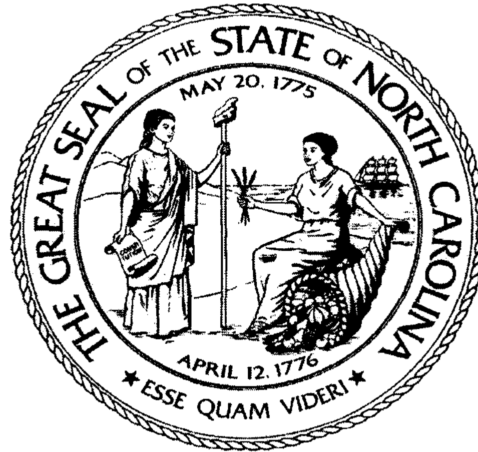
NORTH CAROLINA GENERAL ASSEMBLY



JOINT LEGISLATIVE TASK FORCE ON DIABETES PREVENTION AND AWARENESS (2011)

REPORT TO THE
2012 SESSION
of the
2011 GENERAL ASSEMBLY
OF NORTH CAROLINA

APRIL 2012

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TRANSMITTAL LETTER

April 26, 2012

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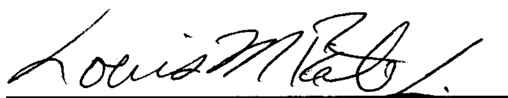
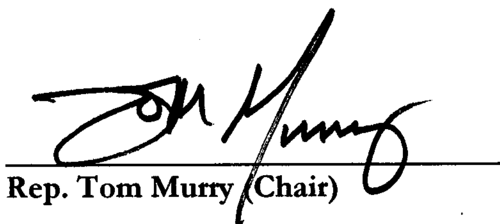
TO THE MEMBERS OF THE 2012 REGULAR SESSION
OF THE 2011 GENERAL ASSEMBLY

The JOINT LEGISLATIVE TASK FORCE ON DIABETES PREVENTION AND AWARENESS (2011), respectfully submits the following interim report to the 2012 Regular Session of the 2011 General Assembly.



Sen. Louis Pate (Chair)



Rep. Tom Murry (Chair)

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COMMITTEE PROCEEDINGS

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The Joint Legislative Task Force on Diabetes Prevention and Awareness (2011) met three times after the 2011 Regular Session. The following is a brief summary of the Task Force's proceedings. Detailed minutes and information from each Task Force meeting are available in the Legislative Library.

February 15, 2012

The Joint Legislative Task Force on Diabetes Prevention and Awareness met Wednesday, February 15, 2012, in Room 643 of the Legislative Office Building at 10:00 AM. The first presentation was made by Jim Straight, Executive Director for Eastern North Carolina, American Diabetes Association (ADA). Mr. Straight spoke regarding the national perspective of diabetes and various policy actions the ADA has supported nationally and within North Carolina. Mr. Straight explained the mission of the ADA, which includes increased funding for diabetes prevention, treatment, and research; prevention of diabetes; increased availability of health care; and elimination of discrimination against people with diabetes. Mr. Straight presented a variety of statistics to the Task Force regarding the effects of diabetes in North Carolina.

The Task Force then heard from Dr. Joe Konen, Chair of the Diabetes Advisory Council. Dr. Konen shared with the Task Force various statistics surrounding diabetes in North Carolina, including highlighting trends seen across the State within the past several years. Dr. Konen explained the history of the Diabetes Advisory Council, as well as its goals of partnering on environmental and policy changes, promoting health systems changes through work such as its Kidney Project, and linking the community with clinical services. The Diabetes Advisory Council is one of the bodies responsible for the Statewide Plan for Diabetes Prevention and Control. The Diabetic Strategic Plan currently adopted runs from 2011-2015, and a copy of the plan was provided to all Task Force members. Dr. Konen highlighted the following aspects of the State Plan: encouragement of collaboration between local health departments and community health centers to improve clinical care and to increase access to diabetes education, encouragement of intra-agency partnerships, encouragement of partnership with other health-related programs, and encouragement of data collection and distribution that prompts action on the social determinations of health. Finally, upon questioning by the Task Force, the Task Force was made aware that the Diabetes Advisory Council has been having some difficulty meeting on a regular basis due to budgetary concerns.

