



OHIO LEGISLATIVE SERVICE COMMISSION

Bill Analysis

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H.B. 241

132nd General Assembly
(As Introduced)

Rep. Barnes

BILL SUMMARY

- Requires the Department of Health to establish the Ohio Diabetes Registry, a population-based registry similar to the Ohio Cancer Incidence Surveillance System.
 - Requires hospitals, physicians, and other health care providers who diagnose new cases of any type of diabetes to electronically report specified information to the Department for inclusion in the registry.
 - Requires the Department to designate, by contract, one or more state universities or medical research centers or institutes with expertise in data analytics to assist it with implementing the bill's requirements.
 - Permits the Department to accept and administer grants from the federal government and other public and private sources for administering the registry and fulfilling the Department's responsibilities under the bill.
 - Creates the Ohio Diabetes Registry Advisory Council to advise the Department on implementing the registry
 - Specifies that violation of the bill's reporting requirement is a minor misdemeanor for a first offense and a misdemeanor of the fourth degree for subsequent offenses.
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CONTENT AND OPERATION

Ohio Diabetes Registry

Creation and purpose

The bill requires the Department of Health to establish a population-based diabetes registry, which is to be known as the "Ohio Diabetes Registry." The purpose of

the Registry is to monitor the incidence of each type of diabetes in Ohio (see **COMMENT 1**).¹ The bill permits the Department to accept and administer grants from the federal government and other sources, public or private, for carrying out this purpose.²

Reporting requirement – new cases of diabetes

The bill requires each hospital, physician, or other health care provider who diagnoses an individual with diabetes, regardless of the type of diabetes diagnosed, to report that new case to the Department of Health.³ The report must contain the data the Department specifies in rules. At a minimum, this includes the following:

- The date of diagnosis;
- Age at time of diagnosis;
- The type of diabetes diagnosed;
- Whether the individual has a family history of diabetes;
- The individual's height and weight; and
- The individual's sex, race, ethnicity, and residential address.⁴

The reporting must be done in accordance with standards and procedures the Department must adopt in rules. To the extent possible, the standards and procedures must be similar to those that physicians, hospitals, and others use to report cases of cancer to the Department for the existing Ohio Cancer Incidence Surveillance System (see **COMMENT 2**).⁵

A physician, hospital, or other health care provider may elect to submit the data to the Department through another registry that includes diabetes information if that registry meets the reporting requirements established by the Department in rules and collects the same information required by the bill for the Registry.⁶

¹ R.C. 3701.36(B).

² R.C. 3701.36(B).

³ R.C. 3701.362.

⁴ R.C. 3701.361(A)(1).

⁵ R.C. 3701.361(A)(2).

⁶ R.C. 3701.362(C).

Department's access to records

The bill requires a physician, hospital, or other health care provider that makes a report described above to give the Department or its authorized representative access to all records that identify cases of diabetes or that establish characteristics of diabetes, the treatment of diabetes, or the medical status of any identified patient with diabetes.⁷ A similar requirement applies to health care providers that must report new cases of cancer to the Ohio Cancer Incidence Surveillance System.⁸

Recording data in the registry

The bill requires the Department to record in the Ohio Diabetes Registry all reports of diabetes information that it receives. The Department must ensure that each individual whose information is recorded is assigned a unique patient identifier to prevent duplicate reports for the same individual.⁹

Data analysis and summary reports

The bill requires the Department, with assistance from one or more state universities or medical research centers or institutes, to analyze and evaluate diabetes information reported to it. The Department must publish on its website a summary of information in the Ohio Diabetes Registry. A summary may not identify an individual or contain protected health information. Summaries must be published quarterly not later than 60 days after the end of the quarter.¹⁰

"Protected health information" is defined in existing law to mean information that describes an individual's physical or mental health status or condition, receipt of treatment or care, or purchase of health products, if (1) the information reveals the identity of the subject or (2) the information could be used to reveal the identity of the subject, either by using the information alone or with other available information.¹¹

Assistance from universities or medical research centers

The bill requires the Department, by contract, to designate one or more state universities or medical research centers or institutes with expertise in data analytics to

⁷ R.C. 3701.362(B).

⁸ R.C. 3701.262(E), not in the bill.

⁹ R.C. 3701.363.

¹⁰ R.C. 3701.364.

¹¹ R.C. 3701.17(A)(2), not in the bill.



assist it with implementing some or all of the bill's provisions and the rules governing the Ohio Diabetes Registry.¹²

Ohio Diabetes Registry Advisory Council

The bill creates the Ohio Diabetes Registry Advisory Council to advise the Department on implementing the Ohio Diabetes Registry. The Council's membership must include:¹³

--A representative of an organization that advocates on behalf of individuals in Ohio with diabetes;

--An epidemiologist who practices in Ohio and is certified by the Certification Board of Infection Control and Epidemiology, Inc.;

--Two pediatric endocrinologists who practice in Ohio and are certified by a board that is certified by the American Board of Medical Specialties;

--Two endocrinologists who practice in Ohio, are certified by a board that is certified by the American Board of Medical Specialties, and who regularly treat adult patients with diabetes;

--An obstetrician who practices in Ohio and who regularly treats women with gestational diabetes;

--Two adults, one with type 1 diabetes and the other with type 2 diabetes; and

--A woman who was diagnosed with gestational diabetes.

