House Bill 3487

Sponsored by Representative BRUUN; Representatives ESQUIVEL, FLORES, GARRARD, GELSER, GILLIAM, GIROD, KRIEGER, MAURER, OLSON, RICHARDSON, SCHAUFLER, WHISNANT

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Directs Department of Human Services to develop education program regarding diabetes. Directs health care providers to utilize guidelines established by American Diabetes Association. Directs department to adopt plan to decrease obesity rates and diabetes control and prevention plan. Establishes Diabetes Control and Prevention Fund. Continuously appropriates moneys in fund

to department for purposes of educational program and diabetes control and prevention plan.

A BILL FOR AN ACT

2 Relating to diabetes; and appropriating money.

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3 Be It Enacted by the People of the State of Oregon:

4 <u>SECTION 1.</u> Sections 2 to 6 of this 2007 Act are added to and made a part of ORS chapter 5 431.

6 <u>SECTION 2.</u> (1) The Department of Human Services shall develop and establish an edu-7 cation program for consumers, patients and health care providers regarding diabetes. The 8 program shall provide information about issues related to the prevention and treatment of

9 diabetes, including but not limited to:

10 (a) Nutrition, body weight and lifestyle risk factors;

11 (b) The prevalence of diabetes;

12 (c) Testing, screening and measuring treatment goals according to recommended treat-

13 ment effectiveness clinical measures;

14 (d) The signs and symptoms of diabetes;

15 (e) Cardiovascular disease risk factors for people with diabetes;

16 (f) The benefits of moderate exercise; and

(g) The availability to state medical assistance enrollees of medications that treat
diabetes.

(2) The education program established under this section shall be made available to the
public without charge. Materials published as part of this program may be distributed
through the department, other state agencies and private health care providers.

22 SECTION 3. (1) Health care professionals, hospitals and medical organizations, health 23maintenance organizations, managed care plans and any other qualified parties that provide 24 treatment to patients with diabetes, receive reimbursement through the Oregon Health Plan or are licensed by the state shall utilize generally recognized clinical practice guidelines to 25 26 provide more stringent methods to improve patient outcomes. For purposes of this section, 27generally recognized clinical practice guidelines include the American Diabetes Association's goals, recommendations and standards that identify the reduction of body mass index, 28 29 cardiovascular risk issues and glycemic control as key factors to managing diabetes.

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1	(2) Clinical practice guidelines utilized to provide more stringent methods to improve
2	patient outcomes by health care professionals, as described in subsection (1) of this section,
3	shall include:
4	(a) Screening of individuals 45 years of age or older, particularly those individuals car-
5	rying excess weight for their height and frame, or who have other risk factors for diabetes,
6	to detect prediabetes and diabetes;
7	(b) Adoption of a stringent target goal for glycemic control to lower the risk of
8	cardiovascular events;
9	(c) Establishment of a program to reduce weight in order to reduce the risk of
10	cardiovascular events and additional diabetes-related complications; and
11	(d) Establishment of a management program for diabetes-related health concerns.
12	(3) A health service plan that offers coverage for care of diabetes before the effective
13	date of this 2007 Act may not eliminate such coverage or discontinue a plan with such cov-
14	erage.
15	SECTION 4. (1) By January 1, 2010, the Department of Human Services shall establish a
16	plan to decrease obesity rates in children and adults by 10 percent. The department shall
17	consult with, among others, physicians, educators and work-site wellness and employee
18	benefits counselors.
19	(2) In developing the plan, the department shall address the following:
20	(a) Identification of barriers to effective control of obesity;
21	(b) The contributions of diet, exercise and lifestyle choices to managing diabetes;
22	(c) The current health effects of obesity and morbid obesity, including rampant diabetes;
23	and
24	(d) Identification of actions to be taken to reduce the morbidity and mortality from
25	obesity and morbid obesity, including diabetes, by October 1, 2008.
26	(3) The department shall:
27	(a) Review and make recommendations based on best practices and appropriate clinical
28	practice guidelines to manage diabetes mellitus; and
29	(b) Review current screening, treatment and related activities in this state related to
30	diabetes and identify gaps in service.
31	(4) The department shall report its findings to the next regular session of the Legislative
32	Assembly and to the Governor. The department shall include with its report recommended
33	policy and procedural changes, as well as a recommended level of funding necessary to
34	achieve the goals of the plan established under this section.
35	SECTION 5. (1) The Department of Human Services shall develop and implement a
36	diabetes control and prevention plan.
37	(2) As part of the plan required by subsection (1) of this section, the department shall:
38	(a) Conduct a needs assessment in various communities across Oregon;
39	(b) Take measures designed to raise public awareness of diabetes; and
40	(c) Establish a Diabetes Control and Prevention Advisory Committee to provide advice
41	on the implementation of the department's plan to control and prevent diabetes. The advi-
42	sory committee shall be composed of representatives from managed care organizations,
43	schools of medicine or public health, physicians and diabetes patient organizations.
44	SECTION 6. Any hospitals and medical organizations, health maintenance organizations,
45	managed health care plans or any other providers of health services that are under contract
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1 with the state to provide health care services through the Oregon Health Plan shall:

2 (1) Develop and implement special disease management programs to manage diabetes and 3 comorbid conditions such as obesity and morbid obesity;

4 (2) Utilize generally recognized clinical practice guidelines, such as the nutrition recom-5 mendations and interventions established by the American Diabetes Association that identify 6 weight loss as an important therapeutic strategy, when developing and implementing a 7 diabetes management plan;

8 (3) Provide services to recipients of medical assistance who have diabetes or who have a 9 body mass index in excess of 25 kg/m and who may have other comorbid conditions such as 10 hypertension, dyslipidemia and high blood pressure; and

(4) Request proposals from providers of disease management services, including managed
care organizations, to comply with the requirements of sections 2 to 6 of this 2007 Act.

<u>SECTION 7.</u> (1) The Diabetes Control and Prevention Fund is established in the State Treasury, separate and distinct from the General Fund. Interest earned by the Diabetes Control and Prevention Fund shall be credited to the fund. Moneys in the fund are continuously appropriated to the Department of Human Services for the purposes of the education program established under section 2 of this 2007 Act and implementation of the diabetes control and prevention plan under section 5 of this 2007 Act.

(2) The department may accept contributions of moneys and assistance from any source,
public or private. All moneys received by the department under this section shall be depos ited into the fund.

22 <u>SECTION 8.</u> Section 9 of this 2007 Act is added to and made a part of ORS chapter 743.

<u>SECTION 9.</u> All fully capitated health plans providing services to enrollees with diabetes in this state shall adopt, as a minimum standard of care, the most current nutrition recommendations and interventions established by the American Diabetes Association when treating a patient diagnosed with diabetes or a patient who has several risk factors for diabetes.

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