The third presentation to the Task Force came from Manan Shah, Senior Associate of Governmental Affairs and Public Policy at Novo Nordisk. Mr. Shah spoke about the future population and economic impact of diabetes on North Carolina. Mr. Shah also presented statistical information on the rise of diabetes in North Carolina, as well as figures surrounding various diabetic complications and death rates and the cost of diabetes to the State.

The final presentation came from R. Stewart Perry, Diabetes Advocate and Consultant and Board Member of the Kentucky Diabetes Research Trust Fund. Mr. Perry explained legislation that has recently passed in Kentucky, which implemented a Diabetes Action Plan. Mr. Perry indicated that Kentucky's Senate Bill 63 required the Department for Medicaid Services, the Department for Public Health, the Office of Health Policy and the Personnel Cabinet in Kentucky to collaborate with one another regarding diabetes in Kentucky. As a result of that collaboration, a report on the financial impact and reach of diabetes with an assessment of the benefits of implemented programs with documented funding amounts and sources will be provided to the Kentucky Legislative Research Commission every two years. This report will also include a description of the coordination existing between agencies, any revisions to the action plan deemed necessary and the development of a detailed budget. Mr. Perry recommended similar legislation be adopted in North Carolina.

March 8, 2012

The Joint Legislative Task Force on Diabetes Prevention and Awareness met Thursday, March 8, 2012, in Room 643 of the Legislative Office Building at 1:00 PM. The Task Force's first presentation was made by Dr. Tom O'Connnell, Assistant Professor at the UNC School of Medicine in the Division of Endocrinology and Metabolism. Dr. O'Connell provided extensive clinical information to the Task Force, including diagnostic criteria, screening, and complications. Dr. O'Connell also educated the Task Force on pre-diabetes and treatment and prevention of this condition. Dr. O'Connell discussed the importance of testing all adults who are overweight and carry additional risk factors for diabetes.

The next topic for the Task Force's consideration was that of diabetic supplies for recipients of the Medicaid program. Lisa Hollowell, Fiscal Research Division Staff, and Amy Jo Johnson, Committee Counsel, gave a brief history of legislation affecting the Division of Medical Assistance (DMA) procurement of diabetic supplies. Dr. Craigan Gray, Director, DMA, addressed the Task Force briefly and introduced Dr. Randall Best, Chief Medical Officer, DMA. Dr. Best explained the procedure DMA uses to contract with vendors, including the RFP processes. He provided an overview of the diabetic supplies program for Medicaid recipients and gave an historical perspective on the former contract DMA had with Prodigy for diabetic supplies. Dr. Best noted that DMA put out an RFP in 2011 to allow for a competitive bid process, which was explained. Ultimately, the RFP was awarded to Roche, and Dr. Best addressed the challenges the new contract faced and how the Division had resolved these challenges. Finally, the Task Force heard from Shelly Leonard with the North Carolina Association for Medical Equipment Services, who presented the Task Force with the providers' perspective of the change in contractual arrangements for diabetic supplies. Ms. Leonard described the challenges faced by providers, including Prodigy inventory issues, complications surrounding the rebate program, and reimbursement difficulties. Ms. Leonard agreed that the Division had constructively addressed most issues but that providers remained concerned over access issues due to low reimbursement rates.

April 26, 2012

The Joint Legislative Task Force on Diabetes Prevention and Awareness met Thursday, April 26 2012, in Room 643 of the Legislative Office Building at 1:00 PM. The Task Force heard two presentations regarding diabetes education programs. The first from Shelley Conner, Diabetes Educator with the Rex Hospital Diabetes Education Center and the second from Kim Hanchette, founder of the Diabetes Bus Initiative. The Task Force was given an overview of the content of a diabetes education program, the population served, and certification requirements. The Task Force then discussed the findings and recommendations and approved a final report.

