

CHAPTER 132**(HCR 226)**

A CONCURRENT RESOLUTION establishing the Diabetes Medical Emergency Response Task Force.

WHEREAS, diabetes refers to a group of diseases, known as Type I and Type II diabetes, which are characterized by high blood glucose levels that result from defects in the body's ability to produce or use insulin; and

WHEREAS, diabetes is a chronic illness that requires continuing medical care, patient self-management, and education to prevent acute complications and to reduce the risk of long-term complications; and

WHEREAS, all Type I diabetics and an increasing number of Type II diabetics are considered insulin dependent, meaning that they require regular doses of insulin to maintain healthy levels of glucose; and

WHEREAS, according to the Centers for Disease Control and Prevention's United States Diabetes Surveillance System, in 2014, approximately 12 percent of adults in Kentucky have been diagnosed with diabetes; and

WHEREAS, according to the Institute for Alternative Futures more than 14 percent of Kentuckians will be diagnosed with diabetes by 2030; and

WHEREAS, diabetics are at risk of experiencing both hypoglycemia, or low levels of blood glucose, and hyperglycemia, or high levels of blood glucose; and

WHEREAS, hypoglycemia can result in dizziness, confusion, weakness, anxiety, loss of consciousness, coma, and even death; and

WHEREAS, the American Diabetes Association reports that up to 30 percent of individuals with Type I diabetes and a similar percent of those diagnosed with Type II diabetes will suffer from at least one episode of hypoglycemia requiring emergency medical treatment annually; and

WHEREAS, hyperglycemia can result in blurred vision, headaches, nausea and vomiting, coma, diabetic ketoacidosis (DKA), hyperglycemic hyperosmolar state (HHS), and death; and

WHEREAS, according to the journal Current Emergency and Hospital Medicine Reports, DKA accounts for more than 110,000 hospitalizations annually in the United States, with a mortality rate of up to ten percent; and

WHEREAS, emergency medical responders in the Commonwealth do not currently carry fast-acting insulin, resulting in a delayed medical response and an increase in the number of emergency room visits for individuals with diabetes;

NOW, THEREFORE,

Be it resolved by the House of Representatives of the General Assembly of the Commonwealth of Kentucky, the Senate concurring therein:

➔Section 1. The Legislative Research Commission shall establish the Diabetes Medical Emergency Response Task Force to study and develop recommendations to address the emergent medical needs of individuals diagnosed with Type I and Type II diabetes, to assist in developing consensus legislation to ensure that the emergency medical responders are prepared and equipped to meet the emergent medical needs of these individuals, and to advocate and publicize the importance of appropriate training and adequate medical supplies in responding to diabetic medical emergencies.

➔Section 2. (1) The Diabetes Medical Emergency Response Task Force shall be composed of the following members with final membership of the task force being subject to the consideration and approval of the Legislative Research Commission:

(a) Two members of the House Health and Family Services Committee, one to be appointed by the Speaker of the House, and one to be appointed by the Minority Floor Leader of the House;

(b) Two members of the Senate Health and Welfare Committee, one to be appointed by the President of the Senate, and one to be appointed by the Minority Floor Leader of the Senate;

(c) The Executive Director of the Kentucky Board of Emergency Medical Services, or his or her designee;

(d) The President of the Kentucky Firefighter's Association, or his or her designee;

- (e) The President of Kentucky Professional Fire Fighters, or his or her designee;
 - (f) The President of the Kentucky Association of Fire Chiefs, or his or her designee;
 - (g) The President of the Kentucky Association of Chiefs of Police, or his or her designee;
 - (h) The President of the Kentucky Ambulance Providers Association, or his or her designee;
 - (i) One physician licensed in Kentucky having a primary practice in the delivery of emergency medical care selected from a list of three physicians submitted by the Kentucky Medical Association;
 - (j) Two adult citizens of the Commonwealth who have been diagnosed with either Type I or Type II diabetes, one to be appointed by the House co-chair, and one to be appointed by the Senate co-chair;
 - (k) One representative of the American Diabetes Association selected from a list of three individuals submitted by the Kentucky Office of the American Diabetes Association; and
 - (l) One representative of the Juvenile Diabetes Research Foundation selected from a list of three individuals submitted by the Kentucky and Southern Indiana chapter of the Juvenile Diabetes Research Foundation.
- (2) The Speaker of the House and the President of the Senate shall each appoint one co-chair of the task force from among the members of the task force from their respective chamber.

➔Section 3. The task force shall meet at least bimonthly during the 2018 Interim of the General Assembly. The task force shall submit its findings, recommendations, and any proposed legislation to the Legislative Research Commission for referral to the appropriate committee or committees by December 1, 2018.

➔Section 4. Provisions of this Resolution to the contrary notwithstanding, the Legislative Research Commission shall have the authority to alternatively assign the issues identified herein to an interim joint committee or subcommittee thereof and to designate a study completion date.

Signed by Governor April 10, 2018.