LEGISLATIVE HISTORY CHECKLIST

NJSA:

26:2-138 to 26:2-142

(Diabetes control program -- make

permanent)

CHAPTER 10

Laws Of:

1987

Bill No:

A1708

Sponsor(s): Colburn

Date Introduced: Pre-filed

Committee:

Assembly: Health and Human Services; Appropriations

Institutions, Health and Welfare; Revenue, Finance

and Appropriations

Amended during passage:

Yes

Amendments during passage denoted

by asterisks

Date of Passage:

Assembly:

May 12, 1986

Senate:

November 10, 1986

Date of Approval: January 20, 1987

Following statements are attached if available:

Sponsor statement:

Yes

Committee statement:

Yes

1-30-86 & 2-10-88

Senate

Assembly

Yes

6-16-86 & 9-8-86

Fiscal Note:

No

Veto Message:

No No

Message on Signing: Following were printed:

Reports:

Yes

Hearings:

No

974.90

New Jersey. Governor's Advisory Commission on Diabetes.

H434

Interim report ... July 1, 1985.

1985g

(see especially pp. 3-4)

1-20-87

[SECOND OFFICIAL COPY REPRINT]

ASSEMBLY, No. 1708

STATE OF NEW JERSEY

PRE-FILED FOR INTRODUCTION IN THE 1986 SESSION

By Assemblyman COLBURN

An Acr concerning the authorization of the Diabetes Control Program within the New Jersey State Department of Health and making an appropriation therefor.

- 1 Be it enacted by the Senate and General Assembly of the State
- 2 of New Jersey:
- 1 1. The Legislature finds and declares that the rising incidence
- 2 of diabetes mellitus and its associated complications involving the
- 3 eyes, kidneys, heart, blood vessels and nerves is causing concern
- 4 among public health officials and private practitioners who feel
- 5 that it is imperative that new initiatives be developed to combat
- 6 this disease which is so costly in human, social, and economic terms.
- 7 The Legislature further finds that the authorization to make
- 8 permanent the existing comprehensive Diabetes Control Program
- 9 within the New Jersey State Department of Health is in the best
- 10 interests of the citizens of the State of New Jersey in an effort to
- 11 minimize the incidence of death and disability so often attributed
- 12 to diabetes.
- 1 2. As used in this act:
- 2 ** [a. "Commission" means the Diabetes Advisory Commission
- 3 appointed by the Commissioner of the State Department of
- 4 Health;]**
- 5 **[b.]** **a.** "Commissioner" means the Commissioner of
- 6 the State Department of Health;
- 7 ** [c.] ** ** b. ** "Department" means the State Department of
- 8 Health;

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

Matter printed in italics thus is new matter.

Matter enclosed in asterisks or stars has been adopted as follows:

- *—Assembly amendments adopted May 8, 1986.
- **—Senate committee amendments adopted September 8, 1986.

- 9 **[d.]** **c.** "Program" means the Diabetes Control Pro-10 gram established by the commissioner.
- 1 3. The commissioner shall continue within the department the
- 2 existing Diabetes Control Program which shall have central
- 3 authority and responsibility for the development of diabetes con-
- 4 trol strategies based on sound scientific principles and protocols.
- 1 4. The commissioner is authorized to:
- 2 a. Gather data relative to the occurrence of diabetes and its
- 3 associated complications;
- 4 b. Enter into necessary contracts and agreements with counties,
- 5 municipalities and other units of government, colleges, universities,
- 6 associations and agencies;
- 7 c. Conduct a scientific investigation into the prevention, cause
- 8 and control of diabetes and its associated morbidity;
- 9 d. Develop more effective methods for evaluating diabetes con-
- 10 trol strategies;
- 11 e. Promote programs of education for persons afflicted with
- 12 diabetes in order to improve their quality of life and reduce the
- 13 burdens of the disease and its complications;
- 14 f. Promote programs of professional education for physicians,
- 15 nurses, dietitians, podiatrists, dentists, physical therapists, phar-
- 16 macists, and public health professionals relative to the prevention
- 17 and control of diabetes and the rehabilitation of victims of the
- 18 complications of diabetes; and
- 19 g. Apply for and accept any grant of money from the federal
- 20 government or any other source available for the purposes of this
- 21 act.
- 1 ** 5. The commissioner is further authorized to establish within
- 2 the department a Diabetes Advisory Commission to consult with
- 3 the department in the administration of this act. The commission
- 4 shall consist of nine members to be appointed by the Governor as
- 5 follows: the commissioner, eight public members of whom three
- 6 shall be physicians, one shall be a dietitian, one shall be a repre-
- 7 sentative from the Commission for the Blind and Visually Im-
- 8 paired, one shall be a podiatrist, and two shall be consumers of
- 9 diabetes-related services. The commissioner shall serve as chair-
- 10 person of the commission. Of the members appointed to the
- 11 commission, four members shall be appointed for initial terms of
- 12 two years; the remaining members shall be appointed to initial
- 13 terms of one year. Following expiration of the initial terms, all
- 14 members shall be appointed to two-year terms. Members may
- 15 only serve two consecutive terms. The appointed members shall

