

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2013

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SENATE BILL 336\*  
PROPOSED COMMITTEE SUBSTITUTE S336-PCS35309-SH-2

Short Title: Collaboration Among State Diabetes Programs.

(Public)

Sponsors:

Referred to:

March 19, 2013

1 A BILL TO BE ENTITLED  
2 AN ACT REQUIRING THE DIVISIONS OF MEDICAL ASSISTANCE AND PUBLIC  
3 HEALTH WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES,  
4 AND THE STATE HEALTH PLAN DIVISION WITHIN THE DEPARTMENT OF THE  
5 STATE TREASURER, TO COORDINATE THE DIABETES PROGRAMS THEY EACH  
6 ADMINISTER; TO EACH DEVELOP PLANS TO REDUCE THE INCIDENCE OF  
7 DIABETES, TO IMPROVE CARE, AND TO CONTROL COMPLICATIONS; AND TO  
8 REPORT TO THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH  
9 AND HUMAN SERVICES AND THE FISCAL RESEARCH DIVISION.

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

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

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

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

22 The General Assembly of North Carolina enacts:

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

25 "**§ 130A-221.1. Coordination of diabetes programs.**

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

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



\* S 3 3 6 - P C S 3 5 3 0 9 - S H - 2 \*

- 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.