

HOUSE BILL REPORT

HB 1795

As Passed House:
March 11, 2013

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: Representatives Jinkins, Schmick, Morrell, Harris, Green, Hope, Pollet and Bergquist.

Brief History:

Committee Activity:

Appropriations Subcommittee on Health & Human Services: 2/25/13 [DP].

Floor Activity:

Passed House: 3/11/13, 87-11.

Brief Summary of Bill

- Requires the Health Care Authority (HCA), Department of Social and Health Services (DSHS), and Department of Health (DOH) to collaborate to identify goals, benchmarks, and plans for preventing and controlling diabetes.
- Requires the HCA, the DSHS, and the DOH to report to the Legislature on these efforts every two years.

HOUSE COMMITTEE ON APPROPRIATIONS SUBCOMMITTEE ON HEALTH & HUMAN SERVICES

Majority Report: Do pass. Signed by 8 members: Representatives Morrell, Chair; Harris, Ranking Minority Member; Cody, Green, Jinkins, Kagi, Ormsby and Ross.

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

Staff: Erik Cornellier (786-7116).

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.

The Health Care Authority (HCA) provides health care coverage to approximately 1.2 million low-income Washington residents through various state and federal programs including Medicaid, Apple Health for Kids, Medical Care Services, the Basic Health Program, and the Washington Health Program. Through the Public Employees Benefits Board, the HCA also provides medical, dental, life, and long-term disability coverage to eligible state and higher-education employees.

The Department of Social and Health Services (DSHS) administers various social services programs that provide protection, comfort, food assistance, cash assistance, and other services. Programs and administrations within the DSHS include: aging and disability, alcohol and substance abuse, child support, children's services, deaf and hard of hearing, juvenile rehabilitation, mental health, research and data analysis, residential habilitation centers, special commitment center, state hospitals, and vocational rehabilitation.

The Department of Health (DOH) administers various programs and services that promote public health through disease and injury prevention, immunization, newborn screening, professional licensing, and public education. The DOH's Diabetes Prevention and Control program works with partners to help prevent diabetes through policy, environmental, and system changes in communities.

Summary of Bill:

The HCA, the DSHS, and the DOH must collaborate to identify goals and benchmarks for reducing the incidence of diabetes in Washington, improving diabetes care, and controlling the medical complications and financial impacts associated with diabetes. Each agency must also develop individual agency plans to accomplish those goals.

The agencies must submit a report to the Governor and the Legislature by December 31, 2014, and every other year after that. The reports must include the financial impacts of diabetes on agency programs and individuals enrolled in the programs, an assessment of the benefits of current programs aimed at preventing and controlling diabetes, a description of the level of agency coordination on diabetes, detailed action plans and budget recommendations, and an estimate of the possible costs or savings from implementing the action plans.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) Total and indirect medical costs from diabetes are \$4 billion to the Washington health care system annually. One of every \$10 spent is related to diabetes. It is estimated that by 2050 one in three adults will suffer from diabetes. The problem is bordering on a fiscal disaster for patients and people that have to pay the bills. The National Society for

Quality Assurance found that the number of hospitalizations attributable to diabetes doubled in a decade, so costs are growing exponentially. If diabetes was a country it would be the third largest. It would have the highest health care costs of any system, and it would be on the verge of bankruptcy.

The good news is that adult onset diabetes is preventable and it can also be well managed. It is complicated and hard for people to figure out how to address diabetes, especially when people get it as adults and have habits that they need to give up.

The State of Washington is heavily invested in this because of the level of health care the state provides. Agencies are working on this issue, but not always in a coordinated fashion. With more coordination and intensity, the state can save health care costs and help people at the same time. This bill is the lowest of the low-hanging fruit to begin to tackle this personal and fiscal issue by breaking down silos and combating the problem. It calls for an assessment of where the state is today and requires plans and recommendations to tackle the problem. It is important to plan collectively and reach out to the community to inform it about what diabetes is.

Outside organizations are running a campaign to pass similar legislation in other states.

There are organizations, such as the Washington Association of Diabetes Educators and the YMCA, that could provide technical assistance that could buy down the fiscal note. The YMCA just received a Robert Wood Johnson grant requiring it to create state approaches to prevention and to work with local communities and organizations, particularly with respect to childhood obesity.

(Opposed) None.

Persons Testifying: Representative Jinkins, prime sponsor; Michael Transue and Tom Boyer, Novo Nordisk; and Donna Christensen, American Diabetes Association.

Persons Signed In To Testify But Not Testifying: None.