE BILL 6556

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State of Washington

62nd Legislature

2012 Regular Session

By Senators Keiser and Regala

Read first time 01/31/12. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to establishing a diabetes action team public-  
2 private partnership; creating new sections; and providing an expiration  
3 date.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** (1) The legislature recognizes that the  
6 human and financial impact of diabetes on the state, its budget, and  
7 those living with the disease is significant. Today, more than five  
8 hundred thousand of our citizens live with diabetes and over one  
9 million six hundred thousand live with prediabetes. Yet, by 2025 it is  
10 projected that more than nine hundred seventy-five thousand people will  
11 live with diabetes and more than two million thirty-six thousand people  
12 will be living with prediabetes. These same estimates also suggest  
13 that the disease has a five billion dollar impact on the state economy  
14 this year which will increase to about nine billion six hundred  
15 thousand dollars in 2025. Yes, half of these costs are attributed to  
16 inpatient hospital based care directly attributable to preventable and  
17 manageable complications associated with diabetes including heart  
18 attacks, strokes, blindness, kidney failure, and lower-leg amputations.  
19 Families also experience financial challenges due to diabetes given

1 estimates documenting the per capita costs of the disease equaling  
2 about twelve thousand dollars per year. Two out of three people living  
3 with diabetes will die from a heart attack or stroke. Those living  
4 with diabetes run a risk of a heart attack or stroke that is four times  
5 greater than that for those without diabetes. It is expected that the  
6 number of people experiencing blindness and vision trouble due to  
7 diabetes in Washington will more than double to one hundred twenty-two  
8 thousand six hundred in 2025 from fifty-nine thousand one hundred  
9 today. The legislature also recognizes the devastating impact diabetes  
10 and its complications place on families, as well as the  
11 disproportionate impact of the disease on communities of color and  
12 those living near or below the poverty level, newborns of mothers with  
13 gestational diabetes, children living with type 1 diabetes, and those  
14 with type 2 diabetes. The legislature further recognizes the damaging  
15 effects of not properly preparing the state for the current and future  
16 impact of the reach and scope of diabetes given its financial and human  
17 impact on families, state-run health care financing and insurance  
18 programs, private employer-financed insurance programs, and the  
19 potential for a lower standard of living for Washington families  
20 impacted by diabetes.

21 (2) The legislature finds that diabetes has the potential to  
22 challenge all health services and financing programs serving the needs  
23 of people living with and without the disease. The legislature further  
24 finds that the purpose of the state's health, insurance, and disability  
25 systems is to help those with or at risk for diabetes to acquire the  
26 skills and knowledge they will need to prevent or manage diabetes via  
27 proven medical evidence.

28 (3) The legislature further finds that responsible citizenship  
29 includes an ability to make wise decisions when it comes to managing or  
30 preventing diabetes. The legislature further finds that focusing  
31 attention on the impact of diabetes on our health care, insurance, and  
32 health financing systems is imperative to prepare these systems for the  
33 future impact of the disease and its complications.

34 (4) The legislature intends to assist families impacted by  
35 diabetes, employers, and government programs serving their interests in  
36 developing reasonable strategies to contain the impact of diabetes  
37 today and tomorrow. As a means to achieve this goal, the legislature  
38 intends to assess the reach, scope, and impact of diabetes on

1 Washington's residents, taxpayers, and employers by creating a public-  
2 private partnership. This public-private partnership called the  
3 diabetes action team will aim to generate important information on how  
4 diabetes is impacting families and the state today while aiming to  
5 prepare for the future reach and scope of diabetes of all forms  
6 including type 1 diabetes, type 2 diabetes, gestational diabetes, and  
7 prediabetes.

8 NEW SECTION. **Sec. 2.** (1) A diabetes action team public-private  
9 partnership is established to assess and determine the reach and impact  
10 of type 1 diabetes, type 2 diabetes, gestational diabetes, and  
11 prediabetes on the state. The diabetes action team must consist of  
12 legislative, agency, and community membership.

13 (a) The legislative members must be: Two members of the senate,  
14 one of whom is a member of the senate health and long-term care  
15 committee, whom the president of the senate shall appoint; and two  
16 members of the house of representatives, one of whom is a member of the  
17 house committee on health care and wellness, whom the speaker of the  
18 house of representatives shall appoint.

19 (b) The agency members must be: One member from and appointed by  
20 the office of the health care authority; one member from and appointed  
21 by the department of social and health services; one member from and  
22 appointed by the office of the superintendent of public instruction;  
23 one member from and appointed by the department of labor and  
24 industries; and one member from and appointed by the department of  
25 health.

