2013 HOUSE HUMAN SERVICES

HB 1443

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1443
February 6, 2013
Job #18352

☐ Conference Committee

Committee Clerk Signature Vicky Crabtree

Explanation or reason for introduction of bill/resolution:

Provide for collaboration in developing diabetes goals and plans.

Minutes: See #1 and 2

Chairman Weisz: Called the hearing to order on HB 1443.

Rep. Kathy Hawkins: Introduced and sponsored the bill. ND has a high percentage of people with diabetes and heart disease. We have a diabetes case manager. We received a report on what is going on. (Handed out testimony from Stewart Perry. See Testimony #1))

5:38
Chairman Weisz: In 2007 we passed a diabetes management program in PERS. The initial results were very encouraging, but it has been very quiet sense. Are you familiar with that?

Rep. Hawkins: I'm aware of it. We have experts in different places and we need to get them together to make a cohesive plan. This doesn't have a fiscal note, but later on we will when we have plans.

Chairman Weisz: It was a tough sell for the $800,000 in the initial one.

Rep. Hawkins: I'm sure it was.

8:45
Eric Elkins: Assistant Director of Medical Services in the DHS gave information and overview on diabetes management. Some services they receive if they qualify are nurse care management who take care of the recipients care plan, coordinate, communicate and intergrade local service systems and support. Do follow-ups with those who have not kept their appointments. The recipients have access to designated clinic staff or on call provider. To become eligible for the program you must have chronic disease which is ongoing for 6 months and expected last another 6 months. This covers asthma, diabetes, COPD, and CHF. It is a voluntary program so recipients are referred and then can enroll in the program. Primary care clinics or social services agencies make the referrals. As of

December 2012 we have 409 recipients enrolled and 117 of those recipients are enrolled with diabetes management. (See handout #2) Discussed handout. We do not have any provider based entities enrolled at this time.

Chairman Weisz: How long have you had this in place? Have you seen any results?

Elkins: Effective October 1, 2011. It will take a longer period of time for data to see results.

Rep. Porter: Is the nurse an employee of the department or is it a contract?

Elkins: The nurses are employed by US preventive medicine that is our disease management organization.

Rep. Porter: To open it up further to include the duo eligible and others comes as a direct cost because you are paying per person, per month?

Elkins: That's correct.

Rep. Porter: Is there any reporting being done on the back side of the data you are collecting?

Elkins: Yes, when they sign up for program we have them sign a contract and receive reports from each entity.

Rep. Porter: Is any reason why you need us to tell you to get together with these other agencies and get this put together?

Elkins: We are receiving those reports currently and try to collaborate with other agencies. I think this bill is to make sure it happens.

Deb Knutson: Works with PERS. We do monitor the diabetes program and meet quarterly and receive reports. We identify people when they are newly diagnosed.

Chairman Weisz: Would you have the numbers of who are in the program?

Knutson: I can get that for you.

NO OPPOSITION

Chairman Weisz closed the hearing on HB 1443.

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1443
February 6, 2013
Job #18366

☐ Conference Committee

Committee Clerk Signature Vicky Crabtree

Explanation or reason for introduction of bill/resolution:

Provide for a collaboration in developing diabetes goals and plan.

Minutes: You may make reference to "attached testimony."

Chairman Weisz: Let's look at HB 1443.

Rep. Porter: I don't have a problem with subsection 1. I think all of the groups are doing what is in subsection 2. If they aren't communicating I don't have a problem telling them to. I don't think we need to spend the money on producing yet another report when they are all producing reports and doing them.

Rep. Oversen: I get what you are saying about if they are doing it we don't have them do it.

Rep. Fehr: Departments in general do not communicate unless someone brings it to a level of importance. My concern is if we take out paragraphs 2 on and just leave the first paragraph, they will say we are already doing that. In wanting something to change, I don't think anything will happen.

Chairman Weisz: I would add it does in subsection 2 talk about having to report financial impact and I don't think it is being done anywhere. I think there is some benefit there.