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- 16 serve without compensation, but shall be reimbursed for necessary
- 17 expenses incurred in the performance of their duties.
- 18 The commission shall meet in the offices of the department at
- 19 least four times a year. It shall meet at such other places within
- 20 the State as, in its judgment, may be necessary. All policy matters
- 21 shall be put to a vote of the commission. Five members of the
- 22 commission shall constitute a quorum thereof, and all action shall
- 23 be taken by majority vote. 1**
- 1 ** [6. The commission shall be responsible for:
- 2 a. Studying the needs of diabetics and their families regarding
- 3 the availability and affordability of diagnostic, treatment and
- 4 educational resources and self-management tools.
- 5 b. Gathering and disseminating data and information regarding
- 6 the care and treatment of diabetics in order to stimulate awareness
- 7 and provide data for use by health care professionals and govern-
- 8 mental policy makers with responsibilities in this area.
- 9 c. Advising the commissioner regarding the following issues
- 10 related to diabetes: programs and priorities for the Diabetes
- 11 Control Program within the department, technical issues and
- 12 legislative initiatives.
- d. Serving as liaison between the department and public, pri-
- 14 vate, and voluntary agencies involved in diabetes control.
- e. Assisting in the introduction of legislation which impacts on
- 16 diabetes and providing testimony with respect to any legislation
- 17 introduced. **
- 1 ** [7. The commission shall be entitled to call to its assistance and
- 2 avail itself of the services of such employees of any State, county,
- 3 or municipal department, board, bureau, commission or agency as
- 4 it may require and as may be available to it for the purposes of
- 5 carrying out its duties under this act, and to employ additional
- 6 staff and incur traveling and other miscellaneous expenses which
- 7 it may deem necessary in order to perform its duties, and as may
- 8 be within the limits of funds appropriated or otherwise made
- 9 available to it for those purposes. **
- 1 **[8.]** **5.** Pursuant to the "Administrative Procedure
- 2 **[Act'',]** ***Act,''** P. L. 1968, c. 410 (C. 52:14B-1 et seq.), the
- 3 commissioner shall promulgate rules and regulations necessary to
- 4 effectuate the provisions of this act.
- 1 **[9.]** **6.** The sum of \$*[450,000.00]* *250,000.00* is
- 2 appropriated to the department from the General Fund to effec-
- 3 tuate the purposes of this act.
- 1 **[10.]** **7.** This act shall take effect immediately.

HEALTH—GENERAL

Makes permanent the existing Diabetes Control Program within the Department of Health, appropriates \$250,000.00.

STATEMENT

This bill makes permanent the existing Diabetes Control Program within the New Jersey State Department of Health so that the department can continue to address the complex and costly problems of diabetes in New Jersey.

In addition to the direct threat posed by the disease itself, diabetes typically results in chronic and disastrous complications that affect the fetus, kidneys, heart, eye, and circulatory and nervous systems. Diabetes, with its complications, is the number three cause of death by disease in New Jersey. Moreover, according to the latest New Jersey State Department of Health estimates, diabetes represents a \$488 million annual drain on the New Jersey economy. In 1983, the hospital charges for easily preventable hospitalizations totalled \$32.2 million, and hospital charge for diabetes-related amputations exceeded \$20 million.

The federal funding base for the current Diabetes Control Program will expire in February 1986. Without further funds, the program, which includes efforts in surveillance, education, screening and prevention, will cease. This legislation provides the authorization and initial funding necessary to continue these efforts.

This bill also establishes a Diabetes Advisory Commission to consult with the department in the administration of this act. The membership of the commission consists of nine members who include the Commissioner of Health and eight public members.

The bill includes a \$450,000.00 appropriation from the General Fund.

