

# HOUSE BILL REPORT

## SB 5689

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**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], 2/19/16, 2/24/16 [DPA];

Appropriations: 4/6/15, 4/7/15 [DPA(HCW)], 2/27/16, 2/29/16 [DPA(APP w/o 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 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 each submit biennial reports on diabetes.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** Do pass as amended. Signed by 15 members: Representatives Cody, Chair; Riccelli, Vice Chair; Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Jinkins, Johnson, Moeller, Robinson, Rodne, Short, Tharinger and Van De Wege.

**Staff:** Jim Morishima (786-7191).

**Background:**

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*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.

In the 2015 Operating Budget, the DOH, the DSHS, and the HCA were required to collaboratively submit another report on diabetes to the Governor and the Legislature by June 30, 2017. The report must include:

- an analysis of the financial impact and reach that diabetes is having on programs administered by each agency and individuals enrolled in those programs;

- an assessment of the benefits of programs and activities implemented by the agencies to control and prevent diabetes;
  - a description of the level of coordination existing between the agencies on activities and messaging on managing, treating, or preventing diabetes;
  - the development or revision of each agency's action plan for addressing the impact of diabetes together with a range of actionable items for the agencies or the Legislature; and
  - an estimate of the costs, return on investment, and resources required to implement the plans.
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### **Summary of Amended Bill:**

The DOH, the DSHS, and the HCA must collaborate to identify goals and benchmarks while also developing individual agency plans to reduce the incidence of diabetes, improve diabetes care, and control the complications associated with diabetes. The agencies must each submit a biennial report to the Governor and the Legislature beginning December 31, 2019. The report must include:

- the financial impact and reach that diabetes has on programs administered by each agency and participants in those programs, including the number of lives with diabetes, the number of family members impacted by the agency's prevention and diabetes control programs, the financial toll or impact diabetes places on these programs, and the financial toll or impact diabetes places on these programs in comparison to other chronic diseases and conditions;
- an assessment of the benefits of implemented programs and activities aimed at controlling and preventing diabetes, including the amount and source for any funding directed to the agency for programs and activities aimed at reaching people with 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, including proposed action steps to reduce the impact of diabetes, prediabetes, and related diabetes complications, expected outcomes of the action steps, and benchmarks for controlling and preventing relevant forms of diabetes; and
- an estimate of costs and resources required to implement the action plans.

### **Amended Bill Compared to Original Bill:**

The amended bill delays the first biennial report from December 31, 2017, to December 31, 2019.

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**Appropriation:** None.

**Fiscal Note:** Available. New fiscal note requested on February 26, 2016.

**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 2014 Diabetes Action Report was the platinum standard and was an important text for the state to move forward. This bill puts the report permanently in statute. This bill takes full advantage of the Diabetes Action Report and will provide a stable way to analyze the fiscal impact diabetes has on state programs. This bill provides public policy solutions, saves the state money, and helps people with diabetes.

(Opposed) None.

**Persons Testifying:** Michael Transue, Novo Nordisk; and Layra Keller, American Diabetes Association.

**Persons Signed In To Testify But Not Testifying:** None.

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**HOUSE COMMITTEE ON APPROPRIATIONS**

**Majority Report:** Do pass as amended by Committee on Appropriations and without amendment by Committee on Health Care & Wellness. Signed by 30 members: Representatives Dunshee, Chair; Ormsby, Vice Chair; Chandler, Ranking Minority Member; Parker, Assistant Ranking Minority Member; Wilcox, Assistant Ranking Minority Member; Buys, Cody, Dent, Fitzgibbon, Haler, Hansen, Harris, Hudgins, S. Hunt, Jinkins, Kagi, Lytton, MacEwen, Magendanz, Pettigrew, Robinson, Sawyer, Schmick, Senn, Springer, Stokesbary, Sullivan, Tharinger, Van Werven and Walkinshaw.

**Minority Report:** Do not pass. Signed by 2 members: Representatives Condotta and Taylor.

**Minority Report:** Without recommendation. Signed by 1 member: Representative Manweller.

**Staff:** Erik Cornellier (786-7116).

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

The Appropriations Committee recommended that the bill be null and void unless it is funded in the operating budget.

**Appropriation:** None.

**Fiscal Note:** Available. New fiscal note requested on February 26, 2016.

**Effective Date of Amended Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed. However, the bill is null and void unless funded in the budget.

**Staff Summary of Public Testimony:**

(In support) The legislation takes the diabetes report from 2014 and continues the work. The state needs to schedule the reviews and assessments. The bill has a wide range of support groups. Diabetes will provide a sizeable fiscal challenge. The bill allows the state to take steps on a biennial basis to deal with the challenge. The fiscal impacts will be recouped through future savings from implementing recommendations from the reports. The amendment from the House Health Care and Wellness Committee is helpful.

(Opposed) None.

**Persons Testifying:** Michael Transue, Novo Nordisk.

**Persons Signed In To Testify But Not Testifying:** None.