Rep. Muscha: We need to put detailed actions plans in. If they aren't told to do that, will they?

Rep. Porter: We need to expand the coordination and collaboration to include chronic diseases.

Chairman Weisz: They do have amendments they want to provide to say chronic diseases.

Rep. Porter: Do you want to wait.

Chairman Weisz: Yes.

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1443
February 12, 2013
Job #19034

☐ Conference Committee

Committee Clerk Signature Vicky Crabtree

Explanation or reason for introduction of bill/resolution:

Provide for a collaboration in developing diabetes goals and plan.

Minutes:

HB 1443 starts at 17:38 on recording.

Chairman Weisz: I talked with the HB 1443 sponsor and they do not want to put chronic diseases in here.

Rep. Mooney: May they want to later down the road?

Chairman Weisz: Their response was the tools they have could be used to expand to that area in a later date.

Rep. Fehr: I move a Do Pass on HB 1443.

Rep. Mooney: Second.

ROLL CALL VOTE: 12 y 0 n 1 absent

MOTION CARRIED

Bill Carrier: Rep. Mooney

FISCAL NOTE
Requested by Legislative Council
01/25/2013

Bill/Resolution No.: HB 1443

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2011-2013 Biennium		2013-2015 Biennium		2015-2017 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$14,000		$14,420	
Appropriations			$14,000		$14,420	

1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2011-2013 Biennium	2013-2015 Biennium	2015-2017 Biennium
Counties			
Cities			
School Districts			
Townships			

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

The Bill creates an Act that requires collaboration among the Department of Human Services (DHS), Department of Health (DoH), Indian Affairs Commission, and PERS in developing diabetes goals and plans while completing an assessment and comparison to other chronic diseases and conditions.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Section 1 requires collaboration among DHS, DoH, the Indian Affairs Commission, and PERS to identify goals and benchmarks while also developing individual agency plans to reduce the incidence of diabetes in the state, improve diabetes care, and control complications associated with diabetes. Section 2 requires the development of a report to assess the benefits of implemented programs as well as providing a comparison of diabetes and its complications to other chronic diseases and conditions.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The DoH would need to contract with an outside vendor to prepare, edit and print the required report identified in Section 1 at an estimated cost of $6,000. The DoH would also need to contract with an outside vendor for the assessment required in Section 2 at an estimated cost of $8,000. The DoH is unable to determine the fiscal impact related to staff resources as we are unsure of the number of planning meetings, calls or potential travel involved and whether or not this would be within the scope of the federal grant that currently funds the position most likely to take part in this effort. The Indian Affairs Commission indicated that they are unsure if there would be a fiscal impact to

their agency but if there was it would be for planning meetings, calls, travel and office time costs. DHS indicated that the bill would not have a fiscal impact on their department and at this time PERS cannot identify specific costs to include in the fiscal note. Total fiscal impact to the Department of Health totals $14,000 for the 2013 - 2015 biennium.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Funding was not included in the Department's Appropriation Bill - SB 2004.

Name: Brenda M. Weisz

Agency: Department of Health

Telephone: 328-4542

Date Prepared: 01/28/2013

Date: 2-12-13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1443

House Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken: ☒ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Fehr Seconded By Rep. Mooney

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. MOONEY	✓	
VICE-CHAIRMAN HOFSTAD	✓		REP. MUSCHA	✓	
REP. ANDERSON	✓		REP. OVERSEN	✓	
REP. DAMSCHEN	✓				
REP. FEHR	✓				
REP. KIEFERT	✓				
REP. LANING	✓				
REP. LOOYSEN	✓				
REP. PORTER	A				
REP. SILBERNAGEL	✓				

Total (Yes) 12 No 0

Absent 1

Floor Assignment Rep. Mooney

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1443: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS** (12 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1443 was placed on the Eleventh order on the calendar.

2013 SENATE HUMAN SERVICES

HB 1443

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

HB 1443
3/12/13
19762

☐ Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

To provide for collaboration in developing diabetes goals and plans

Minutes: *Written testimony*

Chairwoman Judy Lee opens the hearing on HB 1443.

