

WEST VIRGINIA LEGISLATURE

2017 REGULAR SESSION

Committee Substitute

for

Senate Bill 360

BY SENATORS TAKUBO, STOLLINGS, MARONEY, PLYMALE

AND MILLER

[Originating in the Committee on Health and Human

Resources ; reported on March 3, 2017]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new article,
 2 designated §16-5Z-1, §16-5Z-2, §16-5Z-3, §16-5Z-4, §16-5Z-5 and §16-5Z-6, all relating
 3 to creating the Legislative Coalition on Diabetes Management; setting forth findings and
 4 purpose; providing for administrative functions of the coalition to be performed by
 5 legislative staff; setting forth membership of the coalition; providing for appointments to be
 6 made by the President of the Senate and the Speaker of the House of Delegates; setting
 7 forth powers and duties of the coalition; setting forth required reporting; setting forth
 8 reporting data elements; requiring state entities to cooperate with the coalition in its duties;
 9 providing for compensation of members; and providing a sunset date.

Be it enacted by the Legislature of West Virginia:

1 That the Code of West Virginia, 1931, as amended, be amended by adding thereto a new
 2 article, designated §16-5Z-1, §16-5Z-2, §16-5Z-3, §16-5Z-4, §16-5Z-5 and §16-5Z-6, all to read
 3 as follows:

ARTICLE 5Z. COALITION FOR DIABETES MANAGEMENT.

§16-5Z-1. Creation of the Coalition for Diabetes Management.

1 There is created the Coalition for Diabetes Management. The administrative functions of
 2 the coalition shall be the responsibility of staff assigned to the Joint Committee on Health to be in
 3 the best interest of the state and its citizens.

§16-5Z-2. Members of the Coalition for Diabetes Management.

1 The Coalition for Diabetes Management shall consist of the following members:

2 (1) The Dean of the School of Public Health at West Virginia University, or his or her
 3 designee, who shall serve as chair of the coalition.

4 (2) Four physicians licensed to practice in this state pursuant to article three or article
 5 fourteen, chapter thirty of this code who shall be appointed by the President of the Senate and
 6 the Speaker of the House of Delegates in consultation with the co-chairs of the Joint Committee
 7 on Health. These physicians shall be board certified endocrinologist.

8 (3) A primary care physician licensed to practice in this state pursuant to article three or
9 article fourteen, chapter thirty of this code who shall be appointed by the President of the Senate
10 and the Speaker of the House of Delegates in consultation with the co-chairs of the Joint
11 Committee on Health.

12 (4) A pediatric physician licensed to practice in this state pursuant to article three or article
13 fourteen, chapter thirty of this code who shall be appointed by the President of the Senate and
14 the Speaker of the House of Delegates in consultation with the co-chairs of the Joint Committee
15 on Health.

16 (5) A pharmacists licensed to practice in this state pursuant to article five of chapter thirty
17 of this code. Preference shall be given to a pharmacist who is certified as a diabetes educator.

18 (6) At least one member of the coalition shall be from each Congressional District of this
19 state and each Congressional District shall be represented in the membership of the coalition.

20 (7) The co-chairs of the Joint Committee on Health serve as nonvoting members, ex-
21 officio.

§16-5Z-3. Powers and duties of the Coalition.

1 (a) The Coalition for Diabetes Management shall:

2 (1) Meet at least quarterly, or at the call of the chairman. A quorum is a simple majority of
3 the coalition;

4 (2) Keep accurate records of the actions of the coalition; and

5 (3) Make recommendations to the Legislature as required by this article.

6 (b) At a minimum, the coalition shall:

7 (1) Provide guidance to the Legislature on potential statutory solutions relative to
8 regulation of diabetes;

9 (2) Establish workgroups and clinical advisory committees as the coalition deems
10 necessary to address pertinent issues related to diabetes management and to provide
11 consistency in the development of further regulation;

12 (3) Consult with entities and persons with a particular expertise as the coalition deems
 13 necessary in the fulfillment of their duties. This can include public and private sector partnerships;
 14 and

15 (4) Offer any additional guidance to the Legislature which the coalition sees is within its
 16 scope which would further enhance the provider patient relationship in the effective treatment and
 17 management of diabetes.

18 (c) The coalition shall report its findings to the Joint Committee on Health by December
 19 31, 2017, and annually after that until the coalition terminates pursuant to the provisions of this
 20 article. The report shall include, at a minimum, the following:

21 (1) Conclusions and recommendations to promote a better means for management of
 22 diabetes;

23 (2) Recommendations for statutory and regulatory modifications;

24 (3) Identification of any action which may be taken by the Legislature to better foster
 25 awareness of the plight of diabetes in this state;

26 (4) A means to raise diabetes awareness; and

27 (5) Any other ancillary issues relative to diabetes management.

§16-5Z-4. Cooperation with the coalition.

1 (a) The Department of Health and Human Resources, the West Virginia Insurance
 2 Commission, the Health Care Authority, the Public Employees Insurance Agency and any other
 3 entity of state government shall cooperate with the coalition in the exchange of data, information
 4 and expertise if so requested by the coalition, including, but not limited to:

5 (1) Providing the entity's plans to improve diabetes care and control complications
 6 associated with diabetes in West Virginia;

7 (2) The financial impact of diabetes on the State of West Virginia;

8 (3) The number of lives impacted with diabetes;

9 (4) The number of lives with diabetes and family members impacted by prevention and

10 diabetes control programs implemented by the entity;

11 (5) An assessment of the benefits of implemented programs and activities aimed at
12 controlling diabetes and preventing the disease;

13 (6) The development or revision of detailed action plans to reduce the impact of diabetes,
14 pre-diabetes, and related diabetes complications including a budget identifying needs, costs, and

15 (7) Resources required to implement the plan.

16 (b) No entity of state government is required to produce or prepare any plan or document
17 at the request of the coalition which they do not currently maintain or which is not readily available
18 from their existing resources.

§16-5Z-5. Compensation and expenses of coalition.

1 (a) Members of the coalition shall be reimbursed for their reasonable and necessary travel
2 and other expenses actually incurred in connection with the performance of their duties as
3 members of the coalition, including, but not limited to, their attendance at meetings.

4 (b) Members of the coalition shall be paid from legislative appropriations to the Joint
5 Committee on Government and Finance.

6 (c) Members of the coalition may receive no other compensation for their services on or
7 with the coalition other than the reimbursement of expenses as provided in this section.

§16-5Z-6. Sunset.

1 The coalition terminates on December 31, 2020, unless continued by act of the
2 Legislature.