

HOUSE No. 1956

The Commonwealth of Massachusetts

PRESENTED BY:

Gloria L. Fox

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to the implementation of a statewide Type 2 diabetes prevention program.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Gloria L. Fox</i>	<i>7th Suffolk</i>	<i>1/18/2013</i>
<i>Cheryl A. Coakley-Rivera</i>	<i>10th Hampden</i>	
<i>Martin J. Walsh</i>	<i>13th Suffolk</i>	<i>1/25/2013</i>
<i>Linda Dorcena Forry</i>	<i>12th Suffolk</i>	
<i>Kay Khan</i>	<i>11th Middlesex</i>	

HOUSE No. 1956

By Ms. Fox of Boston, a petition (accompanied by bill, House, No. 1956) of Gloria L. Fox and others for legislation to establish a statewide program to promote prevention, diagnosis and treatment of Type 2 Diabetes. Public Health.

The Commonwealth of Massachusetts

In the Year Two Thousand Thirteen

An Act relative to the implementation of a statewide Type 2 diabetes prevention program.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 There is hereby established and set up a special program in preventing the spread of Type
2 2 Diabetes (especially for children) in the Commonwealth.

3 The Type 2 Diabetes Prevention Program is designed to improve treatment and outcomes
4 for people with diabetes (especially children), to promote early diagnosis, and to prevent the
5 onset of diabetes. Its mission is to eliminate the preventable burden of diabetes through
6 leadership, research, programs, and policies that translate science into practice. Program
7 activities are directed to these audiences: the general public; people with diabetes and their
8 families; health care providers; and payers and purchasers of health care medication for Diabetes.

9 The creation of this prevention program shall consist of all (such as healthcare providers,
10 physicians, hospitals, community health centers, medical practitioners, home healthcare
11 providers and or any organizations that provide health care) to devise a program.

12 The program shall take into account the best policies and practices in other states and
13 jurisdictions, particularly, but not limited to the Department of Public Health (DPH), Centers for
14 Disease Control and Prevention (CDC) & American Disease Association (ADA) conduct applied
15 translational research for their agency (and or practice).

16 This research should identify in detail the public health implications of results from
17 clinical trials and scientific studies and effectively and efficiently applies these findings in the
18 health care system. Areas of research should include (1) access to quality care for diabetes,
19 especially within managed care organizations; (2) early detection of undiagnosed diabetes; (3)
20 cost effectiveness of diabetes prevention and control activities; (4) effectiveness of health

21 practices to address risk factors for diabetes; and (5) demonstration of primary prevention of type
22 2 diabetes (6)school based awareness programs for guide to early detection.

23 The Department of Public Health (DPH), Centers for Disease Control and Prevention
24 (CDC) & American Disease Association (ADA) shall assist in the funding and programming
25 needed to accomplish these goals. With the implantation this program it will help in tracking,
26 processing and engagement. (1) Increase diabetes preventive behaviors; (2) Improve the access
27 to effective lifestyle interventions; (3) Enhance and improve community and environmental
28 strategies to prevent diabetes; (4) Improve the health behavior and self management practices of
29 people with diabetes; (5) Enhance and improve the access and delivery of effective preventive
30 health care services; (6) Enhance and improve community and environmental strategies to
31 support people with Type 2 diabetes; (6) Improve the science of health and health care disparities
32 related to diabetes; (7) Prioritize and disseminate public health strategies to eliminate disparities;
33 (8) Build capacity for communication, evaluation, marketing, policy, and partnerships of a
34 statewide campaign(9) and creation of Pharmacists partnership as public health enhancers with
35 collaboration with health providers to enhance awareness and assist in reduction of medical care
36 cost.

37 Prevention program must be administered by someone licensed in the medical field
38 whom also has a high level of cultural and language competences, as they will administer
39 trainings for children, youth, families and medical staff on ways to address the issues people
40 (specially children) faces on type 2 diabetes from disfranchised homes. Each Prevention Program
41 shall be empowered to annually complete one of the following (1) hold monthly public meetings,
42 (2) fact-finding hearings and other public forums (3) campaign for diabetes prevention efforts
43 (especially type 2), (4) monthly community outreach/social events; (5) yearly resource fair with
44 related prevention stakeholders for 300 people or more. The program will help each person
45 create a prevention strategy molded to fit their own cultural background and medical history.

46 In efforts to provide comprehensive prevention and treatment programs in communities
47 throughout the commonwealth of MA, all programs should be reviewed yearly by Department of
48 Public Health (DPH), Centers for Disease Control and Prevention (CDC) & American Disease
49 Association (ADA) for effective input for program development. The agency will then use this
50 information to determine future action in regards to the program.