Kathy Hawkin, District 46, introduced and explained HB 1443. She stated that this is a beginning bill; it asks the four major agencies that are working with people who have diabetes to compare what they are doing and look at how it can possibly interact to help lower our medical costs for the state. This bill is simply, what do we have and what we can do better? North Dakota has a very high number of people with diabetes. It is a concern nationwide.
See attached testimony
Diabetes Action Plan: Frequently Asked Questions **# 1**
Testimony of Stewart Perry **# 2**
Testimony of Laura Keller, American Diabetes Association **# 3**

Chairwomen Lee asked if they had thought about including insures.

Kathy Hawkin said that they were only looking at agencies in which the legislature has control.

Tera Miller, Director of the Diabetes Prevention and Control Program for the North Dakota Department of Health provided information regarding HB 1443 and presented some recommendations. **Written testimony #4**

Senator Anderson didn't see a problem with reporting.

Tera Miller said that the state does work with BCBS and they provide quarterly reports on that data.

Vice Chairman Larsen closed the hearing on HB 1443.

Senator Anderson moved a **Do Pass** on HB 1443.

Senator Axness seconded.

Do Pass 5-0-0

Senator Anderson is the carrier.

FISCAL NOTE
Requested by Legislative Council
01/25/2013

Bill/Resolution No.: HB 1443

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Cities			
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Townships			

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B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Section 1 requires collaboration among DHS, DoH, the Indian Affairs Commission, and PERS to identify goals and benchmarks while also developing individual agency plans to reduce the incidence of diabetes in the state, improve diabetes care, and control complications associated with diabetes. Section 2 requires the development of a report to assess the benefits of implemented programs as well as providing a comparison of diabetes and its complications to other chronic diseases and conditions.

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C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Funding was not included in the Department's Appropriation Bill - SB 2004.

Name: Brenda M. Weisz

Agency: Department of Health

Telephone: 328-4542

Date Prepared: 01/28/2013

Date: 3-12-13
Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1443

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☑ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen. Anderson Seconded By Sen. Axness

Senators	Yes	No	Senator	Yes	No
Chariman Judy Lee	✓		Senator Tyler Axness	✓	
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 5 No 0

Absent _____

Floor Assignment Sen. Anderson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1443: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1443 was placed on the Fourteenth order on the calendar.

2013 TESTIMONY

HB 1443

#1

The Honorable Robin Weisz
Chairman, House Human Services Committee
State Capitol
600 East Boulevard
Bismarck, ND 58505-0360

Testimony of Stewart Perry
SUPPORT -- HB 1443

Chairman Weisz and members of the committee, I am grateful the North Dakota House Human Services Committee scheduled time today to discuss HB 1443; legislation to assess North Dakota's efforts battling, controlling and preventing diabetes. Given my decades of experience working to improve the lives of people with diabetes, I trust the committee will hear my comments as coming from a diabetes advocate. The opportunity to call for implementation of the draft Diabetes Action Plan legislation before the committee today is welcome. I also appreciate the chance to highlight why there is such a need to address the toll diabetes places on North Dakota families and taxpayers by enacting this bill.

The message I would like to share with the committee today is that the status quo related to diabetes is no longer acceptable. Diabetes costs North Dakota and its taxpayers too much and harms too many. We have to try something new to battle and contain this epidemic that impacts children, Native Americans and adults from all walks of life. That something new is represented within this diabetes action plan legislation.

The intent behind HB 1443 is to empower the best and the brightest from state government with a vested interest in containing the diabetes epidemic in North Dakota. The bill reaches its empowerment goal by directing agencies on the front line of battling diabetes to work together on a plan to guide themselves and the legislature in controlling the epidemic. The plans envisioned by the bill that agencies create today will help tomorrow's legislators understand why and how we need to fight diabetes.