The bill specifies that vacancies on the Council must be filled in the same manner as the initial appointments. Members must serve without compensation.¹⁴

The Council must meet at least twice each year at the call of the Director of Health and may meet using electronic or telephonic means. The Council's first meeting must occur not later than 90 days after the bill's effective date.¹⁵

¹² R.C. 3701.365.

¹³ R.C. 3701.66(A).

¹⁴ R.C. 3701.66(B).

¹⁵ R.C. 3701.66(C).



Penalty for noncompliance

The bill specifies that a physician, hospital, or other health care provider who fails to report a new case of diabetes to the Department is guilty of a minor misdemeanor on a first offense and a misdemeanor of the fourth degree on a subsequent offense. This is the same penalty that applies to those who fail to report new cases of cancer, HIV and AIDS, and specified infectious and occupational diseases to the Department under existing law.¹⁶

COMMENT

1. The most common types of diabetes are type 1, type 2, and gestational diabetes. Less common types are monogenic diabetes, which is an inherited form of diabetes, and cystic fibrosis-related diabetes.¹⁷

Type 1 diabetes is an autoimmune disease in which a person's pancreas stops producing insulin, a hormone people need to get energy from food. Type 1 diabetes may occur at any age and suddenly, and its onset is unrelated to diet or lifestyle. Scientists are unsure about what causes type 1 diabetes, although it is suspected that genetic factors and environmental triggers may play a role. Currently, there is nothing a person can do to prevent type 1 diabetes and there is no cure. People with type 1 diabetes rely on insulin therapy to control their blood sugar, although even with intense disease management, they can develop serious complications like heart attack, stroke, blindness, kidney disease, and amputation.¹⁸

Type 2 diabetes is a metabolic disorder that affects the way the body metabolizes sugar. With type 2 diabetes, the body either resists the effects of insulin or does not produce enough insulin to maintain a normal glucose level. More common in adults, type 2 diabetes increasingly affects children as childhood obesity increases. There is no cure for type 2 diabetes, although it may be managed by eating well, exercising, and maintaining a healthy weight. If diet and exercise are not enough to manage blood sugar well, a person may need type 2 diabetes medications or insulin therapy. Those

¹⁶ R.C. 3701.99(A).

¹⁷ National Institute of Diabetes and Digestive and Kidney Diseases, *What is Diabetes?* available at <https://www.niddk.nih.gov/health-information/diabetes/overview/what-is-diabetes>.

¹⁸ JDRE, *What is Type 1 Diabetes*, available at <http://www.jdrf.org/about/about-type-1-diabetes-t1d/>.



with uncontrolled type 2 diabetes can develop the same serious complications as those who have type 1 diabetes.¹⁹

Gestational diabetes occurs when a woman's body does not make the extra insulin needed during pregnancy, causing blood sugar to be elevated. It is usually diagnosed between the 24th and 28th weeks. A high blood-sugar level during pregnancy can cause complications for the baby including premature birth, high birthweight (making delivery difficult), low blood-sugar immediately after delivery, and breathing difficulties. A woman who has gestational diabetes is more likely to develop preeclampsia, which is high blood pressure and too much protein in the urine during the second half of pregnancy. Preeclampsia can cause serious or life-threatening problems for the woman and her baby. The only cure for preeclampsia is to give birth.²⁰ Many women with gestational diabetes can manage their blood glucose levels by following a healthy eating plan and being physically active. Some women also may need diabetes medicine.²¹

2. The Ohio Cancer Incidence Surveillance System is Ohio's registry of new cancer diagnoses. Under current law, each physician, dentist, hospital, or person providing diagnostic or treatment services to patients with cancer must report each case of cancer to the Department of Health. These providers must give the Department or its authorized representative access to all records that identify cases of cancer or establish characteristics of cancer, the treatment of cancer, or the medical status of any identified cancer patient. The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute of The Ohio State University must analyze and evaluate the cancer reports. The Department must publish and make available to the public annual reports summarizing the information collected.²²

¹⁹ Mayo Clinic, *Type 2 Diabetes*, available at <http://www.mayoclinic.org/diseases-conditions/type-2-diabetes/home/ovc-20169860>.

²⁰ National Institute of Diabetes and Digestive and Kidney Diseases, *Definition and Facts of Gestational Diabetes*, available at <https://www.niddk.nih.gov/health-information/diabetes/overview/what-is-diabetes/gestational/definition-facts>.

²¹ National Institute of Diabetes and Digestive and Kidney Diseases, *Managing & Treating Gestational Diabetes*, available at <https://www.niddk.nih.gov/health-information/diabetes/overview/what-is-diabetes/gestational/management-treatment>.

²² R.C. 3701.262.

HISTORY

ACTION

DATE

Introduced

05-24-17

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