

The Florida Senate
PROFESSIONAL STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: Health Regulation Committee

BILL: SR 2618

INTRODUCER: Senator Peaden

SUBJECT: Diabetes Education, Screening, and Treatment

DATE: March 24, 2007 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Munroe	Wilson	HR	Favorable
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I. Summary:

This bill is a Senate Resolution which states support for education, screening, and aggressive medical treatment to prevent diabetes. The resolution encourages health care providers to adopt certain practices to prevent and manage diabetes.

This bill creates an undesignated section of law.

II. Present Situation:

According to the Centers for Disease Control and Prevention, approximately twenty-one million individuals in the United States have diagnosed and undiagnosed diabetes. Diabetes is a metabolic disorder which disrupts the way the human body uses digested food for growth and energy. The human body breaks down food into glucose, the form of sugar in the blood. Glucose is the main source of fuel for the body. After digestion, glucose passes into the bloodstream, where it is used by cells for growth and energy. For glucose to get into cells, insulin must be present. Insulin is a hormone produced by the pancreas, a large gland behind the stomach.

When a person eats, the pancreas automatically produces the right amount of insulin to move glucose from blood into our cells. For individuals with diabetes, the pancreas either produces little or no insulin, or the cells do not respond appropriately to the insulin that is produced. Glucose builds up in the blood, overflows into the urine, and passes out of the body. Thus, the body loses its main source of fuel even though the blood contains large amounts of glucose.

Type 2 diabetes was previously called non-insulin-dependent diabetes mellitus or adult-onset diabetes. Type 2 diabetes accounts for about 90 to 95 percent of all diagnosed cases of diabetes.

Type 2 diabetes usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin rises, the pancreas gradually loses its ability to produce insulin. Type 2 diabetes is associated with older age, obesity, family history of diabetes, history of gestational diabetes, impaired glucose metabolism, physical inactivity, and race/ethnicity. African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Native Hawaiians or Other Pacific Islanders are at particularly high risk for type 2 diabetes. Type 2 diabetes is increasingly being diagnosed in children and adolescents.

Type 1 diabetes was previously called insulin-dependent diabetes mellitus or juvenile-onset diabetes. Type 1 diabetes develops when the body's immune system destroys pancreatic beta cells, the only cells in the body that make the hormone insulin that regulates blood glucose. This form of diabetes usually strikes children and young adults, although disease onset can occur at any age. Type 1 diabetes may account for only 5 to 10 percent of all diagnosed cases of diabetes. Risk factors for type 1 diabetes may include autoimmune, genetic, and environmental factors.

Diabetes can affect many parts of the body and can lead to serious complications, such as blindness, kidney damage, and lower-limb amputations. There are several good treatments for preventing diabetes complications. Many people with type 2 diabetes can control their blood glucose by following a careful diet and exercise program, losing excess weight, and taking oral medication. Certain health problems, such as being overweight, unhealthy cholesterol, smoking, high blood glucose, high blood pressure, and physical inactivity put individuals at higher risk for both diabetes and heart disease. The American Diabetes Association and other entities provide education and prevention materials on diabetes.

The Centers for Disease Control and Prevention's Diabetes Surveillance System maintains national statistics on the prevalence, incidence, and duration of diabetes; and the occurrence of complications such as cardiovascular disease, lower extremity conditions, end-stage renal disease, and visual impairment among people with diabetes; as well as health status and disability, preventive care practices, hospitalization, insulin and oral medication use, and risk factors for complications among people with diabetes.

The estimated economic cost of diabetes in 2002 was \$132 billion. Of this amount, \$92 billion was due to direct medical costs and \$40 billion due to indirect costs such as lost workdays, restricted activity, and disability due to diabetes. The average medical expenditure for a person with diabetes was \$13,243, or 5.2 times greater than the cost for a person without diabetes.¹

III. Effect of Proposed Changes:

Senate Resolution 2618 states that health care providers in Florida are urged to adopt generally recognized clinical practice guidelines, such as goals from the American Diabetes Association, recommendations and standards that identify the reduction of body mass, cardiovascular risk issues, and glycemic control as key factors in managing diabetes. Health care providers are strongly encouraged to inform patients that proper nutrition and exercise may reduce their chances of contracting diabetes.

¹ See the Centers for Disease Control and Prevention – “Frequently Asked Questions,” Diabetes and Statistics at: <<http://www.cdc.gov/diabetes/faq/research.htm#4>> (Last visited on March 24, 2007).

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Summary of Amendments:

None.

This Senate Professional Staff Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