FINDINGS AND RECOMMENDATIONS

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FINDINGS:

The Task Force finds that diabetes is a group of diseases characterized by high levels of blood glucose that can lead to serious health problems (including damage to the eyes, kidneys, nerves, and cardiovascular system, and premature death) The Task Force finds that the statistical information provided to the Task Force confirms the seriousness of the disease and outlines some of these statistics below.

Diabetes is the 6th leading cause of death in the United States. Diabetes affects 25.8 million people in the United States, including 7 million people currently undiagnosed. There were 1.9 million new cases of diabetes diagnosed in 2010 in the United States among people aged 20 or older. Diabetes is the leading cause of kidney failure, new cases of adult blindness and non-traumatic lower limb amputations. Seventy-eight million adults in the United States aged 20 or older have pre-diabetes, which raises the risk for Type II diabetes and cardiovascular disease. The fiscal impact of diabetes is approximately $476,712,329 per day and 174 billion dollars per year.

In relation to North Carolina, 1.27 million North Carolinians were living with diabetes or pre-diabetes in 2009. North Carolina was ranked 13th highest in 2009 for adults diagnosed with diabetes. The cost of diabetes to the State of North Carolina in 2010 is estimated to be 10.2 billion dollars, and that number is projected to rise in 2025 to almost 18 billion dollars.

The Task Force finds that North Carolina has a strong history and tradition of proactively addressing diabetes concerns, including being one of the first states to pass a law protecting children with diabetes in school. North Carolina is one of five states to receive a national grant to work on diabetic kidney disease. The North Carolina Diabetes Advisory Council takes an active role in developing strategies for addressing diabetes and assists in the creation of the State's Diabetes Strategic Plan. Currently, the plan runs through 2015 and involves the following strategic priorities: addressing socioeconomic factors relating to diabetes, changing the environmental context that affect risk for diabetes, long-lasting protective interventions, clinical interventions, counseling, education, and supporting development of local strategies.

RECOMMENDATION 1:

The Joint Legislative Task Force for Diabetes Prevention and Awareness recommends that the N.C. Diabetes Prevention and Control Branch of the North Carolina Division of Public Health of the North Carolina Department of Health and Human Services continue its efforts to educate the public about diabetic risk factors, symptoms, and prevention techniques.

RECOMMENDATION 2:

The Joint Legislative Task Force for Diabetes Prevention and Awareness supports the medical community in developing standards to require testing for all adults who are overweight or obese and who have additional recognized risk factors, and testing for all other adults beginning at the age of 45 and, if normal, to repeat the test at least every three years.

RECOMMENDATION 3:

The Joint Legislative Task Force on Diabetes Prevention and Awareness supports the work of the Diabetes Advisory Council and its efforts towards diabetes recognition; better treatment for diabetes; and diabetes prevention, particularly for modifiable risk factors such as obesity, and recommends increased financial support by the General Assembly.

RECOMMENDATION 4:

The Joint Legislative Task Force on Diabetes Prevention and Awareness recognizes that increased inter-agency and intra-agency communication can create more effective use of State funds and more efficient and fruitful efforts in the prevention and treatment of diabetes. To that end, the Joint Task Force on Diabetes Prevention and Awareness recommends further study of reporting requirements and action plans found in Kentucky's Senate Bill 63 (*see Appendix 3)* to determine whether implementation of such initiatives would benefit North Carolina.

RECOMMENDATION 5:

The Joint Legislative Task Force on Diabetes Prevention and Awareness understands the importance of diabetic treatment for all citizens of the State. At the end of the current contract for the provision of diabetic supplies to the Medicaid program, which expires in November 2012, the Task Force urges the Department of Health and Human Services to accomplish the following with respect to the procurement of diabetic supplies:

- Insure that the cost for similar products from the same manufacturer paid by the Medicaid program is not greater than the cost paid by non-Medicaid consumers.
- Minimize disruption to Medicaid recipients resulting from the substitution of authorized diabetic supply vendors.
- Insure efficiency of any rebate programs to reduce burden on suppliers.

With regards to rebate programs, the Task Force supports the Department's efforts to resolve the current delays and inefficiencies in the receipt of rebate monies by providers.