HEALTH—GENERAL

Diabetes Control Prog.—\$450,000.00.

Makes permanent the existing Diabetes Control Program within the Department of Health, establishes a Diabetes Advisory Commission, appropriates \$450,000.00 from the General Fund.

A1708 (1987)

ASSEMBLY HEALTH AND HUMAN RESOURCES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1708

STATE OF NEW JERSEY

DATED: JANUARY 30, 1986

The Assembly Health and Human Resources Committee reports favorably Assembly Bill No. 1708.

This bill makes permanent the existing Diabetes Control Program in the Department of Health and provides a \$450,000.00 appropriation to the department to enable the program to continue its efforts at surveillance of diabetes cases, professional education of medical and public health personnel, screening and prevention, and to develop more effective methods of evaluating diabetes control strategies.

The bill also establishes a nine-member Diabetes Advisory Commission, consisting of the Commissioner of Health and eight members appointed by the Governor, to consult with the department in the administration of the Diabetes Control Program. The commission, to be chaired by the commissioner, is directed to study the needs of diabetics and their families for diagnostic, treatment and educational resources and self-management tools; gather and disseminate data and information about diabetes care and treatment; advise the commissioner on diabetes control activities; serve as a liaison between the department and other agencies involved in diabetes control; and engage in legislative activity related to diabetes control.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1708

STATE OF NEW JERSEY

DATED: FEBRUARY 10, 1986

The committee favorably reports this bill.

Assembly Bill No. 1708 makes permanent the existing diabetes control program in the Department of Health, and establishes a Diabetes Advisory Commission within that department, for the purposes of improving the care of diabetics and enhancing the understanding of the control and management of diabetes among health care professionals, diabetics and their families, and public policy makers.

Currently, there is no permanent, statutory diabetes control program in this State. Over the past five years, however, the Department of Health has maintained its own diabetes control program, under a contractual arrangement with the national Centers for Disease Control (CDC). Under this arrangement, the department used funding from CDC for statistical studies; diabetes risk assessment, counseling, referral and follow-up services at certain community-based hypertension sites; and the establishment of screening programs for certain diabetes-related illnesses.

According to departmental personnel, CDC funding ranged from \$130,000.00 to \$230,000.00 per year during the five-year period. This funding was not included in the 1986 federal budget, and carryover 1985 payments will end on February 28, 1986.

In addition, the department has received approximately \$173,000.00 per year over the past two years from the Preventive Health and Health Services Block Grant, for county-wide diabetes educational programs. According to departmental personnel, the continuation of this level of funding is uncertain.

This bill would establish a permanent diabetes control program in the Department of Health. The bill authorizes the Commissioner of Health to: gather data concerning diabetes and its associated complications; investigate the prevention, cause and control of diabetes; develop diabetes evaluation and control strategies; and promote educational programs for diabetics and health care professionals.

The bill also establishes a nine-member Diabetes Advisory Commis-

sion, consisting of the Commissioner of Health and eight public members appointed by the Governor, to consult with the department in the administration of the diabetes control program. The commission, to be chaired by the commissioner, is directed to: study the needs of diabetics and their families for diagnostic, treatment and educational resources and self-management tools; gather and disseminate data about diabetes care and treatment; advise the commissioner on diabetes control issues and public policy initiatives concerning diabetes; serve as a liason between the department and other agencies involved in diabetes control; and engage in legislative activity related to diabetes control. Fiscal Impact:

This bill appropriates \$450,000.00 to the department for the continuation and expansion of the diabetes control program. According to a departmental statement, approximately \$260,000.00 will be devoted to contracts for the performance of diabetes-related services, particularly for informational studies and patient and professional education. The remaining \$190,000.00 will be used for departmental staff salaries and support services related to the program.

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ADOPTED DATE 5/8/86

Assembly Floor Amendments Sponsored by Assemblyman Colburn

to

Assembly Bill No. 1708 Sponsored by Assemblyman Colburn

Amend:		
Page	Section	Line
Page 3	9	1
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Om;+ Delete "450,000.00" -Insert "250,000.00" -

STATEMENT

This amendment reduces the bill's appropriation to \$250,000 from \$450,000, reflecting more accurate cost projections.

Note to Printer: Reprint sympsis in Roman to read as follows: " Makes permanent the existing Diabetes Control Program within the Department of Health, establishes a Diabetes Advisory Commission, appropriates \$250,000 to Department of Health."