In my decades of living with diabetes I can emphatically state the cost and personal toll of diabetes to North Dakota has grown year, after year, after year. Consider that in the last 15 years (1995 – 2010) the prevalence of diagnosed diabetes in adults in North Dakota increased 92% per the CDC. Reliable estimates suggest your diabetes population will grow an additional 52% by 2025 to reach almost 75,000 or 8.5 percent of residents. If this ever expanding number of people living with diabetes in this great state doesn't motivate us to act, the cost of treating diabetes should.

The total cost in America of managing diabetes reached $299 billion in 2010, and diabetes today consumes more than one in every 10 of America's health dollars. North Dakota alone saw the total estimated medical costs for

diabetes reach $472 million in 2010 with hospital costs totaling half the amount. According to projections for the year 2025, the cost of diabetes to the state of North Dakota will reach $730 million – a near 55% increase from today.

The need for HB 1443 is also highlighted by the reach of diabetes within North Dakota. More than 48,000 taxpayers lived with diabetes in 2010. An additional 162,000 lived with pre-diabetes. Taken together, one in every three people in North Dakota lives with either diabetes, or its precursor – pre-diabetes today.

There is one truth we can expect when it comes to diabetes, while the situation is bad today it will get worse tomorrow. In fact, during the lifetime of the members of this committee the number of people living with diabetes grew exponentially year after year to reach the epidemic we now face today.

But, there is more to the story. Diabetes, when not diagnosed, treated, and controlled, leads to devastating complications costing the state and its health programs hundreds of millions of dollars per year. These complications include heart attacks, strokes, visual impairment that can lead to blindness, kidney failure, and amputations of lower extremities. Compared with 2010, it is projected that by 2025, there will be 66% increase in the number of cases of visual impairment due to diabetes and a 44% increase in annual cases of renal failure in North Dakota. And, we can expect that greater than 2 out of 3 people with diabetes will die from a heart attack or stroke. I hope you share my view that this is not the future we want for North Dakota.

Diabetes will continue challenging North Dakota for years to come. Passing this diabetes action plan legislation allows this great state to take the first step in recognizing the challenge.

Legislation similar to that before you recently became law in Kentucky and Texas. And, last week the first Diabetes Action Plan in the country for Kentucky became public. I can assure you, the final report from Kentucky will have an impact on how the state plans to respond to the epidemic. A significant highlight of the report is our seeing a rate of diabetes in the Medicaid program that is about double (18% diagnosed) that of our general population (10% diagnosed). And, we know that the most common reasons for diabetes related hospitalizations are entirely preventable. Yet, we also know how little is going on in our state to address these problems. With this knowledge my state will design important interventions to contain diabetes and save the state wasted healthcare dollars over the years ahead.

North Dakota, in my opinion, is the model state to implement the diabetes action plan concept. You have a robust data set and top notch health systems. But, you also have populations in rural communities and American Indian Reservations that are stretched in responding to the epidemic. These

truths alone document the need for a coordinated response and will help when developing a plan to battle diabetes in ways no other state can today.

HB 1443 offers options and opportunities you can seize today to ensure the future health of North Dakota's children is not dictated by diabetes. Rather, North Dakota can dictate the terms by which its citizens will engage diabetes.

Thank you for the opportunity to comment during this important hearing and thank you Chairman Weisz for your leadership on diabetes. I look forward to working with you all on diabetes matters over the months ahead. I sincerely appreciate your time and appropriate consideration of my remarks.

R Stewart Perry
Diabetes Advocate & Consultant
Lexington, KY

#2

EXPERIENCE HEALTH ND

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- **Nurses who help you locate resources in your community**
- **Information tools you can use to manage your health including health logs that that help you record information and activities to share with your doctor**
- **An Experience Health*ND* website at www.experiencehealthnd.com**
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1-866-435-4306

Sponsored by North Dakota Department of Human Services, Medical Services Division and U.S. Care Management, a wholly-owned subsidiary of U.S. Preventive Medicine, Inc.

Diabetes Action Plan: Frequently Asked Questions

What is the intent of the Diabetes Action Plan legislation?

