

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.