

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2013

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SENATE BILL 336*
Health Care Committee Substitute Adopted 4/3/13

Short Title: Collaboration Among State Diabetes Programs.

(Public)

Sponsors:

Referred to:

March 19, 2013

A BILL TO BE ENTITLED

AN ACT REQUIRING THE DIVISIONS OF MEDICAL ASSISTANCE AND PUBLIC HEALTH WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND THE STATE HEALTH PLAN DIVISION WITHIN THE DEPARTMENT OF THE STATE TREASURER, TO COORDINATE THE DIABETES PROGRAMS THEY EACH ADMINISTER; TO EACH DEVELOP PLANS TO REDUCE THE INCIDENCE OF DIABETES, TO IMPROVE CARE, AND TO CONTROL COMPLICATIONS; AND TO REPORT TO THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES AND THE FISCAL RESEARCH DIVISION.

Whereas, approximately 1.2 million people are living with diabetes in North Carolina, accounting for 12% of the population, and the rate of diabetes is predicted to increase by 66% by 2025; and

Whereas, North Carolina is ranked 42nd in the area of diabetes in the 2012 American Health Rankings report; and

Whereas, according to the Centers for Disease Control indicates diabetes is the leading cause of kidney failure, nontraumatic lower-limb amputations, and new cases of blindness and other chronic diseases among adults in the United States; and

Whereas, chronic diseases and related injuries are responsible for approximately two-thirds of all deaths in North Carolina making effective coordination and utilization of resources addressing diabetes and other chronic diseases beneficial to all North Carolina residents; Now, therefore,

The General Assembly of North Carolina enacts:

SECTION 1. Part 3 of Article 7 of Chapter 130A of the General Statutes is amended by adding a new section to read:

"§ 130A-221.1. Coordination of diabetes programs.

(a) The Division of Medical Assistance and the Diabetes Prevention and Control Branch of the Division of Public Health, within the Department of Health and Human Services; in addition to the State Health Plan Division within the Department of State Treasurer; shall work collaboratively to each develop plans to reduce the incidence of diabetes, to improve diabetes care, and to control the complications associated with diabetes. Each entity's plans shall be tailored to the population the entity serves and must establish measurable goals and objectives.

(b) On or before December 1 of each even-numbered year, the entities referenced in subsection (a) of this section shall collectively submit a report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division. The report shall provide the following:



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- 1 (1) An assessment of the financial impact that each type of diabetes has on each
2 entity and collectively on the State. This assessment shall include: the
3 number of individuals with diabetes served by the entity, the cost of diabetes
4 prevention and control programs implemented by the entity, the financial toll
5 or impact diabetes and related complications places on the program, and the
6 financial toll or impact diabetes and related complications places on each
7 program in comparison to other chronic diseases and conditions.
8 (2) A description and an assessment of the effectiveness of each entity's
9 programs and activities implemented to prevent and control diabetes. For
10 each program and activity, the assessment shall document the source and
11 amount of funding provided to the entity, including funding provided by the
12 State.
13 (3) A description of the level of coordination that exists among the entities
14 referenced in subsection (a) of this section, as it relates to activities,
15 programs, and messaging to manage, treat, and prevent all types of diabetes
16 and the complications from diabetes.
17 (4) The development of and revisions to detailed action plans for preventing and
18 controlling diabetes and related complications. The plans shall identify
19 proposed action steps to reduce the impact of diabetes, pre-diabetes, and
20 related diabetic complications; identify expected outcomes for each action
21 step; and establish benchmarks for preventing and controlling diabetes.
22 (5) A detailed budget identifying needs, costs, and resources required to
23 implement the plans identified in subdivision (4) of this subsection,
24 including a list of actionable items for consideration by the Committee."
25 **SECTION 2.** This act is effective when it becomes law.