

# House Bill 2329

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

## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Designates November of each year as Chronic Obstructive Pulmonary Disease Awareness Month.

Declares emergency, effective on passage.

## A BILL FOR AN ACT

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

2  
3 Whereas chronic obstructive pulmonary disease refers to a group of diseases that cause airflow  
4 obstruction and breathing-related problems and includes emphysema, chronic bronchitis and, in some  
5 cases, asthma and severe bronchiectasis; and

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

9 Whereas chronic obstructive pulmonary disease is a chronic and progressive disease that affects  
10 175,246 Oregonians and an estimated 24 million persons nationwide, half of whom have not been  
11 properly diagnosed and 70 percent of whom are under age 65; and

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

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

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

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

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

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

30 Whereas concerted public outreach efforts such as DRIVE4COPD, the nation's largest public

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 awareness and screening campaign for chronic obstructive pulmonary disease, and the National  
 2 Heart, Lung, and Blood Institute’s “COPD: Learn More Breathe Better” campaign can dramatically  
 3 improve public awareness of chronic obstructive pulmonary disease; and

4       Whereas there is no cure for chronic obstructive pulmonary disease, but increased public  
 5 awareness, early detection and proper health management can slow the progression of the disease  
 6 and lead to reduced costs and improved quality of life and self-sufficiency for the state’s residents,  
 7 many of whom receive, through public programs, care that slows damage to their hearts and lungs;  
 8 and

9       Whereas individuals with chronic obstructive pulmonary disease who are able to receive edu-  
 10 cation from allied health professionals, such as respiratory therapists, have better health outcomes;  
 11 and

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

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

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

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

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

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

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

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

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