

Enrolled
House Bill 2329

Sponsored by Representative TOMEI; Representatives GREENLICK, THOMPSON, Senators BURDICK, MONNES ANDERSON, WINTERS (Pre-session filed.)

CHAPTER

AN ACT

Relating to chronic obstructive pulmonary disease awareness; and declaring an emergency.

Whereas chronic obstructive pulmonary disease refers to a group of diseases that cause airflow obstruction and breathing-related problems and includes emphysema, chronic bronchitis and, in some cases, asthma and severe bronchiectasis; and

Whereas in 2008 chronic obstructive pulmonary disease became the third leading cause of death in the United States, 12 years earlier than projected, killing one person every four minutes and is the only one of the top five causes of death that is not declining in prevalence; and

Whereas chronic obstructive pulmonary disease is a chronic and progressive disease that affects 175,246 Oregonians and an estimated 24 million persons nationwide, half of whom have not been properly diagnosed and 70 percent of whom are under age 65; and

Whereas chronic obstructive pulmonary disease is considered to be the second leading cause of disability in the United States; and

Whereas although smoking is the primary risk factor for chronic obstructive pulmonary disease, other risk factors include environmental and workplace exposure to air pollution, secondhand smoke, a history of childhood respiratory infections and genetics; and

Whereas a genetic condition called Alpha-1 Antitrypsin Deficiency tends to cause individuals to develop chronic obstructive pulmonary disease, even without exposure to smoking or environmental triggers; and

Whereas nationwide the annual cost of chronic obstructive pulmonary disease in 2010 was projected to be \$49.9 billion, including the costs of health care services, indirect costs through loss of productivity and deterioration of personal health and well-being; and

Whereas chronic obstructive pulmonary disease currently accounts for 1.5 million emergency room visits, 715,000 hospitalizations and 8 million physician office and hospital outpatient visits, all of which are a detriment to the United States economy; and

Whereas early chronic obstructive pulmonary disease screening and diagnosis is critical and a diagnostic test for chronic obstructive pulmonary disease known as spirometry is available for office use, yet most people are not diagnosed until they have reached an advanced state of the disease; and

Whereas concerted public outreach efforts such as DRIVE4COPD, the nation's largest public awareness and screening campaign for chronic obstructive pulmonary disease, and the National Heart, Lung, and Blood Institute's "COPD: Learn More Breathe Better" campaign can dramatically improve public awareness of chronic obstructive pulmonary disease; and

Whereas there is no cure for chronic obstructive pulmonary disease, but increased public awareness, early detection and proper health management can slow the progression of the disease and lead to reduced costs and improved quality of life and self-sufficiency for the state's residents,

many of whom receive, through public programs, care that slows damage to their hearts and lungs; and

Whereas individuals with chronic obstructive pulmonary disease who are able to receive education from allied health professionals, such as respiratory therapists, have better health outcomes; and

Whereas appropriately treating chronic obstructive pulmonary disease with medication and health management can reduce hospital readmissions and costly exacerbations; and

Whereas coordinated community efforts, such as the NW COPD Coalition, a public-private partnership of individuals and organizations that created a COPD Action Plan, can result in dramatic improvements in public health and reduced health care costs; and

Whereas to further reduce state and federal costs of Medicare, Medicaid and lost time, the Oregon Health Authority should include chronic obstructive pulmonary disease in its chronic disease initiatives and advocate for transitional care programs and third party reimbursements; and

Whereas the Legislative Assembly recognizes the founding of the NW COPD Coalition and expresses appreciation to the COPD Foundation, the National Heart, Lung, and Blood Institute and Oregon stakeholders for their commitment to raising awareness of chronic obstructive pulmonary disease; and

Whereas the Legislative Assembly encourages further partnership between state government and national and state-based organizations and coalitions that have ongoing chronic obstructive pulmonary disease awareness activities in order to enhance patient education about chronic obstructive pulmonary disease; now, therefore,

Be It Enacted by the People of the State of Oregon:

SECTION 1. November of each year shall be known as Chronic Obstructive Pulmonary Disease Awareness Month.

SECTION 2. This 2013 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect on its passage.

Passed by House February 13, 2013

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Ramona J. Line, Chief Clerk of House

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Tina Kotek, Speaker of House

Passed by Senate April 30, 2013

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Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2013

Approved:

.....M.,....., 2013

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John Kitzhaber, Governor

Filed in Office of Secretary of State:

.....M.,....., 2013

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Kate Brown, Secretary of State