



Ohio Legislative Service Commission

Bill Analysis

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Am. S.B. 287

131st General Assembly
(As Reported by S. Health & Human Services)

Sens. Hite, Brown, Hackett, Gardner, Yuko, Tavares

BILL SUMMARY

- Requires certain state agencies, led by the Department of Health, to assess the prevalence of all types of diabetes in Ohio and to establish goals and plans to reduce that prevalence.
- Requires the Director of Health to submit biennial reports to the General Assembly that summarize assessment results and recommend legislative and fiscal policies related to diabetes prevention, treatment, and management.

CONTENT AND OPERATION

Diabetes assessments

The bill requires the Director of Health to convene meetings with staff of the Departments of Health, Medicaid, and Administrative Services, as well as the Commission on Minority Health, to do all of the following:¹

--Assess the prevalence of all types of diabetes in Ohio, including disparities in that prevalence among various demographic populations and local jurisdictions;

--Establish and reevaluate goals for each of the agencies to reduce that prevalence;

--Identify how to measure the progress achieved toward attaining the goals;

¹ R.C. 3701.90(A).

--Establish and monitor the implementation of plans for each agency to reduce the prevalence of all types of diabetes, improve diabetes care, and control complications associated with diabetes among the populations of concern to each agency;

--Consider any other matter associated with reducing the prevalence of all types of diabetes in Ohio that the Director determines to be appropriate; and

--Collect the information needed to prepare biennial reports required by the bill (see "**Biennial reports**," below).

The Director must convene the meetings at his or her discretion, but not less than twice each calendar year.²

Biennial reports

The bill requires the Director of Health, not later than January 31 of each even-numbered year beginning in 2018, to submit a report to the General Assembly addressing or containing all of the following for the two-year period preceding the report's submission:³

--The results of the assessments required by the bill;

--The progress each agency has made toward achieving the goals and implementing the plans required by the bill;

--An assessment of the health and financial impacts that all types of diabetes have had on the state and local jurisdictions and on each of the agencies covered by the bill;

--A description of the efforts the agencies have taken to coordinate programs intended to prevent, treat, and manage all types of diabetes and associated complications;

--Recommendations for legislative policies to reduce the impact that diabetes, pre-diabetes, and complications from diabetes have on Ohio citizens, including specific action steps that could be taken, the expected outcomes of the action steps, and benchmarks for measuring progress toward achieving the outcomes;

² R.C. 3701.90(B).

³ R.C. 3701.90(C).



--A budget proposal that identifies the needs and resources required to implement the recommendations, as well as estimates of the costs to implement the recommendations; and

--Any other information concerning diabetes prevention, treatment, or management in Ohio that the Director determines to be appropriate.

Agency-specific assessments

Regarding the assessments of the health and financial impacts that all types of diabetes have had on each of the agencies covered by the bill, the bill requires the assessments to include all of the following:⁴

--A list and description of each diabetes prevention or control program the agency administers, the number of individuals with each type of diabetes and their dependents who are impacted by each program, the expenses associated with administering each program, and the funds appropriated for each program, along with each funding source;

--A comparison of the expenses of the diabetes prevention or control programs with the expenses the agency incurs in administering programs to reduce the prevalence of other chronic diseases and conditions; and

--An evaluation of the benefits that have resulted from each diabetes prevention or control program.

No requirement to establish new programs

The bill specifies that none of its provisions require the agencies covered by the bill to establish programs for diabetes prevention, treatment, and management that had not been initiated or funded before the bill's effective date.⁵

COMMENT

Diabetes is a chronic disease that occurs when the pancreas is no longer able to make insulin (type 1), or when the body cannot make good use of the insulin it produces (type 2). Insulin is a hormone, that acts like a key to let glucose (sugar) from

⁴ R.C. 3701.901.

⁵ R.C. 3701.902.



the food an individual eats pass from the blood stream into the cells in the body to produce energy.⁶

Type 1 diabetes affects about 5% of people in the United States with diabetes. It is usually first diagnosed in young people but can occur at any age. While the exact cause of type 1 diabetes is unknown, it is thought to be an autoimmune response; something, such as a virus, triggers the body's immune system to create an antibody that kills the cells in the pancreas responsible for making insulin.⁷

Type 2 diabetes can affect people at any age, even children. However, type 2 diabetes develops most often in middle-aged and older people. People who are overweight and inactive are also more likely to develop type 2 diabetes.⁸

Pregnant women who have never had diabetes but who have high blood glucose levels during pregnancy are said to have gestational diabetes. According to a 2014 analysis by the U.S. Centers for Disease Control and Prevention, the prevalence of gestational diabetes in the U.S. is as high as 9.2%.⁹

Other specific types of diabetes result from genetic syndromes, surgery, drugs, malnutrition, infections, and other illnesses. Such types of diabetes may account for 1-2% of all diagnosed diabetes cases.¹⁰

Pre-diabetes is when blood glucose levels are higher than normal but not high enough for a diabetes diagnosis. Pre-diabetes means a person is at increased risk for developing type 2 diabetes, as well as for heart disease and stroke. Many people with pre-diabetes develop type 2 diabetes within ten years. Modest weight loss and

⁶ International Diabetes Federation, *What is Diabetes?* Available at <<http://www.idf.org/worlddiabetesday/toolkit/gp/what-is-diabetes>>.

⁷ Healthline, *Type 1 Diabetes: Causes, Symptoms, and Treatments*, available at <<http://www.healthline.com/health/type-1-diabetes-causes-symptoms-treatments#Overview1>>.

⁸ National Institute of Diabetes and Digestive and Kidney Diseases, *Your Guide to Diabetes: Type 1 and Type 2*, available at <<http://www.niddk.nih.gov/health-information/health-topics/Diabetes/your-guide-diabetes/Pages/index.aspx>>.

⁹ American Diabetes Association, *What is Gestational Diabetes?* Available at <<http://www.diabetes.org/diabetes-basics/gestational/what-is-gestational-diabetes.html>>.

¹⁰ U.S. Centers for Disease Control and Prevention, *Diabetes*, available at <<http://bit.ly/1TfOHSQ>>.

moderate physical activity can help people with pre-diabetes delay or prevent type 2 diabetes.¹¹

HISTORY

ACTION	DATE
Introduced	02-29-16
Reported, S. Health & Human Services	05-18-16

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¹¹ National Institute of Diabetes and Digestive and Kidney Diseases, *Diagnosis of Diabetes and Pre-diabetes*, available at <<http://www.niddk.nih.gov/health-information/health-topics/Diabetes/diagnosis-diabetes-prediabetes/Pages/index.aspx#2>>.

