House of Representatives

General Assembly

File No. 291

February Session, 2016

House Bill No. 5536

House of Representatives, March 30, 2016

The Committee on Public Health reported through REP. RITTER of the 1st Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT CONCERNING A DIABETES ACTION PLAN.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-6q of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) The Commissioner of Public Health, in consultation with the
4 Lieutenant Governor, or the Lieutenant Governor's designee, and local
5 and regional health departments, shall, within available resources,
6 develop a plan that is consistent with the Department of Public
7 Health's Healthy Connecticut 2020 health improvement plan and the
8 state healthcare innovation plan developed pursuant to the State
9 Innovation Model Initiative by the Centers for Medicare and Medicaid
10 Services Innovation Center. The commissioner shall develop and
11 implement such plan to: (1) Reduce the incidence of chronic disease,
12 including, but not limited to, chronic cardiovascular disease, cancer,
13 lupus, stroke, chronic lung disease, diabetes, arthritis or another
14 chronic metabolic disease and the effects of behavioral health
15 disorders; (2) improve chronic disease care coordination in the state;

16 and (3) reduce the incidence and effects of chronic disease and
17 improve outcomes for conditions associated with chronic disease in
18 the state.

19 (b) The commissioner shall [, on or before January 15, 2015, and
20 biennially thereafter,] biennially submit a report, in consultation with
21 the Lieutenant Governor or the Lieutenant Governor's designee, in
22 accordance with the provisions of section 11-4a to the joint standing
23 committee of the General Assembly having cognizance of matters
24 relating to public health concerning chronic disease and
25 implementation of the plan described in subsection (a) of this section.
26 The commissioner shall post each report on the Department of Public
27 Health's Internet web site not later than thirty days after submitting
28 such report. Each report shall include, but need not be limited to: (1) A
29 description of the chronic diseases that are most likely to cause a
30 person's death or disability, the approximate number of persons
31 affected by such chronic diseases and an assessment of the financial
32 effects of each such disease on the state and on hospitals and health
33 care facilities; (2) a description and assessment of programs and
34 actions that have been implemented by the department and health care
35 providers to improve chronic disease care coordination and prevent
36 chronic disease; (3) the sources and amounts of funding received by
37 the department to treat persons with multiple chronic diseases and to
38 treat or reduce the most prevalent chronic diseases; [in the state;] (4) a
39 description of chronic disease care coordination between the
40 department and health care providers, to prevent and treat chronic
41 disease; and (5) recommendations concerning actions that health care
42 providers and persons with chronic disease may take to reduce the
43 incidence and effects of chronic disease.

44 (c) Not later than December 1, 2016, the Commissioner of Public
45 Health, in collaboration with the Commissioner of Social Services and
46 the State Comptroller, shall (1) (A) identify existing state programs that
47 address the prevention, control and treatment of diabetes and analyze
48 the effectiveness of such programs, (B) assess the financial impact of
49 diabetes on the state, including, but not limited to, the prevalence of

50 the disease and the cost to the state for, among other things,
51 administering the programs identified under subparagraph (A) of this
52 subdivision, and (C) examine the coordination of such programs and
53 other efforts among state agencies to prevent, control and treat
54 diabetes, and (2) develop an action plan that sets forth steps for
55 reducing the impact of diabetes on the state, including expected
56 outcomes for each step and benchmarks for preventing, controlling
57 and treating diabetes. Not later than January 1, 2017, and annually
58 thereafter, the Commissioner of Public Health shall submit a report, in
59 consultation with the Commissioner of Social Services and the State
60 Comptroller, in accordance with the provisions of section 11-4a, to the
61 joint standing committee of the General Assembly having cognizance
62 of matters relating to public health concerning implementation of the
63 diabetes action plan.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*from passage*	19a-6q

PH *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 17 $	FY 18 $
Public Health, Dept.	GF - Cost	70,000	None

Note: GF=General Fund

Municipal Impact: None

Explanation

This bill, which requires the Department of Public Health (DPH) by 12/1/2016 to: (1) complete an analysis of diabetes programs, program coordination, and diabetes' financial impact on the state, and (2) develop an action plan, results in an approximate cost of $70,000 in FY 17 for consultant research services.[1] The provision that the agency report annually on plan implementation does not result in a fiscal impact to the state or municipalities.

The Out Years

State Impact: None

Municipal Impact: None

[1]The cost is estimated assuming $75 per hour, for 35 hours a week, for 26 weeks.

OLR Bill Analysis
HB 5536

AN ACT CONCERNING A DIABETES ACTION PLAN.

SUMMARY:

This bill requires the Department of Public Health (DPH) commissioner, by December 1, 2016 and in collaboration with the Department of Social Services (DSS) commissioner and the state comptroller, to:

1. review certain issues related to diabetes, such as the effectiveness of existing state programs and the disease's financial impact on the state, and

2. develop an action plan with steps to reduce the disease's impact on the state, including expected outcomes and benchmarks for diabetes prevention, control, and treatment.

The DPH commissioner, in consultation with the DSS commissioner and the comptroller, must annually report on the plan's implementation to the Public Health Committee. The first report is due by January 1, 2017.

Existing law requires the DPH commissioner to report biennially on chronic diseases and the implementation of a plan to reduce the incidence of those diseases and improve care coordination. The bill specifies that the report must include the sources and amount of funding DPH receives to treat or reduce the most prevalent chronic diseases, not just those most prevalent in the state.

EFFECTIVE DATE: Upon passage

REVIEW OF DIABETES PROGRAMS AND RELATED ISSUES

Under the bill, the required review of diabetes issues includes:

1. identifying existing state programs on diabetes prevention, control, and treatment and analyzing their effectiveness;

2. assessing the disease's financial impact on the state, including its prevalence and the costs to administer state programs; and

3. examining the coordination of these programs and other state agency efforts to prevent, control, and treat the disease.

COMMITTEE ACTION

Public Health Committee

Joint Favorable
Yea 26 Nay 1 (03/16/2016)