

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

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

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

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

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

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

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

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

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

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

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

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

7 NOW, THEREFORE,

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

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

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

20 (a) Three members of the House Health and Family Services Committee, two to
21 be appointed by the Speaker of the House, and one to be appointed by the Minority Floor
22 Leader of the House;

23 (b) Three members of the Senate Health and Welfare Committee, two to be
24 appointed by the President of the Senate, and one to be appointed by the Minority Floor
25 Leader of the Senate;

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

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

3 (e) The President of the Kentucky Association of Chiefs of Police, or his or her
4 designee;

5 (f) The President of the Kentucky Ambulance Providers Association, or his or her
6 designee;

7 (g) One physician licensed in Kentucky having a primary practice in the delivery
8 of emergency medical care selected from a list of three physicians submitted by the
9 Kentucky Medical Association;

10 (h) Two adult citizens of the Commonwealth who have been diagnosed with
11 either Type I or Type II diabetes, one to be appointed by the House co-chair, and one to
12 be appointed by the Senate co-chair;

13 (i) One representative of the American Diabetes Association selected from a list
14 of three individuals submitted by the Kentucky Office of the American Diabetes
15 Association; and

16 (j) One representative of the Juvenile Diabetes Research Foundation selected
17 from a list of three individuals submitted by the Kentucky and Southern Indiana chapter
18 of the Juvenile Diabetes Research Foundation.

19 (2) The Speaker of the House and the President of the Senate shall each appoint
20 one co-chair of the task force from among the members of the task force from their
21 respective chamber.

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

26 ➔Section 4. Provisions of this Resolution to the contrary notwithstanding, the
27 Legislative Research Commission shall have the authority to alternatively assign the

- 1 issues identified herein to an interim joint committee or subcommittee thereof and to
- 2 designate a study completion date.