- b. "Commissioner" means the Commissioner of the State Department of Health;
- c. "Department" means the State Department of Health;
- d. "Program" means the Diabetes Control Program established by the commissioner.
- 3. The commissioner shall continue within the department the existing Diabetes Control Program which

SENATE INSTITUTIONS, HEALTH AND WELFARE COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1708

[OFFICIAL COPY REPRINT]

STATE OF NEW JERSEY

DATED: JUNE 16, 1986

The Senate Institutions, Health and Welfare Committee favorably reports Assembly Bill No. 1708 OCR.

This bill makes permanent the existing Diabetes Control Program in the Department of Health and establishes a nine-member Diabetes Advisory Commission within the department. The bill appropriates \$250,000.00 to carry out its purposes.

The bill directs the Commissioner of Health to: gather data about the occurrence of diabetes; enter into contracts with other government units, educational facilities and agencies; conduct a scientific investigation into the prevention, cause and control of diabetes; develop methods for evaluating diabetes control strategies; promote public education programs for persons with diabetes and health care professionals; and apply for and accept any federal grants or other sources of funds.

The Diabetes Advisory Commission shall include the Commissioner of Health and eight public members as follows: three physicians, one dietitian, one representative of the State Commission for the Blind and Visually Impaired, one podiatrist, and two consumers of diabetes-related services. The commission is directed to: study the needs of diabetics and their families; gather and disseminate information regarding the care and treatment of diabetes; advise the commissioner on certain issues related to diabetes; serve as a liaison between the department and public, private and voluntary agencies; and assist in the introduction of legislation impacting on diabetes.

The current diabetes control program in the department was established in 1980 with federal funding under an agreement with the United States Centers for Disease Control. This funding initiative was a five-year project which expired on February 28, 1986. In addition, the program received funding in FY '85 and FY '86 from the federal Preventive Health and Health Services Block Grant.

The committee reported a similar bill, Senate Bill No. 1414 (Bassano) on February 24, 1986. The Senate bill is currently pending before the Senate Revenue, Finance and Appropriations Committee.

SENATE REVENUE, FINANCE AND APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1708

[Official Copy Reprint] with Senate committee amendments

STATE OF NEW JERSEY

DATED: SEPTEMBER 8, 1986

The Senate Revenue, Finance and Appropriations Committee reports favorably with committee amendments Assembly Bill No. 1708 (OCR).

As amended, this bill makes permanent the existing diabetes control program in the Department of Health, and appropriates \$250,000.00 for an expansion of that program.

Currently, there is no permanent, statutory diabetes control program in this State. Over the past five years, however, the Department of Health has maintained its own diabetes control program, under a contractual arrangement with the National Centers for Disease Control (CDC). Under this arrangement, the department has used funding from CDC for statistical studies, diabetes risk assessment, counseling, referral and follow-up services at certain community-based hypertension sites, and the establishment of screening programs for certain diabetes-related illnesses.

According to departmental personnel, CDC funding ranged from \$130,000.00 to \$230,000.00 per year during the five-year period. The department has received preliminary approval for approximately \$236,000.00 in CDC funding, for one more year, for certain projects.

In addition, the department has used approximately \$173,000.00 per year over the past two years from the Preventive Health and Health Services Block Grant, for county-wide diabetes educational programs. According to a statement submitted by departmental personnel, the diabetes program will spend \$175,000.00 in Block Grant moneys this year.

This bill establishes a permanent diabetes control program in the Department of Health. The bill authorizes the Commissioner of Health to: gather data concerning diabetes and its associated complications; investigate the prevention, cause and control of diabetes; develop diabetes evaluation and control strategies; and promote educational programs for diabetics and health care professionals.

COMMITTEE AMENDMENTS

The committee amendments delete language establishing a diabetes advisory commission in the Department of Health, in order to avoid duplicating the efforts of the Governor's Advisory Commission on Diabetes.

As amended, the bill is identical to Senate Bill No. 1414 Sca of 1986.

FISCAL IMPACT

This bill appropriates \$250,000.00, from the General Fund, to the Department of Health for the expansion of the diabetes control program. According to a departmental statement, approximately \$211,250.00 will be devoted to the performance of diabetes-related services, particularly for informational studies and patient and professional education. The remaining \$38,750.00 will be used for departmental staff salaries and support services related to the program. Most salary and support costs will be defrayed—this year—with federal moneys.