

A-Engrossed
Senate Bill 169

Ordered by the Senate April 19
Including Senate Amendments dated April 19

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Senate Interim Committee on Health Care, Human Services and Rural Health Policy for Oregon Diabetes Coalition)

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.

Requires Oregon Health Authority, [*Oregon Health Insurance Exchange Corporation, Oregon Educators Benefit Board and Public Employees' Benefit Board to identify activities that address diabetes, diabetes care and complications from diabetes. Requires report to Legislative Assembly on data, programs, outcomes and proposed next steps.*] **by February 1, 2015, to report to Legislative Assembly on prevalence of and costs related to prediabetes and diabetes in Oregon and on strategic plan to address prediabetes, diabetes and diabetes-related complications.**

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to diabetes; and declaring an emergency.

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

4 **SECTION 1. The Oregon Health Authority shall report in the manner described in ORS**
5 **192.245 to the regular session of the Legislative Assembly not later than February 1, 2015,**
6 **the following:**

7 (1) **The burden of diabetes in this state as measured by:**

8 (a) **The estimated prevalence of diagnosed and undiagnosed adult diabetes and, for diag-**
9 **nosed diabetes, the estimated prevalence by age, race and sex;**

10 (b) **The estimated prevalence of prediabetes and of diagnosed Type I diabetes, Type II**
11 **diabetes and gestational diabetes;**

12 (c) **The number of hospitalizations and the estimated cost of hospitalizations due to**
13 **diabetes and due to heart disease in patients diagnosed with diabetes;**

14 (d) **The estimated costs of hospitalizations for diabetes compared to hospitalizations for**
15 **other common chronic diseases;**

16 (e) **The National Quality Forum Measure 59, HbA1c Poor Control, publicly reported for**
17 **coordinated care organizations, including the baseline measurements and all available quar-**
18 **terly data;**

19 (f) **The estimated prevalence of obesity and overweight in the most recent year for which**
20 **data are readily available;**

21 (g) **The estimated direct and indirect costs of diabetes in the most recent year for which**
22 **data are readily available;**

23 (h) **The estimated prevalence of diabetes among participants in Medicaid-funded state**

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 **programs;**
 - 2 (i) **The direct claims costs of diabetes to Medicaid-funded state programs;**
 - 3 (j) **The estimated prevalence of diabetes among enrollees in health benefit plans offered**
 - 4 **by the Public Employees' Benefit Board;**
 - 5 (k) **The direct claims costs to the Public Employees' Benefit Board for treating diabetes**
 - 6 **and diabetes-related complications;**
 - 7 (L) **The estimated prevalence of diabetes among enrollees in health benefit plans offered**
 - 8 **by the Oregon Educators Benefit Board; and**
 - 9 (m) **The direct claims costs to the Oregon Educators Benefit Board for treating diabetes**
 - 10 **and diabetes-related complications.**
 - 11 **(2) The status of:**
 - 12 (a) **The strategic plan to start to slow the rate of diabetes caused by obesity and other**
 - 13 **environmental factors by the year 2010 that was developed in accordance with section 2,**
 - 14 **chapter 460, Oregon Laws 2007 (Enrolled House Bill 3486), including the authority's current**
 - 15 **funding recommendations to complete the implementation of the plan; and**
 - 16 (b) **Other strategies developed by the authority to reduce the impact of prediabetes,**
 - 17 **diabetes and diabetes-related complications including strategies to reduce hospitalizations**
 - 18 **and improve diabetes care for participants in state-funded health programs.**
 - 19 **SECTION 2. Section 1 of this 2013 Act is repealed on the date of the convening of the 2016**
 - 20 **regular session of the Legislative Assembly.**
 - 21 **SECTION 3. This 2013 Act being necessary for the immediate preservation of the public**
 - 22 **peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect**
 - 23 **on its passage.**
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