The Diabetes Action Plan allows a state to take an important step in recognizing the financial and health system challenges of diabetes. The fundamental premise of the legislation is that state officials charged with safeguarding the health of its residents are best equipped to combat the disease by assessing current state activities, developing future plans and in guiding the legislature and state entities in structuring efforts to battle the epidemic.

The Diabetes Action Plan for states intends to complement ongoing efforts by state programs currently tackling this disease and its challenges. This legislation calls for breaking down government silos. It accomplishes this goal by encouraging impacted departments to collaborate on planning and program implementation to control the escalating rates of the disease while also encouraging better management of current and future resources directed to combat diabetes.

Why is this bill necessary?

Unlike most other chronic diseases, the prevalence of diabetes continues to grow at dramatic rates. The fact is that the nation's attention to diabetes is not up to the task of slowing or reversing this serious disease. Both state and federal resources have been stagnant or even shrinking for too long. This legislation is intended to enable agencies that are often seen only as payers of diabetes (eg; the Medicaid program) to join with the public health departments (eg; DPCPs) which are seen as the prevention and care providers of diabetes, in order to build agendas and devise strategies that draw strength from one another.

Where did this bill originate from?

The Diabetes Action Plan concept has its roots in states that are being dramatically impacted by the epidemic. The primary source for the development of the bill is *Responding to the Epidemic: Strategies for Improving Diabetes Care in Texas*, a policy paper published by the non-profit **Texas Health Institute** (THI) in November 2010.

THI is an independent 501(c)3 non-profit organization committed to finding feasible solutions to Texas' health problems. The recommendations contained within the report were independently developed by THI from a series of roundtable listening sessions held with stakeholders across Texas.

THI consulted with staff and elected officials within all ranks of government, patients, health professionals, the Texas Medicaid Program, the Texas Diabetes Program at the Department of State Health Services, the Office for the Elimination of Health Disparities, the Health Disparities Task Force, and the American Diabetes Association and others in assembling the report and its recommendations.

Where has this bill been passed already?

The bill was enacted into law and passed unanimously in Kentucky and Texas in 2011.

Where else is this bill currently being reviewed?

Nearly identical versions of the bill proposed for New Jersey are pending in Michigan and North Carolina.

What does this bill do exactly?

The THI report proposed a series of "no cost strategies." These strategies are encapsulated within the Diabetes Action Plan legislation proposed for staes. The strategies include "conduct[ing] an assessment of the reach and scope of the state's current work on diabetes prevention and treatment" and "develop[ing] a budget blueprint identifying needs, costs and resources for diabetes and its complications to guide policymakers and elected officials on how best to fight the disease."

A key component of the bill is that it will enable agencies to come before legislators at least every other year to report on progress in the fight against diabetes. During this era of tight budgets, the case can be made for the need for more resources – but only as the budget situation brightens, as it inevitably will. In the meantime, it makes sense to teach lawmakers about the worsening situation and the growing costs of diabetes in states across the nation.

The legislation would establish collaboration across state agencies and departments with a vested interest in containing the reach of the diabetes epidemic by directing them to develop a plan of action to combat the disease. The bill also empowers these agencies and the legislature to tackle diabetes via action in the near term and also develop longer-term goals and objectives.

This is a significant departure from the historical "action plans" developed by the state DPCPs and their outside partners. Too often these plans have not had the resources or broad based support needed to implement them. Broadening the governmental base of support, and ensuring regular interaction with the legislature, will increase the chances of a new action plan to be considered, supported and implemented.

The legislation directs Medicaid programs, departments of health, and entities responsible for purchasing state employee insurance benefits to work in a collaborative fashion on the envisioned plan.

Specifically, the legislation would require state agencies and related entities that devote resources to battling diabetes:

- to conduct biennial assessments of the impact diabetes places on state programs and budgets and the benefits of programs in place to address diabetes.
- to develop and revise biennially detailed action plans for battling the disease with a detailed budget blueprint identifying needs, costs and resources required to implement the biennial diabetes action plans.