COMMITTEE MEMBERSHIP

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2011-2012

President Pro Tempore of the Senate Appointments:

Sen. Louis Pate (Chair)

Sen. Austin Allran
Sen. Harris Blake
Sen. Eric Mansfield
Sen. William Purcell
Sen. David Rouzer

Speaker of the House of Representatives Appointments:

Rep. Tom Murry (Chair)

Rep. Nelson Dollar
Rep. Jean Farmer-Butterfield
Rep. Mark Hollo
Rep. Pat Hurley
Rep. Marvin Lucas

STAFF:

Committee Clerk (919) 733-5606
Linda Sebastian - Murryla@ncleg.net

Research Division (919) 733-2578
Amy Jo Johnson - Amyjo.Johnson@ncleg.net
Sara Kamprath - Sara.Kamprath@ncleg.net
Shawn Parker - Shawn.Parker@ncleg.net

Bill Drafting Division (919) 733-6660
Dan Ettefagh - Dan.Ettefagh@ncleg.net
Joyce Jones - Joyce.Jones@ncleg.net

COMMITTEE CHARGE/STATUTORY AUTHORITY

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GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2011
RATIFIED BILL

RESOLUTION 2011-6
HOUSE JOINT RESOLUTION 647

A JOINT RESOLUTION TO ESTABLISH THE JOINT LEGISLATIVE TASK FORCE ON DIABETES PREVENTION AND AWARENESS.

Be it resolved by the House of Representatives, the Senate concurring:

SECTION 1.(a) There is established the Joint Legislative Task Force on Diabetes Prevention and Awareness (Task Force). The purpose of the Task Force is to study issues relating to diabetes awareness, treatment, and prevention with the intention of seeing measurable changes based on the work of this Task Force.

SECTION 1.(b) The Task Force shall consist of six members of the House of Representatives appointed by the Speaker of the House of Representatives and six members of the Senate appointed by the President Pro Tempore of the Senate. The Speaker of the House of Representatives shall designate one representative as cochair, and the President Pro Tempore of the Senate shall designate one senator as cochair. Vacancies on the Task Force shall be filled by the same appointing authority that made the initial appointment. A quorum of the Task Force shall be a majority of its members. The Task Force may meet upon the joint call of the cochairs.

SECTION 1.(c) The Task Force shall study and recommend to the General Assembly strategies for addressing the problem of diabetes and issues related to it, including:

(1) Risk factors of diabetes.
(2) Reducing health care costs associated with diabetes.
(3) Promoting individual wellness and healthy communities.
(4) Increasing access to health care services.
(5) Resolving uncoordinated care.
(6) Increasing awareness and need of Certified Diabetes Educators.
(7) Community initiatives and public awareness.
(8) Promoting education of diabetes.
(9) Any other relevant issues.

SECTION 1.(d) Members of the Task Force shall receive per diem, subsistence, and travel allowances in accordance with G.S. 120-3.1, 138-5, or 138-6, as appropriate. The Task Force, while in the discharge of its official duties, may exercise all powers provided for under G.S. 120-19 and G.S. 120-19.1 through G.S. 120-19.4.

SECTION 1.(e) Upon the prior approval of the Legislative Services Commission, the Legislative Services Officer shall assign professional staff to the Task Force to aid in its work.

SECTION 1.(f) The Task Force may meet in the Legislative Building or the Legislative Office Building upon the approval of the Legislative Services Commission.

SECTION 1.(g) On or before February 1, 2013, the Task Force shall report its findings and recommendations to the Governor and the 2013 General Assembly. Upon submitting its final report, the Task Force shall terminate.

SECTION 2. The Legislative Services Office shall allocate funds appropriated to the General Assembly to support the activities of the Task Force.

SECTION 3. This resolution is effective upon ratification.

In the General Assembly read three times and ratified this the 9th day of June, 2011.

Walter H. Dalton
President of the Senate

Thom Tillis
Speaker of the House of Representatives

AN ACT RELATING TO DIABETES.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE COMMONWEALTH OF KENTUCKY:

➔SECTION 1. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO READ AS FOLLOWS:

The Department for Medicaid Services, the Department for Public Health, the Office of Health Policy, and the Personnel Cabinet shall collaborate to identify goals and benchmarks while also developing individual entity plans to reduce the incidence of diabetes in Kentucky, improve diabetes care, and control complications associated with diabetes.

