

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2013

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SENATE DRS75172-TK-3* (02/22)

Short Title: Collaboration Among State Diabetes Programs. (Public)

Sponsors: Senator Pate (Primary Sponsor).

Referred to:

A BILL TO BE ENTITLED

AN ACT REQUIRING THE DIVISION OF MEDICAL ASSISTANCE OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE DIVISION OF PUBLIC HEALTH OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND THE DEPARTMENT OF THE STATE TREASURER TO COLLABORATE WITH ONE ANOTHER REGARDING ACTIVITIES AND PROGRAMS AIMED AT DIABETES PREVENTION, CONTROL, AND CARE AND TO REQUIRE A REPORT TO THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES AND THE FISCAL RESEARCH DIVISION REGARDING THESE PROGRAMS ADDRESSING DIABETES.

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; therefore effective coordination and utilization of resources addressing diabetes and other chronic diseases would benefit 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 of the Department, the Diabetes Prevention and Control Branch of the Division of Public Health in the Department, and the Division in the Department of State Treasurer responsible for the State Health Plan for Teachers and State Employees shall collaborate to identify goals and benchmarks while also developing individual entity plans to reduce the incidence of diabetes in North Carolina, improve diabetes care, and control complications associated with diabetes.

(b) The Division of Medical Assistance of the Department, the Diabetes Prevention and Control Branch of the Division of Public Health in the Department, and the Division in the Department of State Treasurer responsible for the State Health Plan for Teachers and State Employees shall submit a report to the Joint Legislative Oversight Committee on Health and



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1 Human Services and the Fiscal Research Division by January 1 of each odd-numbered year.

2 The report shall address the following matters:

3 (1) The financial impact and reach that diabetes of all types is having on the
4 agency, the State, and localities. Items included in this assessment shall
5 include the number of lives with diabetes impacted by prevention and
6 diabetes control programs implemented by the agency, the financial toll or
7 impact diabetes and its complications places on the program, and the
8 financial toll or impact diabetes and its complications places on the program
9 in comparison to other chronic diseases and conditions.

10 (2) An assessment of the benefits of implemented programs and activities aimed
11 at controlling diabetes and preventing the disease. This assessment shall also
12 document the amount and source for any funding directed to the agency
13 from the North Carolina General Assembly for programs and activities
14 aimed at reaching those with diabetes.

15 (3) A description of the level of coordination existing between the Divisions
16 with regards to activities, programs, and messaging on managing, treating, or
17 preventing all forms of diabetes and its complications.

18 (4) The development or revision of detailed action plans for battling diabetes
19 with a range of actionable items for consideration by the General Assembly.
20 The plans shall identify proposed action steps to reduce the impact of
21 diabetes, pre-diabetes, and related diabetic complications. The plans shall
22 also identify expected outcomes of the action steps proposed and establish
23 benchmarks for controlling and preventing diabetes.

24 (5) The development of a detailed budget identifying needs, costs, and resources
25 required to implement the plans identified in subdivision (4) of this
26 subsection."

27 **SECTION 2.** This act is effective when it becomes law.