The Kentucky version of the law calls upon the Department of Medicaid Services, the Department for Public Health, the Office of Health Policy and the Personnel Cabinet to collaborate to identify goals and benchmarks while also developing individual entity plans to reduce incidence rates of diabetes in the state. These state entities will submit a report to the legislature and governor every other year on the financial impact and reach of diabetes in the state, as well as an audit of ongoing programs and efforts of coordination among state parties.

The Texas version of this legislation requires the state Medicaid and public health divisions to assess existing activities aimed at fighting diabetes, to develop an actionable plan to battle the epidemic and to create a budget to implement said plan. This information is due

to the legislature before it convenes every other year. The first items associated with the law will become available in late 2012. The Texas law also requires the state to conduct an assessment of the financial impact of diabetes statewide. This financial impact study is a one-time assessment and will be presented to the legislature in late 2012.

#2

The Honorable Judy Lee
Chair, Senate Committee on Human Services
State Capitol
600 East Boulevard
Bismarck, ND 58505-0360

Testimony of Stewart Perry
SUPPORT -- HB 1443

Chair Lee and members of the committee, I am grateful the North Dakota Senate Committee on Human Services scheduled time today to discuss HB 1443; legislation to assess North Dakota's efforts battling, controlling and preventing diabetes. Given my decades of experience working to improve the lives of people with diabetes, I trust the committee will hear my comments as coming from a diabetes advocate. The opportunity to call for implementation of the Diabetes Action Plan legislation before the committee today is welcome. I also appreciate the chance to highlight why there is such a need to address the toll diabetes places on North Dakota families and taxpayers by enacting this bill.

Allow me to address a few points for the committee to consider when considering my testimony. First and foremost, the diabetes epidemic facing North Dakota today is bad, really bad, and is about to become much worse using history as a guide. While the state has some information and detail available via the "Burden of Diabetes in North Dakota" and the "Chronic Disease in North Dakota A Status Report for 2012" reports, these reports have yet to fully help us digest how severe the diabetes epidemic is and what we need to do about it. The bottom line message I'm aiming to convey is we need to do something new to battle and contain this epidemic that impacts children, Native Americans and adults from all walks of life. This something new is represented by HB 1443.

HB 1443 recently passed the North Dakota by a wide margin and represents the smartest, sanest and most straightforward approach to containing the epidemic. The intent behind HB 1443 is to empower the best and the brightest from state government with a vested interest to collaborate in the fight against the diabetes in North Dakota. HB 1443 doesn't just aim to tell us how bad the problem of diabetes is, it also aims to show the North Dakota legislative branch a path forward. The bill reaches its empowerment goal by directing agencies on the front line of battling diabetes to work together on a plan to guide themselves and the legislature in controlling the epidemic. The plans envisioned by the bill that agencies create today will help tomorrow's legislators understand why and how we need to fight diabetes.

But please don't just take my word on the need for enacting this legislation. The legislation great interest from groups including the Council of State Governments (CSG) which recently identified the Diabetes Action Plan

legislation as suggested state legislation, Women in Government (WIG) which has a national effort underway to work with legislators to enact the bill, the National Association of Chronic Disease Directors (NACDD) which is ready to provide technical assistance to the state to help assemble the envisioned report, and the National Conference of State Legislatures (NCSL) featured this legislation in publications as a potential step in battling the reach and scope of diabetes. Also, the American Diabetes Association (ADA), American Association of Diabetes Educators, various YMCA programs and others support this legislation.

My decades of living with diabetes show me one truth; the cost and personal toll of diabetes to North Dakota will grow year, after year, after year without action. Consider that in the last 15 years (1995 – 2010) the prevalence of diagnosed diabetes in adults in North Dakota increased 92% per the CDC. Reliable estimates suggest your diabetes population will grow an additional 52% by 2025 to reach almost 75,000 or 8.5 percent of residents. If this ever expanding number of people living with diabetes in this great state doesn't motivate us to act, the cost of treating diabetes should.

The total cost in America of managing diabetes reached $299 billion in 2010, and diabetes today consumes more than one in every 10 of America's health dollars. North Dakota alone saw the total estimated medical costs for diabetes reach $472 million in 2010 with hospital costs totaling half the amount. According to projections for the year 2025, the cost of diabetes to the state of North Dakota will reach $730 million – a near 55% increase from today.

