
A BILL FOR AN ACT

RELATING TO A DIABETES ACTION PLAN.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that coordination between
2 agencies to utilize limited funds and resources within the State
3 is crucial to effectively address the diabetes epidemic. A 2016
4 report by the Harvard Law School's Center for Health Law and
5 Policy Innovation cited diabetes action plans as one of ten
6 "best practices" for states in the fight against diabetes.
7 Diabetes action plan legislation has been enacted in at least
8 seventeen states: Arkansas, Florida, Illinois, Kentucky,
9 Louisiana, Michigan, Mississippi, Missouri, New Jersey, North
10 Carolina, North Dakota, Oklahoma, Oregon, Tennessee, Texas,
11 Washington, and Wyoming. Hawaii has embarked on a number of
12 worthy diabetes initiatives but lacks a formalized diabetes
13 action plan.

14 The purpose of this Act is to require the department of
15 health, in collaboration with the department of human services
16 and department of human resources development, to develop a
17 single, unified action plan to reduce the incidence of diabetes



1 in the State and report to the legislature biennially on plan
2 revisions, recommendations for legislative action, and updated
3 information on areas of need, costs, and resources required for
4 continued implementation of the plan.

5 SECTION 2. Chapter 321, Hawaii Revised Statutes, is
6 amended by adding a new section to part I to be appropriately
7 designated and to read as follows:

8 "§321- Diabetes action plan; biennial report. (a) The
9 department of health, in collaboration with the department of
10 human services and department of human resources development,
11 shall identify short- and long-term goals and benchmarks and
12 develop a single, unified action plan to reduce the incidence of
13 diabetes in the State, improve diabetes care, and reduce
14 complications associated with diabetes.

15 (b) The department of health, in collaboration with the
16 department of human services and department of human resources
17 development, shall submit a biennial report to the legislature
18 no later than twenty days prior to the convening of each regular
19 session in odd numbered years on the following:

20 (1) The health, societal, and financial impact that
21 diabetes of all types has on the State, counties, and



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1 the departments of health, human services, and human
2 resources development, including:

3 (A) The number of persons with diabetes who receive
4 services from, or who fall within the purview of,
5 the departments of health, human services, and
6 human resources development;

7 (B) The number of participants in diabetes education,
8 prevention, and treatment programs administered
9 by the departments of health, human services, and
10 human resources development;

11 (C) The costs associated with diabetes education,
12 prevention, and treatment programs administered
13 by the departments of health, human services
14 including medicaid, and human resources
15 development; and

16 (D) The costs to the departments of health, human
17 services, and human resources development
18 associated with diabetes education, prevention,
19 and treatment, as compared to the costs
20 associated with education, prevention, and
21 treatment of other chronic diseases;



- 1 (2) An assessment of the effectiveness of diabetes
2 education and treatment activities, including the
3 amount and source of any funding appropriated by the
4 legislature for these activities;
- 5 (3) A description of the level of coordination between the
6 departments of health, human services, and human
7 resources development on activities to manage, treat,
8 and prevent diabetes and associated complications;
- 9 (4) A list of action steps for the legislature's
10 consideration, along with any proposed legislation,
11 aimed at reducing the impact of diabetes, pre-
12 diabetes, and related diabetes complications in
13 Hawaii, including any recommended appropriations;
14 provided that the report shall identify expected
15 outcomes of the action steps and proposed legislation
16 in the following biennium; and
- 17 (5) Updated information on areas of need, costs, resources
18 required for continued implementation of the diabetes
19 action plan, and any anticipated revisions to the
20 plan."



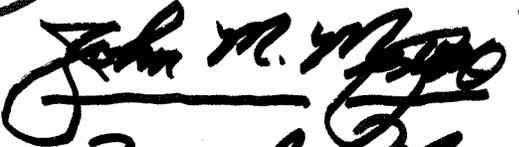
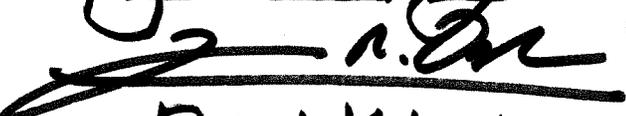
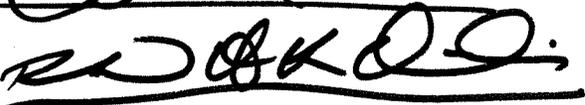
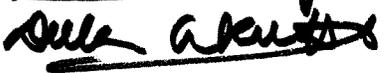
1 SECTION 3. The requirements of section 2 of this Act shall
 2 be limited to the compilation of diabetes information, data,
 3 initiatives, and programs within each department prior to the
 4 effective date of this Act, unless there is unencumbered funding
 5 for diabetes prevention in each department that may be used for
 6 new research, data collection, reporting, or other requirements
 7 of section 2 of this Act. If the departments of health, human
 8 services, or human resources development have any unencumbered
 9 moneys that may be used for the purposes of this Act, then those
 10 departments are authorized to expend the unencumbered moneys for
 11 the purposes of this Act.

12 SECTION 4. New statutory material is underscored.

13 SECTION 5. This Act shall take effect on July 1, 2017.

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INTRODUCED BY: 

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Report Title:

Department of Health; Diabetes; Unified Action Plan

Description:

Requires DOH, in collaboration with DHS and DHRD, to develop a single, unified action plan to reduce the incidence of diabetes in the State and report to the legislature biennially on plan revisions, recommendations for legislative action, and updated information on areas of need, costs, and resources required for continued implementation of the plan.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