➔SECTION 2. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO READ AS FOLLOWS:

The Department for Medicaid Services, the Department for Public Health, the Office of Health Policy, and the Personnel Cabinet shall submit a report to the Legislative Research Commission by January 10 of each odd-numbered year on the following:

(1) THE FINANCIAL IMPACT AND REACH DIABETES OF ALL TYPES IS HAVING ON THE ENTITY, THE COMMONWEALTH, AND LOCALITIES. ITEMS INCLUDED IN THIS ASSESSMENT SHALL INCLUDE THE NUMBER OF LIVES WITH DIABETES IMPACTED OR COVERED BY THE ENTITY, THE NUMBER OF LIVES WITH DIABETES AND FAMILY MEMBERS IMPACTED BY PREVENTION AND DIABETES CONTROL PROGRAMS IMPLEMENTED BY THE ENTITY, THE FINANCIAL TOLL OR IMPACT DIABETES AND ITS COMPLICATIONS PLACES ON THE PROGRAM, AND THE FINANCIAL TOLL OR IMPACT DIABETES AND ITS COMPLICATIONS PLACES ON THE PROGRAM IN COMPARISON TO OTHER CHRONIC DISEASES AND CONDITIONS;

(2) AN ASSESSMENT OF THE BENEFITS OF IMPLEMENTED PROGRAMS AND ACTIVITIES AIMED AT CONTROLLING DIABETES AND PREVENTING THE DISEASE. THIS ASSESSMENT SHALL ALSO DOCUMENT THE AMOUNT AND SOURCE FOR ANY FUNDING DIRECTED TO THE AGENCY OR ENTITY FROM THE KENTUCKY GENERAL ASSEMBLY FOR PROGRAMS AND ACTIVITIES AIMED AT REACHING THOSE WITH DIABETES;

(3) A DESCRIPTION OF THE LEVEL OF COORDINATION EXISTING BETWEEN THE ENTITIES ON ACTIVITIES, PROGRAMMATIC ACTIVITIES AND MESSAGING ON MANAGING, TREATING, OR PREVENTING ALL FORMS OF DIABETES AND ITS COMPLICATIONS;

(4) THE DEVELOPMENT OR REVISION OF DETAILED ACTION PLANS FOR BATTLING DIABETES WITH A RANGE OF ACTIONABLE ITEMS FOR CONSIDERATION BY THE GENERAL ASSEMBLY. THE PLANS SHALL IDENTIFY PROPOSED ACTION STEPS TO REDUCE THE IMPACT OF DIABETES, PRE-DIABETES, AND RELATED DIABETES COMPLICATIONS. THE PLAN SHALL ALSO IDENTIFY EXPECTED OUTCOMES OF THE ACTION STEPS PROPOSED IN THE FOLLOWING BIENNIUM WHILE ALSO ESTABLISHING BENCHMARKS FOR CONTROLLING AND PREVENTING RELEVANT FORMS OF DIABETES; AND

(5) THE DEVELOPMENT OF A DETAILED BUDGET BLUEPRINT IDENTIFYING NEEDS, COSTS, AND RESOURCES REQUIRED TO IMPLEMENT THE PLAN IDENTIFIED IN SUBSECTION (4) OF THIS SECTION. THIS BLUEPRINT SHALL INCLUDE A BUDGET RANGE FOR ALL OPTIONS PRESENTED IN THE PLAN IDENTIFIED IN SUBSECTION (4) OF THIS SECTION FOR CONSIDERATION BY THE GENERAL ASSEMBLY.

➔SECTION 3. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO READ AS FOLLOWS:

The requirements of Sections 1 and 2 of this Act shall be limited to the diabetes information, data, initiatives, and programs within each agency prior to the effective date of this Act, unless there is unobligated funding for diabetes in each agency that may be used for new research, data collection, reporting, or other requirements of Sections 1 and 2 of this Act.