

# SENATE BILL REPORT

## HB 1795

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As of March 27, 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:** Passed House: 3/11/13, 87-11.

**Committee Activity:** Health Care: 3/26/13.

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### SENATE COMMITTEE ON HEALTH CARE

**Staff:** Kathleen Buchli (786-7488)

**Background:** Diabetes is a group of diseases characterized by high blood glucose levels that result from defects in the body's ability to produce and/or use insulin. Type 1 diabetes is usually diagnosed in children and young adults, and was previously known as juvenile diabetes. In type 1 diabetes, the body does not produce insulin. Type 2 diabetes is the most common form of diabetes. Millions of Americans are diagnosed with type 2 diabetes, and many more are unaware that they are at high risk. In type 2 diabetes, either the body does not produce enough insulin or the cells ignore the insulin. Pregnant women who never had diabetes before but who have high blood sugar levels during pregnancy are said to have gestational diabetes.

The Department of Health (DOH) administers the Diabetes Prevention and Control Program (DPCP) which aims to meet the ten goals in the Washington State Diabetes Plan to prevent and control diabetes in this state. DPCP establishes various programs to aid in training professionals, managing and sharing information, and providing basic services through local coalitions. DOH collaborates with the Washington State Diabetes Network, which is composed of public, private, academic, and community sectors and sets priorities to meet the goals of the Washington Diabetes Plan. DOH also trains medical professionals to improve the detection and treatment of people with diabetes in primary health settings and administers the Healthy Communities Washington program that teaches healthy living practices to address health concerns related to diabetes, obesity, and tobacco use.

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The Health Care Authority (HCA) conducts a performance analysis report of its Healthy Options program and assesses the percentage of Medicaid enrollees with diabetes.

The Department of Social and Health Services (DSHS), through the Aging and Disability Services Administration, administers the Chronic Disease Self-Management Program (CDSMP), in collaboration with DOH. CDSMP is a six-week workshop where aging populations with different chronic diseases receive special training to manage chronic illnesses and maintain a healthy lifestyle.

**Summary of Bill:** The bill as referred to committee not considered.

**Summary of Bill (Proposed Amendment):** HCA, DSHS, and DOH must collaborate to identify goals and benchmarks while also developing individual agency plans to reduce the incidence of diabetes in Washington, improve diabetes care, and better control medical complications and financial impacts associated with the disease.

By December 31, 2014, HCA, DSHS, and DOH must submit a coordinated report to the Governor and Legislature on the financial impacts that all types of diabetes and undiagnosed gestational diabetes have on each agency's programs. The report must include, for each agency's programs: the number of people with diabetes and undiagnosed gestational diabetes covered; the number of people with diabetes, at risk for diabetes, and family members impacted by prevention and control programs; costs incurred due to diabetes and its complications, including undiagnosed gestational diabetes; and costs due to complications experienced during labor to children of mothers with gestational diabetes. Each agency must assess the benefits of existing programs aimed at controlling and preventing all types of diabetes and describe the level of coordination of diabetes-related activities among the agencies. The report must include policy and budget recommendations for the Legislature to consider to reduce the impact of diabetes and establish benchmarks for controlling and preventing all types of diabetes.

**Appropriation:** None.

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony:** PRO: Nationwide, 26 million children and adults have diabetes and 80 million people are pre-diabetic; these are people we can help. Diabetes costs our nation \$245 billion annually and will bankrupt our health care system if something is not done. With the right opportunities and interventions, we can prevent pre-diabetes and type 2 diabetes. Diabetes has a significant impact on families; everyone around the individual with diabetes is affected. Being proactive now and addressing diabetes before people get it will lead to fewer costs down the road. We would like to work on some minor technical corrections to the bill. Gestational diabetes is the gateway to diabetes. Less than 5 percent of people receiving Medicaid are diagnosed, but we know that number should be around 18 percent. We are concerned that health care providers are not providing the tests

for determining gestational diabetes; this is an issue with minority populations who are not receiving such tests as a standard part of their treatment.

**Persons Testifying:** PRO: Representative Jenkins, prime sponsor; Tom Boyer, Novo Nordisk; Linda Salo, citizen; Laura Keller, American Diabetes Assn.