26 (c) The governor shall appoint the community members as follows:  
27 Two members from the private medical insurance industry; two members  
28 from the hospital community that have expertise in the topic of  
29 diabetes; four members from the pharmaceutical medical device and  
30 biotechnology industry; two members from the physician community with  
31 an expertise in epidemiological data specific to diabetes; two members  
32 from the allied health professionals with an expertise in diabetes care  
33 and management; one member representing diabetes patients; and three  
34 members representing payors or employers based in Washington with a  
35 workforce impacted by diabetes.

36 (d) The members of the partnership shall select the chair of the  
37 partnership.

1 (2) To the extent funds are appropriated or are available for this  
2 purpose, technical and logistical support may be provided by the state  
3 government offices and entities named to the partnership, the  
4 organizations composing the partnership, and other participants in the  
5 diabetes action team public-private partnership. The office of the  
6 health care authority shall compile the initial list of members and  
7 convene the first meeting of the partnership.

8 (3) The members of the partnership must be appointed by August 1,  
9 2012.

10 (4) Legislative members of the partnership must receive per diem  
11 and travel under RCW 44.04.120.

12 (5) Travel and other expenses of members of the partnership must be  
13 provided by the agency, association, or organization that member  
14 represents.

15 NEW SECTION. **Sec. 3.** (1) By December 1, 2012, the diabetes action  
16 team public-private partnership shall finalize a set of charges and  
17 action steps for the partnership to generate data and information  
18 related to the impact of diabetes on health insurance-related programs,  
19 health insurance financing efforts, employers, and public health  
20 efforts in Washington.

21 (2) By April 1, 2013, the diabetes action team public-private  
22 partnership shall identify the following:

23 (a) The financial impact and reach diabetes of all types is having  
24 on the entity, the state, and localities. Items included in this  
25 assessment must include the number of lives with diabetes impacted or  
26 covered by the programs overseen by the state and whenever possible the  
27 individual entities participating in the partnership, the number of  
28 lives with diabetes and family members impacted by prevention and  
29 diabetes control programs implemented and overseen by the state and  
30 whenever possible the individual entities participating in the  
31 partnership, the financial toll or impact diabetes and its  
32 complications places on the state overseen programs participating in  
33 the partnership, and whenever possible the individual entities  
34 participating in the partnership and the financial toll or impact  
35 diabetes and its complications places on the programs participating in  
36 the partnership and whenever possible the individual entities

1 participating in the partnership in comparison to other chronic  
2 diseases and conditions;

3 (b) An assessment of the benefits of implemented programs and  
4 activities overseen by the state and whenever possible the individual  
5 entities participating in the partnership aimed at controlling diabetes  
6 and preventing the disease. This assessment must also document the  
7 amount and source for any funding directed to agencies or entities from  
8 the Washington legislature for programs and activities aimed at  
9 reaching those with diabetes;

10 (c) A description of the level of coordination existing between the  
11 entities participating in the partnership overseen by the state on  
12 activities, programmatic activities, and messaging on managing,  
13 treating, or preventing all forms of diabetes and its complications;  
14 and

15 (d) A description of the level of coordination existing between the  
16 state and nongovernmental entities participating in the partnership on  
17 activities, programmatic activities, and messaging on managing,  
18 treating, or preventing all forms of diabetes and its complications.

19 NEW SECTION. **Sec. 4.** The requirements of sections 1 through 3 of  
20 this act are limited to the diabetes information, data, initiatives,  
21 and programs within each agency overseen by the state participating in  
22 the partnership before the effective date of this section, unless there  
23 is unobligated funding for diabetes in each agency that may be used for  
24 new research, data collection, reporting, or other requirements of  
25 sections 1 through 3 of this act.

26 NEW SECTION. **Sec. 5.** A preliminary report of the partnership's  
27 findings must be presented to the governor and relevant senate and  
28 house committees focused on health and health financing matters by July  
29 1, 2013. A final report of the partnership must be submitted to the  
30 same parties by December 1, 2013.

31 NEW SECTION. **Sec. 6.** The diabetes action team public-private  
32 partnership account is created in the custody of the state treasurer.  
33 The purpose of the account is to support the diabetes action team  
34 public-private partnership and to identify the impact of diabetes of  
35 all forms on the state. Revenues to the account may include gifts from

1 the private sector, federal funds, and any appropriations made by the  
2 legislature or other sources. Grants and their administration must be  
3 paid from the account. Only the director of the health care authority  
4 or the director's designee may authorize expenditures from the account.  
5 The account is subject to allotment procedures under chapter 43.88 RCW,  
6 but an appropriation is not required for expenditures.

7 NEW SECTION. **Sec. 7.** This act expires January 1, 2014.

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