WEST VIRGINIA LEGISLATURE

2017 REGULAR SESSION

ENROLLED

Committee Substitute

for

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for

Senate Bill 360

Senators Takubo, Stollings, Maroney, Plymale

AND MILLER, original sponsors

[Passed April 7, 2017; in effect 90 days from passage]

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1 AN ACT 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 and §16-5Z-5, all relating to creating 3 the Legislative Coalition on Diabetes Management; setting forth findings and purpose; 4 providing for administrative functions of the coalition to be performed by legislative staff; 5 setting forth membership of the coalition; providing for appointments to be made by the 6 President of the Senate and the Speaker of the House of Delegates; setting forth powers 7 and duties of the coalition; setting forth required reporting; setting forth reporting data 8 elements; requiring state entities to cooperate with the coalition in its duties; and providing 9 a sunset date.

Be it enacted by the Legislature of West Virginia:

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

ARTICLE 5Z. COALITION FOR DIABETES MANAGEMENT.

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

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

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

- The Coalition for Diabetes Management shall consist of the following members:
- (1) The Dean of the School of Public Health at West Virginia University, or his or her designee, who shall serve as chair of the coalition.
 - (2) Four physicians licensed to practice in this state pursuant to article three or fourteen, chapter thirty of this code who shall be appointed by the President of the Senate and the Speaker of the House of Delegates in consultation with the cochairs of the Joint Committee on Health.
- 7 These physicians shall be board-certified endocrinologists.

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- (4) A pediatric physician licensed to practice in this state pursuant to article three or fourteen, chapter thirty of this code who shall be appointed by the President of the Senate and the Speaker of the House of Delegates in consultation with the cochairs of the Joint Committee on Health.
- (5) A pharmacist licensed to practice in this state pursuant to article five, chapter thirty of this code. Preference shall be given to a pharmacist who is certified as a diabetes educator.
- (6) A dietitian licensed or registered to practice in this state pursuant to article thirty-five, chapter thirty of this code who is also a diabetic educator who shall be appointed by the President of the Senate and the Speaker of the House of Delegates in consultation with the cochairs of the Joint Committee on Health.
- (7) There shall be equal distribution of the membership of the coalition among the congressional districts of this state and each congressional district shall be represented in the membership of the coalition.
- (8) The cochairs of the Joint Committee on Health serve as nonvoting members, ex-officio. §16-5Z-3. Powers and duties of the coalition.
 - (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 the coalition;
 - (2) Keep accurate records of the actions of the coalition; and
- 5 (3) Make recommendations to the Legislature as required by this article.
 - (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) Consult with a quality improvement organization;
10	(3) Establish workgroups and clinical advisory committees as the coalition deems
11	necessary to address pertinent issues related to diabetes management and to provide
12	consistency in the development of further regulation;
13	(4) Consult with entities and persons with a particular expertise as the coalition deems
14	necessary in the fulfillment of their duties. This can include public and private sector partnerships;
15	and
16	(5) Offer any additional guidance to the Legislature which the coalition sees is within its
17	scope which would further enhance the provider patient relationship in the effective treatment and
18	management of diabetes.
19	(c) The coalition shall report its findings to the Joint Committee on Health by December
20	31, 2017, and annually after that until the coalition terminates pursuant to the provisions of this
21	article. The report shall include, at a minimum, the following:
22	(1) Conclusions and recommendations to promote a better means for management of
23	diabetes;
24	(2) Recommendations for statutory and regulatory modifications;
25	(3) Identification of any action which may be taken by the Legislature to better foster
26	awareness of the plight of diabetes in this state;
27	(4) A means to raise diabetes awareness; and
28	(5) Any other ancillary issues relative to diabetes management.

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

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(a) The Department of Health and Human Resources, the West Virginia Insurance Commission, the Health Care Authority, the Public Employees Insurance Agency and any other 5

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- entity of state government shall cooperate with the coalition in the exchange of data, information
 and expertise if so requested by the coalition, including, but not limited to:
 - (1) Providing the entity's plans to improve diabetes care and control complications associated with diabetes in West Virginia;
 - (2) The financial impact of diabetes on the State of West Virginia;
 - (3) The number of lives impacted with diabetes;
 - (4) The number of lives with diabetes and family members impacted by prevention and diabetes control programs implemented by the entity;
 - (5) An assessment of the benefits of implemented programs and activities aimed at controlling diabetes and preventing the disease;
 - (6) The development or revision of detailed action plans to reduce the impact of diabetes, pre-diabetes and related diabetes complications, including a budget identifying needs and costs; and
 - (7) Resources required to implement the plan.
 - (b) No entity of state government is required to produce or prepare any plan or document at the request of the coalition which they do not currently maintain or which is not readily available from their existing resources.

§16-5Z-5. Sunset.

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

The Joint Committee on En correctly enrolled.	rolled Bills hereby cer	tifies that the foregoir	ng bill is
Mass Jagur Chairman, Senate Commit	tee Ousland ouse Committee		
Originated in the Senate.			
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PRESENTED TO THE GOVERNOR

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