

HCS HB 2125 -- PUBLIC HEALTH (Franklin)

COMMITTEE OF ORIGIN: Special Standing Committee on Emerging Issues in Health Care

This bill changes the laws regarding public health.

The bill requires the MO HealthNet Division within the Department of Social Services and the Department of Health and Senior Services to collaborate to coordinate goals and benchmarks in each individual agency's 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 prevalence and financial impact of diabetes of all types on the State of Missouri. The assessment must include an estimate of the number of people with diagnosed and undiagnosed diabetes, the number of individuals with diabetes impacted or covered by the agency programs addressing diabetes, the financial impact of diabetes, and its complications on Missouri based on the most recently published American Diabetes Association cost estimates for diabetes;
- (2) An assessment of the benefits of implemented programs and activities aimed at controlling diabetes and preventing the disease;
- (3) A description of the level of coordination existing between the agencies, their contracted partners, and other stakeholders 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 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.

The bill requires, subject to appropriations, the University of Missouri to manage the Show-Me Extension for Community Health Care Outcomes (ECHO) Program. The Department of Health and Senior Services must collaborate with the university in utilizing the program to expand the capacity to safely and effectively treat chronic, common, and complex diseases in rural and underserved areas of the state and to monitor outcomes of the treatment. The program is designed to utilize current telehealth technology to disseminate knowledge of best practices for the treatment of chronic, common, and complex diseases from a multidisciplinary team of medical experts to local primary care providers who will deliver the treatment protocol to patients, which will alleviate the need of many patients to travel to see specialists and will allow patients to receive treatment more quickly. The program must utilize local community health care workers with knowledge of local social determinants as a force multiplier to obtain better patient compliance and improved health outcomes.