

HB 2125 -- DIABETES PREVENTION

SPONSOR: Franklin

This bill requires the MO HealthNet Division within the Department of Social Services and the Department of Health and Senior Services to collaborate to identify goals and benchmarks while also developing individual agency plans to reduce the incidence of diabetes in Missouri, improve diabetes care, and control complications associated with diabetes. The MO HealthNet Division and the Department of Health and Senior Services must submit a report to the General Assembly by January 1 of each odd-numbered year on the following:

(1) The financial impact and extent diabetes of all types is having on the agency, the state, and localities. The assessment must include the number of individuals with diabetes impacted or covered by the agency, the number of individuals with diabetes and family members impacted by prevention and diabetes control programs implemented by the agency, the financial toll or impact diabetes and its complications places on the program, and the financial toll or impact diabetes and its complications places on the program 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. This assessment also must document the amount and source for any funding directed to the agency from the General Assembly for programs and activities aimed at reaching those with diabetes;

(3) A description of the level of coordination existing between the agencies on activities, programs, and messaging on managing, treating, or preventing all forms of diabetes and its complications;

(4) The development or revision of detailed action plans for battling diabetes with a range of actionable items for consideration by the General Assembly. The plans must identify proposed action steps to reduce the impact of diabetes, pre-diabetes, and related diabetes complications. The plan also must identify expected outcomes of the action steps proposed in the following biennium while also establishing benchmarks for controlling and preventing relevant forms of diabetes; and

(5) The development of a detailed budget blueprint identifying needs, costs, and resources required to implement the plan specified in the bill. The blueprint must include a budget range for all options presented in the plan for consideration by the General Assembly.

The requirements of these provisions must be limited to diabetes information, data, initiatives, and programs within each agency prior to the effective date of these provisions, unless there is unobligated funding for diabetes in each agency that may be used for new research, data collection, reporting, or other requirements.