



Ohio Revised Code

Section 3701.139 Meetings; report.

Effective: October 17, 2019

Legislation: House Bill 166 - 133rd General Assembly

(A) Subject to division (B) of this section, the director of health shall convene meetings with staff of the department of health, department of medicaid, department of administrative services, and commission on minority health to do all of the following:

(1) Assess the prevalence of all types of diabetes in this state, including disparities in that prevalence among various demographic populations and local jurisdictions;

(2) Establish and reevaluate goals for each of the agencies to reduce that prevalence;

(3) Identify how to measure the progress achieved toward attaining the goals established under division (A)(2) of this section;

(4) Establish and monitor the implementation of plans for each agency to reduce the prevalence of all types of diabetes, improve diabetes care, and control complications associated with diabetes among the populations of concern to each agency;

(5) Consider any other matter associated with reducing the prevalence of all types of diabetes in this state that the director considers appropriate;

(6) Collect the information needed to prepare the reports required by division (C) of this section.

(B) The director shall convene the meetings required by division (A) of this section at the director's discretion, but not less than twice each calendar year.

(C) Not later than the thirty-first day of January of every third year beginning in 2021, the director shall submit a report to the general assembly in accordance with section 101.68 of the Revised Code that addresses or contains all of the following for the three-year period preceding the report's submission:



- (1) The results of the assessment required by division (A)(1) of this section;
 - (2) The progress each agency has made toward achieving the goals established under division (A)(2) of this section and implementing the plans required by division (A)(4) of this section;
 - (3) An assessment of the health and financial impacts that all types of diabetes have had on the state and local jurisdictions, and, subject to division (D) of this section, each agency specified in division (A) of this section;
 - (4) A description of the efforts the agencies specified in division (A) of this section have taken to coordinate programs intended to prevent, treat, and manage all types of diabetes and associated complications;
 - (5) Recommendations for legislative policies to reduce the impact that diabetes, pre-diabetes, and complications from diabetes have on the citizens of this state, including specific action steps that could be taken, the expected outcomes of the action steps, and benchmarks for measuring progress toward achieving the outcomes;
 - (6) A budget proposal that identifies the needs and resources required to implement the recommendations described in division (C)(5) of this section, as well as estimates of the costs to implement the recommendations;
 - (7) Any other information concerning diabetes prevention, treatment, or management in this state that the director considers appropriate.
- (D) An agency-specific assessment required by division (C) of this section shall include all of the following:
- (1) A list and description of each diabetes prevention or control program the agency administers, the number of individuals with each type of diabetes and their dependents who are impacted by each program, the expenses associated with administering each program, and the funds appropriated for each program, along with each funding source;



(2) A comparison of the expenses described in division (D)(1) of this section with the expenses the agency incurs in administering programs to reduce the prevalence of other chronic diseases and conditions;

(3) An evaluation of the benefits that have resulted from each program listed pursuant to division (D)(1) of this section.

(E) Nothing in this section requires the agencies specified in division (A) of this section to establish programs for diabetes prevention, treatment, and management that had not been initiated or funded prior to April 6, 2017.