The need for HB 1443 is also highlighted by the reach of diabetes within North Dakota. More than 48,000 taxpayers lived with diabetes in 2010. An additional 162,000 lived with pre-diabetes. Taken together, one in every three people in North Dakota lives with either diabetes, or its precursor – pre-diabetes today. There is one additional truth we can expect when it comes to diabetes. Though the situation is bad today it will get worse tomorrow.

But, there is more to the story. Diabetes, when not diagnosed, treated, and controlled, leads to devastating complications costing the state and its health programs hundreds of millions of dollars per year. These complications include heart attacks, stroke, visual impairment that can lead to blindness, kidney failure, and amputations of lower extremities. Compared with 2010, it is projected that by 2025, there will be 66% increase in the number of cases of visual impairment due to diabetes and a 44% increase in annual cases of renal failure in North Dakota. And, we can expect that greater than 2 out of 3 people with diabetes will die from a heart attack or stroke. I hope you share my view that this is not the future we want for North Dakota.

Diabetes will continue challenging North Dakota for years to come. Passing this diabetes action plan legislation allows this great state to take the first step in recognizing the challenge.

Legislation similar to that before you recently became law in Kentucky and Texas. The first Diabetes Action Plan in the country for Kentucky became public just last month. I can assure you, the final report from Kentucky will have an impact on how the state plans to respond to the epidemic. A significant highlight of the report is our seeing a rate of diabetes in the Medicaid program that is about double (18% diagnosed) that of our general population (10% diagnosed). And, we know that the most common reasons for diabetes related hospitalizations are entirely preventable. Yet, we also know how little is going on in our state to address these problems. Kentucky with this knowledge will design important interventions to contain diabetes and save the state wasted healthcare dollars over the years ahead.

North Dakota, in my opinion, is the model state to implement the diabetes action plan concept. You have a robust data set and great health systems. But, you also have populations in rural communities and American Indian Reservations that are stretched in responding to the epidemic. These truths alone document the need for a coordinated response and will help when developing a plan to battle diabetes in ways no other state can today.

I believe it is quite important to follow the framework of HB 1443 as passed by the North Dakota House. I also believe it is important to include state government interests serving the Native American community within the framework of the team constructed via this Diabetes Action Plan legislation. If there is one thing we learned in Kentucky it is the following. When we asked our state agencies in Kentucky to develop a plan to fight diabetes via this legislation they initially hemmed and hawed. But, upon reflection, these agencies found a way to craft a plan that is nearly identical to the one envisioned here. This is true even when reviewing the concerns raised by some. Given this background, I hope the committee will move and support HB 1443 without amendments as written in the near future.

HB 1443 offers options and opportunities you can seize today to ensure the future health of North Dakota's children is not dictated by diabetes. Rather, North Dakota can dictate the terms by which its citizens will engage diabetes.

Thank you for the opportunity to comment during this important hearing and thank you Chair Lee for your leadership on diabetes. I look forward to working with you all on diabetes matters over the months ahead. I sincerely appreciate your time and appropriate consideration of my remarks.

Stewart R. Perry
Diabetes Advocate
Lexington, KY

#3

ADA DAP Testimony ND 2013-

February 19, 2013

Representative Kathy Hawken
4442 Carrie Rose Lane
Fargo, ND 58104
khawken@nd.gov

Dear Representative Hawken,

I am writing to you as the HB bill 1443 sponsor to share the American Diabetes Association support for this legislation because it will result in the development of a state diabetes action plan through the collaboration of the Department of Health, the Department of Human Services and the Department of Children and Families. The plan would provide a range of actionable items for consideration by the Legislature and the Governor in order to better address diabetes in the state. A budget blueprint would accompany the plan, identifying the resources that would be necessary to implement each of these actionable items. This plan would be provided to the Legislature and Governor biannually, providing them with a foundation as to what the state is currently doing to address diabetes, and how those efforts could be expanded.

