

SECOND REGULAR SESSION
[PERFECTED]
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 2125
97TH GENERAL ASSEMBLY

5926H.02P

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 191, RSMo, by adding thereto two new sections relating to public health.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 191, RSMo, is amended by adding thereto two new sections, to be
2 known as sections 191.990 and 191.1140, to read as follows:

**191.990. 1. The MO HealthNet division and the department of health and senior
2 services shall collaborate to coordinate goals and benchmarks in each agency's plans to
3 reduce the incidence of diabetes in Missouri, improve diabetes care, and control
4 complications associated with diabetes.**

**5 2. The MO HealthNet division and the department of health and senior services
6 shall submit a report to the general assembly by January first of each odd-numbered year
7 on the following:**

**8 (1) The prevalence and financial impact of diabetes of all types on the state of
9 Missouri. Items in this assessment shall include an estimate of the number of people with
10 diagnosed and undiagnosed diabetes, the number of individuals with diabetes impacted or
11 covered by the agency programs addressing diabetes, the financial impact of diabetes, and
12 its complications on Missouri based on the most recently published cost estimates for
13 diabetes;**

**14 (2) An assessment of the benefits of implemented programs and activities aimed at
15 controlling diabetes and preventing the disease;**

**16 (3) A description of the level of coordination existing between the agencies, their
17 contracted partners, and other stakeholders on activities, programs, and messaging on
18 managing, treating, or preventing all forms of diabetes and its complications;**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

19 (4) The development or revision of detailed action plans for battling diabetes with
20 a range of actionable items for consideration by the general assembly. The plans shall
21 identify proposed action steps to reduce the impact of diabetes, prediabetes, and related
22 diabetes complications. The plan also shall identify expected outcomes of the action steps
23 proposed in the following biennium while also establishing benchmarks for controlling and
24 preventing diabetes; and

25 (5) The development of a detailed budget blueprint identifying needs, costs, and
26 resources required to implement the plan identified in subdivision (4) of this subsection.
27 This blueprint shall include a budget range for all options presented in the plan identified
28 in subdivision (4) of this subsection for consideration by the general assembly.

29 3. The requirements of subsections 1 and 2 of this section shall be limited to
30 diabetes information, data, initiatives, and programs within each agency prior to the
31 effective date of this section, unless there is unobligated funding for diabetes in each agency
32 that may be used for new research, data collection, reporting, or other requirements of
33 subsections 1 and 2 of this section.

 191.1140. 1. Subject to appropriations, the University of Missouri shall manage the
2 “Show-Me Extension for Community Health Care Outcomes (ECHO) Program”. The
3 department of health and senior services shall collaborate with the University of Missouri
4 in utilizing the program to expand the capacity to safely and effectively treat chronic,
5 common, and complex diseases in rural and underserved areas of the state and to monitor
6 outcomes of such treatment.

7 2. The program is designed to utilize current telehealth technology to disseminate
8 knowledge of best practices for the treatment of chronic, common, and complex diseases
9 from a multidisciplinary team of medical experts to local primary care providers who will
10 deliver the treatment protocol to patients, which will alleviate the need of many patients
11 to travel to see specialists and will allow patients to receive treatment more quickly.

12 3. The program shall utilize local community health care workers with knowledge
13 of local social determinants as a force multiplier to obtain better patient compliance and
14 improved health outcomes.

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