- 1 HB415
- 2 157182-2
- 3 By Representative Beech
- 4 RFD: Health
- 5 First Read: 06-FEB-14

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8	SYNOPSIS:	This bill would require the Alabama
9		Department of Public Health to submit an annual
10		action plan to certain legislative committees
11		addressing the financial impact and reach of
12		diabetes in this state, including a detailed budget
13		blueprint identifying needs, costs, and resources
14		to implement the plan.
15		This bill would require the department to
16		develop a voluntary protocol for practitioners
17		consisting of clinical quality and control measures
18		for the treatment of patients with diabetes.
19		This bill would require the Alabama
20		Department of Public Health to submit an annual
21		action plan to certain legislative committees
22		addressing the financial impact and reach of
23		obesity in this state, including a detailed budget
24		blueprint identifying needs, costs, and resources
25		to implement the plan.
26		This bill would also provide civil and
27		criminal immunity to a physician who participates

1	in the development or implementation of a voluntary		
2	protocol.		
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4	A BILL		
5	TO BE ENTITLED		
6	AN ACT		
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8	Relating to health; to require the Alabama		
9	Department of Public Health to submit an annual action plan to		
10	certain legislative committees addressing the financial impact		
11	and reach of diabetes; to require a detailed budget for		
12	implementation of the plan; to require the department to		
13	develop a voluntary protocol for practitioners consisting of		
14	clinical quality and control measures for the treatment of		
15	patients with diabetes; to require the Alabama Department of		
16	Public Health to submit an annual action plan to certain		
17	legislative committees addressing the financial impact and		
18	reach of obesity; to require a detailed budget for		
19	implementation of the plan; to specify that a protocol does		
20	not establish a standard of care for a physician; and to		
21	provide civil and criminal immunity to physicians who		
22	participate in the development or implementation of a		
23	voluntary protocol.		
24	BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:		
25	Section 1. (a) The Alabama Department of Public		

Health shall submit an action plan to the Senate Committee on

Health and the House Committee on Health no later than
February first of each year on the following:

- 3 (1) The financial impact and reach diabetes of all
  4 types is having on this state and its residents. Items in this
  5 assessment shall include all of the following:
  - a. The number of persons with diabetes covered by Medicaid through the Alabama Department of Public Health and its contracted partners.
  - b. The number of persons with diabetes impacted by the prevention and diabetes control programs implemented by the department and its contracted partners.
  - c. The financial cost diabetes and its complications place on the department and its contracted partners.
  - d. The financial cost diabetes and its complications place on the department and its contracted partners in comparison to other chronic diseases and conditions.
  - (2) An assessment of the benefits of implemented programs and activities aimed at controlling diabetes and preventing the disease.
  - (3) A description of the level of coordination existing between the Alabama Department of Public Health, its contracted partners, and other stakeholders on activities, programmatic activities, and the level of communication on managing, treating, or preventing all forms of diabetes and its complications.

1 (4) The development of a detailed action plan for 2 battling diabetes with a range of actionable items. The plan 3 shall identify both of the following:

- a. Proposed action steps to reduce the impact of diabetes, prediabetes, and related diabetes complications.
- b. Expected outcomes of the action steps proposed while establishing benchmarks for controlling and preventing diabetes.
- (5) The development of a detailed budget blueprint identifying needs, costs, and resources to implement the plan identified in subdivision (4).
- (b) The Alabama Department of Public Health shall develop a voluntary protocol for practitioners consisting of clinical quality and control measures for the treatment of patients with diabetes. The clinical quality and performance measures shall include A1C control, low density lipoprotein control, high blood pressure control, hypoglycemia control, and tobacco non-use.
- Section 2. (a) The Alabama Department of Public

  Health shall submit an action plan to the Senate Committee on

  Health and the House Committee on Health no later than

  February first of each year on the following:
- (1) The financial impact and reach obesity is having on this state and its residents. Items included in this assessment shall include all of the following:

a. The number of persons with obesity covered by

Medicaid through the Alabama Department of Public Health and

its contracted partners.

- b. The number of persons with obesity impacted by the prevention and control programs implemented by the department and its contracted partners.
- c. The financial cost obesity and its complications place on the department and its contracted partners.
- d. The financial cost obesity and its complications place on the department and its contracted partners in comparison to other chronic diseases and conditions.
- (2) An assessment of the benefits of implemented programs and activities aimed at controlling obesity and preventing the disease.
- (3) A description of the level of coordination existing between the Alabama Department of Public Health, its contracted partners, and other stakeholders on activities, programmatic activities, and the level of communication on managing, treating, or preventing obesity and its complications.
- (4) The development of a detailed action plan for battling obesity with a range of actionable items. The plan shall identify both of the following:
- a. Proposed action steps to reduce the impact of obesity and related obesity complications.

b. Expected outcomes of the action steps proposed
while establishing benchmarks for controlling and preventing
obesity.

(5) The development of a detailed budget blueprint identifying needs, costs, and resources to implement the plan identified in subdivision (4).

Section 3. (a) No information or protocols produced or developed as a result of or related to this act shall be construed to establish a standard of care for physicians or otherwise modify, amend, or supersede any provision of the Alabama Medical Liability Act of 1987 or the Alabama Medical Liability Act of 1996, commencing with Section 6-5-540, et seq., Code of Alabama 1975, or any amendment thereto or any judicial interpretation thereof.

(b) Notwithstanding any other provision of law, a physician who is consulted regarding or participates in the development or implementation of a protocol under this act or takes other action or assists in any action that is related to the development or implementation of a protocol as a result of this act is immune from all civil and criminal liability for such acts.

Section 4. This act shall become effective immediately following its passage and approval by the Governor, or its otherwise becoming law.