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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2011

A N   A C T

RELATING TO HEALTH AND SAFETY - DIABETES SCREENING AND RISK REDUCTION PILOT PROGRAM

Introduced By: Representatives Naughton, E Coderre, McNamara, Malik, and Walsh

Date Introduced: March 24, 2011

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1 WHEREAS, Undiagnosed type 2 diabetes has become a common condition in the United
2 States, compromising one-third (1/3) of all cases of the disease. We believe that screening for and
3 detection of undiagnosed type 2 diabetes is an important endeavor. Diabetes is a condition that is
4 appropriate for population screening and detection; and
5 WHEREAS, Type 2 diabetes is a significant health problem. It affects more than twenty-
6 three million adults in the United States and places these individuals at high risk for serious
7 complications of the eyes, nerves, kidneys, and cardiovascular system.
8 WHEREAS, There is a latent phase before diagnosis of type 2 diabetes. During this
9 period of undiagnosed disease, risk factors for diabetic micro and macro-vascular complications
10 are markedly elevated and diabetic complications are developing; and
11 WHEREAS, Diagnostic criteria for diabetes have been established and are based on
12 plasma glucose values. These criteria define a group of individuals with significant
13 hyperglycemia who also have a high frequency of risk factors for micro and macro-vascular
14 disease; and
15 WHEREAS, The natural history of type 2 diabetes is understood. In most patients,
16 diabetes proceeds inexorably from genetic predisposition, through the stage of insulin resistance
17 and hyperinsulinemia, to beta cell failure and overt clinical disease; and
18 WHEREAS, There are effective and acceptable therapies available for type 2 diabetes

1 and its complications. Treating hyperglycemia to prevent complications is more effective than
2 treating these complications after they have developed. Furthermore, guidelines for treatment to
3 prevent cardiovascular disease in people known to have diabetes are more stringent than in those
4 individuals who are not known to have diabetes; and
5 WHEREAS, There is a suitable test for screening for undiagnosed type 2 diabetes that
6 has a high sensitivity and specificity-measurement of fasting plasma glucose. Guidelines for
7 identifying persons at high risk for diabetes have been established; and
8 WHEREAS, People with undiagnosed diabetes have medical expenditures that are about
9 two and three tenths percent (2.3%) times higher than medical expenditures for people without
10 diabetes; and
11 WHEREAS, Diabetes is preventable and controllable; and
12 WHEREAS, For people with pre-diabetes, lifestyle changes, including a five through
13 seven percent (5-7%) weight loss and at least one hundred and fifty (150) minutes of physical
14 activity per week, can reduce the rate of onset of type 2 diabetes by fifty-eight percent (58%); and
15 WHEREAS, Disability and premature death are not inevitable consequences of diabetes.
16 By working with their support network and health care providers, people with diabetes can
17 prevent premature death and disability by controlling their blood glucose, blood pressure, and
18 blood lipids and by receiving other preventative care in a timely manner; and
19 WHEREAS, Twenty-three million, six hundred thousand people in the United States
20 (seven and eight tenths percent (7.8%) of the total population) have diabetes. Of these, five
21 million, seven hundred thousand (5,700,000) have undiagnosed diabetes; and
22 WHEREAS, From 1999 though 2000, seven percent (7%) of United States adolescents
23 aged twelve through nineteen (12-19) years had impaired fasting glucose (pre-diabetes), putting
24 them at increased risk of developing type 2 diabetes, heart disease, and stroke; and
25 WHEREAS, In 2007, approximately one million, six hundred thousand (1,600,000) new
26 cases of diabetes were diagnosed in people aged twenty (20) years or older; and
27 WHEREAS, Diabetes is the leading cause of new cases of blindness, kidney failure, and
28 non-traumatic lower extremity amputations among adults; and
29 WHEREAS, Diabetes was the sixth (6th) leading cause of death on United States death
30 certificates in 2006. Overall, the risk of death among people with diabetes is about twice that of
31 people without diabetes of similar age; and
32 WHEREAS, There is a need for diabetes screening for low-income, underinsured, or
33 uninsured adults and the United States Center for Disease Control and Prevention has guidelines
34 for diabetes screening, disease risk factor screening, lifestyle intervention, and referral services in

an effort to prevent diabetes and its serious complications such as cardiovascular disease and to promote healthy lifestyles; and

WHEREAS, Standard preventative services, including diabetic screening, blood pressure and cholesterol testing and, lifestyle programs targeting poor nutrition, physical inactivity, and smoking; and

WHEREAS, Rhode Island is currently not participating in diabetic screening programs due to lack of federal funding; and

WHEREAS, The best chance for this state to reduce mortality rates due to diabetic disease is through education and prevention.

SECTION 1. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby amended by adding thereto the following chapter:

CHAPTER 86.1

DIABETES SCREENING AND RISK REDUCTION PILOT PROGRAM

23-86.1-1. Diabetes screening and risk reduction pilot program. – (a) The department of health (hereinafter, "the department") shall develop a diabetes disease screening and lifestyle intervention pilot program at one site in one of Rhode Island's six (6) core cities for low-income, underinsured and uninsured, namely Pawtucket, Providence, Woonsocket, Newport, West Warwick or Central Falls.

(b) The department shall develop the program based on the federal Center for Disease Control and Prevention's guidelines. The pilot program shall employ specified measures to gauge the impact and outcome of the program. These measures may include the number of people served, the number who receive lifestyle interventions, the number of follow-up visits, an evaluation of the use of progress markers to reduce risk factors, and a research and evaluation component.

(c) The department shall prepare an annual report and submit it to the legislature by January 31st of each year summarizing the scope and reach of the pilot program. The final report shall include a fiscal analysis and a recommendation outlining the benefits and costs of expanding the pilot program throughout the state after the program has been in existence for three (3) years. The pilot program shall expire on July 1, 2014.

(d) Implementation of the diabetes screening and risk reduction pilot program shall be subject to appropriation.

SECTION 2. This act shall take effect upon passage.

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EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

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RELATING TO HEALTH AND SAFETY - DIABETES SCREENING AND RISK REDUCTION PILOT PROGRAM

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1 This act would establish a diabetes screening and risk reduction program.

2 This act would take effect upon passage.

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