Everyday more and more people are diagnosed with diabetes. There are 25.8 million Americans with diabetes, or about 8.3% of the national population. And this figure doesn't include those who have undiagnosed diabetes, nor the much larger population of people with prediabetes. Prediabetes is characterized by elevated blood glucose levels that do not yet qualify as diabetes, but those with prediabetes are at heightened risk for developing diabetes. In light of these large segments of our population, we need to ensure proper care for those who already have diabetes, and do what we can to prevent others from developing it.

The diabetes action plan isn't necessary solely because many people have diabetes or are at risk for
developing it, but because this disease is dangerous and deadly, far from harmless. While it is possible for type 2 diabetes to be prevented, and for all forms of diabetes to be managed, we know that it is one of our state's leading killers. Diabetes requires a prominent self-management role by the patient in order to ensure good health

outcomes, but lacking proper management it can lead to devastating complications, such as heart attack, stroke, blindness, kidney damage, and lower limb amputations. These complications result in tremendous burdens both for the people with diabetes and their loved ones, while also creating tremendous costs within the health system due to unnecessary ER visits, hospital admissions, and health services needed to address complications. These complications can also have an enormous negative effect on workforce productivity.
Beyond the statistics affiliated with diabetes, there are real lives. While the bill before you is not about insurance coverage, it is about helping to target ways to prevent diabetes, and to ensure better outcomes for those with diabetes. To sum it up, when diabetes is winning, the people of North Dakota are losing.

On behalf of the American Diabetes Association, I ask your support for the Diabetes Action Plan bill.

Thank you. If you have any questions or concerns please contact me at email: lkeller@diabetes.org or: 206-295-
5532.

C:\Documents and Settings\LKeller\My Documents\LKeller Work\Keller, Laura.jpg
Sincerely,

Laura Keller

Director State Government Relations

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Testimony
House Bill 1443
Senate Human Services Committee
Tuesday, March 12, 2013; 10:15 a.m.
North Dakota Department of Health

Good morning, Chairman Lee and members of the Human Services Committee. My name is Tera Miller, and I am the Diabetes Prevention and Control Program Director for the North Dakota Department of Health. I am here to provide information regarding House Bill 1443.

The diabetes program currently has "The Burden of Diabetes in North Dakota" report that includes information about diabetes from the financial burden it has on the state to the number of lives impacted in North Dakota by diabetes. The report discusses the different types of diabetes, the risk factors and complications associated with diabetes, and who is most affected by diabetes. The burden report also discusses a variety of statistics from the mortality rate of diabetes to the prevalence of diabetes in North Dakota to the prevalence of diabetes by county. This report is updated every three to five years and you can find the full report at: http://www.diabetesnd.org/image/cache/Diabetes_Burden_2009.pdf.

Every two years, the diabetes program along with the other chronic disease programs within the North Dakota Department of Health, develops a summary of each program's burden report. The report I'm referring to is titled, "Chronic Disease in North Dakota, A Status Report for 2012." Each of you should have recently received this report. The diabetes section starts on page 35.

The chronic disease programs in the Department of Health, including diabetes, have been working with a diverse group of over 38 partners from across the state to develop a statewide plan to help prevent and control the complications of chronic diseases, including diabetes. We have a draft of the overall goals and strategies for the plan and are continuing to work together to identify activities that can help us move toward these goals.

A few recommendations we have to alleviate any potential duplication of effort and make the bill less burdensome are:

- To focus on a statewide assessment rather than individual agencies or localities. We are not certain what is intended by "localities." Also in the case of the Indian Affairs agency, the number of individuals is so small that a HIPAA violation could occur when reporting data.
- To delete the requirement to compare diabetes to other chronic diseases and conditions. This would greatly add to the complexity and cost of implementing the bill.
- To allow use of data currently being collected to avoid collecting new data for the document.

Representative Hawken, one of the main sponsors of the bill, is aware of these recommendations.

This concludes my testimony. I am happy to answer any questions you may have.