

HOUSE BILL REPORT

SB 5689

As Reported by House Committee On:
Health Care & Wellness
Appropriations

Title: An act relating to containing the scope and costs of the diabetes epidemic in Washington.

Brief Description: Concerning the scope and costs of the diabetes epidemic in Washington.

Sponsors: Senators Becker, Keiser, Dammeier, Frockt, Jayapal and McAuliffe.

Brief History:

Committee Activity:

Health Care & Wellness: 3/24/15, 3/31/15 [DPA];

Appropriations: 4/6/15, 4/7/15 [DPA(HCW)].

**Brief Summary of Bill
(As Amended by Committee)**

- Requires the Department of Health, the Department of Social and Health Services, and the Health Care Authority to collaborate to identify goals and benchmarks while also developing and implementing individual agency plans to reduce the incidence of diabetes, improve diabetes care, and control the complications associated with diabetes.
- Requires the Department of Health, the Department of Social and Health Services, and the Health Care Authority to submit a report every four years on diabetes.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass as amended. Signed by 14 members: Representatives Cody, Chair; Riccelli, Vice Chair; Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Jinkins, Johnson, Moeller, Robinson, Short, Tharinger and Van De Wege.

Staff: Jim Morishima (786-7191).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Diabetes is a group of diseases in which the body's inability to produce or utilize insulin results in high blood glucose levels over a prolonged period of time. Type 1 diabetes occurs when the body is unable to produce insulin and is usually diagnosed at an early age. Type 2 diabetes occurs when the body is unable to produce enough insulin, the body is unable to utilize insulin properly, or both. Gestational diabetes is a form of diabetes that affects pregnant women.

Complications of uncontrolled diabetes include ketoacidosis, kidney disease, heart disease, eye disease, and damaged nerves in the extremities. Although there is no cure for diabetes, the disease can be managed through lifestyle changes, management of blood glucose levels, and medication, including insulin.

In 2013 the Department of Health (DOH), the Department of Social and Health Services (DSHS), and the Health Care Authority (HCA) were required to report on state efforts to prevent and control diabetes. The report was required to include:

- the financial impacts and reach that diabetes is having on the programs administered by the agencies and the participants in those programs;
- an assessment of the benefits of implemented and existing programs and activities aimed at controlling and preventing diabetes;
- a description of the level of coordination between the agencies on activities and messaging on managing, treating, or preventing diabetes;
- the development or revision of policy-related action plans and budget recommendations for battling diabetes; and
- an estimate of the savings, efficiencies, and costs of the recommendations.

In 2014 the DOH, the DSHS, and the HCA published the Diabetes Action Report. The report included the following recommended goals:

- ensure all appropriate populations have access to a diabetes prevention program;
- increase access to safe and affordable active living;
- increase access to healthy foods and beverages;
- ensure all people with diabetes receive self-management education from a diabetes prevention program;
- ensure people with diabetes and gum disease have access to guideline-based oral health treatment;
- enhance care coordination for people with diabetes and mental illness;
- ensure all appropriate populations have access to chronic disease self-management education programs;
- ensure the involvement of community health workers to address diabetes in populations with the greatest needs;
- increase stakeholder involvement in policymaking pertaining to diabetes; and
- support the Plan for a Healthier Washington's investment in analytics, interoperability, and measurement.

Summary of Amended Bill:

The DOH, the DSHS, and the HCA must continue to collaborate to identify goals and benchmarks while also developing individual agency plans to implement recommendations to reduce the incidence of diabetes, improve diabetes care, and control the complications associated with diabetes, starting with Medicaid programs and the Healthier Washington Plan.

The agencies must collectively submit a report to the Governor and the Legislature by December 31, 2018, and every four years thereafter. The report must include:

- the financial impact and reach diabetes has on programs administered by each agency and participants in those programs;
- an assessment of the benefits of implemented programs and activities aimed at controlling and preventing diabetes;
- a description of the level of coordination existing between the agencies on activities and messaging on managing, treating, or preventing diabetes;
- a development or revision of detailed action plans for battling diabetes, which must identify proposed action steps to reduce the impact of diabetes, pre-diabetes, and diabetes complications, especially for Medicaid populations; and
- an estimate of costs, return on investment, and resources required to implement the action plans.

Amended Bill Compared to Original Bill:

The amended bill:

- requires the HCA, the DSHS, and the DOH to implement recommendations to reduce the incidence of diabetes, improve diabetes care, and control diabetes complications;
- requires that the implementation begin with Medicaid programs and the Healthier Washington Plan;
- requires the diabetes report submitted by the HCA, the DSHS, and the DOH to be submitted collectively;
- requires the report to be submitted every four years beginning December 31, 2018, instead of every two years beginning December 31, 2017;
- requires the report to include the return on investment of the diabetes action plans; and
- removes the following information from the report:
 - the number of lives with diabetes impacted or covered by agency programs;
 - the number of lives with diabetes and family members impacted by agency prevention and diabetes control programs;
 - the financial toll or impact diabetes and its complications places on the programs;
 - the financial toll or impact diabetes and its complications places on the programs in comparison to other chronic diseases and conditions;
 - the amount and source for any funding directed to the agencies for programs and activities aimed at reaching people with diabetes;
 - expected outcomes of the action steps proposed in the following biennium;
 - and
 - benchmarks for controlling and preventing relevant forms of diabetes.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Amended Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill is a continuation of efforts from last year. Diabetes is a significant health condition that is on the rise in Washington. The disease is the leading cause of non-traumatic amputations and is a gateway disease to other chronic diseases. The recently published Diabetes Action Report documents and depth of the challenges ahead. Washington has the platinum report. It shows where the state has been, where the state is, and where the state is going. If the report's recommendations are followed, the tide of diabetes will be stemmed. Information is the biggest factor in helping people manage diabetes. This bill will help gather information to figure out where to go from here. The bill will require a coordinated action plan and recommended goals necessary to treat diabetes. Diabetes is important enough to have an updated report.

(Opposed) None.

Persons Testifying: Senator Becker, prime sponsor; Stewart Perry, National Diabetes Leadership Council; Josh Saco; Bill Struyke, American Diabetes Association; Tom Boyer, Novo Nordisk; and Melanie Stewart, Washington State Pediatric Medical Association and Eli Lilly and Co.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass as amended by Committee on Health Care & Wellness. Signed by 31 members: Representatives Hunter, Chair; Ormsby, Vice Chair; Chandler, Ranking Minority Member; Parker, Assistant Ranking Minority Member; Wilcox, Assistant Ranking Minority Member; Buys, Carlyle, Cody, Condotta, Dent, Dunshee, Fagan, Haler, Hansen, Hudgins, G. Hunt, S. Hunt, Jinkins, Kagi, Lytton, MacEwen, Magendanz, Pettigrew, Sawyer, Senn, Springer, Stokesbary, Sullivan, Tharinger, Van Werven and Walkinshaw.

Minority Report: Do not pass. Signed by 1 member: Representative Taylor.

Staff: Erik Cornellier (786-7116).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:

No new changes were recommended.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on April 2, 2015.

Effective Date of Amended Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) The amendments made in the Health Care and Wellness Committee should reduce the fiscal impact. This is good policy and an ongoing effort with the Diabetes Epidemic and Action Report submitted by the Health Care Authority, the Department of Social and Health Services, and the Department of Health.

(Opposed) None.

Persons Testifying: Michael Transue, Novo Nordisk.

Persons Signed In To Testify But Not Testifying: None.