
SUBSTITUTE SENATE BILL 6556

State of Washington

62nd Legislature

2012 Regular Session

By Senate Health & Long-Term Care (originally sponsored by Senators Keiser and Regala)

READ FIRST TIME 02/03/12.

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. Yet, 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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