

AN ACT

To increase health treatment for persons in the CNMI who have diabetes and reduce the morbidity and mortality associated with the disease.

BE IT ENACTED BY THE ELEVENTH NORTHERN MARIANAS COMMONWEALTH LEGISLATURE:

Section 1. Short Title. This Act shall be known as “The Diabetes Control Act”.

Section 2. Findings and Purpose. The Legislature finds that the indigenous populations of the CNMI are experiencing a spiraling rise in diabetes, hypertension, obesity, and atherosclerotic vascular disease. Diabetes historically has ranked in the top ten as a primary cause of mortality among indigenous people in the CNMI. While in 1997 Chamorros and Carolinians comprised only 34% of the total CNMI population, a staggering 67% of persons in the CNMI with diabetes were either Chamorro or Carolinian. In 1995, indigenous deaths from diabetes equaled the number of indigenous deaths in the CNMI from motor vehicle accidents and lung cancer. In 1996, the latter two were surpassed by the number of indigenous deaths from diabetes. In addition to its mortality character, diabetes also is one of the leading causes of morbidity in the CNMI, lower extremity amputations, end-stage renal disease and blindness, for example. In addition, females make up the higher percentages of indigenous persons with diabetes, Carolinian women between 45-65 years old, and Chamorro women 65 years old and older. The male from the indigenous populations commonly dies before he reaches 65, often from causes related to diabetes. A comprehensive initiative is needed to stem the tide of diabetes morbidity and mortality in the CNMI and to reform the overall health system with respect to education about and diagnosis, treatment and prevention of diabetes. What is needed is to establish centralized, coordinated, integrated, and accessible administration of all presently disparate diabetes management activity. The purpose of this bill is to establish a CNMI disease management Center for Diabetes Care and Control (“Center”) that shall have three major focus: 1) Care, Treatment, and Research Program; 2) Self-Monitoring and Out-Reach Program; and 3) Prevention and Public Education Program.

The Center shall be a new Section in the Division of Public Health Services of the Department of Public Health.

Section 3. Definitions. As used in this Bill, unless otherwise indicated:

(1) “Center for Diabetes Care and Control” means an interdisciplinary collaboration of health care professionals that includes, but is not limited to, physicians, surgeons, nurses, dietitian/nutritionists, community health educators, physical therapists, dentists, podiatrists, and psychologists. These professionals will have an expertise and special interest in diabetes mellitus. The Center will be situated as a Section within the Division of Public Health Services of the Department of Public Health and will provide for the diagnosis, treatment, control and prevention of diabetes in the CNMI.

(2) “Diabetes Mellitus” is:

(a) a common, serious, chronic disease in which the body does not produce and use insulin properly, and is a disease that poses a major health problem to the indigenous populations of the CNMI.

(b) a disease requiring continuing medical care and education to prevent acute morbid complications secondary to diabetes such as heart disease, high blood pressure, and cerebro-vascular accidents, and reduce long-term complications such as blindness, lower extremity amputations, dental disease, and kidney failure.

(c) Type 1 diabetes or juvenile-onset diabetes, which is insulin-dependent;

(d) Type 2 diabetes or adult-onset diabetes or non insulin-dependent, and prevalent in the CNMI;

(e) Gestational diabetes which develops in 2% to 5% of all pregnancies and commonly disappears when a pregnancy ends.

(3) “Diabetes Self-Management Training” means instruction in an outpatient or inpatient setting which helps diabetic patients to understand the diabetic management process and daily management tasks of successful diabetic therapy. This type of training is a method of preventing frequent hospitalizations and acute complications.

Section 4. Diabetes Care and Treatment Program.

(a) A diabetes care and treatment program is established under the administration of the Division of Public Health Services to provide a range of diabetes treatment services.

(b) Upon becoming law, the head of the Center shall adopt rules and standards for the operation of the Center and the certification of persons with and services for diabetes.

(c) The Center shall work cooperatively and collaboratively with the health professionals within the hospital setting in providing diabetes treatment services, to include intensive diabetes treatment, within the Commonwealth Health Center. Participation in any research treatment program shall be voluntary and is subject to the rules and regulations established by the Center. Nothing in the Bill creates a right of a person with diabetes to treatment.

(d) The Center shall adopt uniform procedures and protocols to maintain and preserve a medical history, physical examination, laboratory examination, management plan, and continuing care for each patient diagnosed with diabetes.

(e) The Center shall initiate longitudinal studies of diabetes in the CNMI and introduce intervention trials to characterize diabetes in the CNMI. A part of these studies will be the development of a database to document and follow patient outcomes.

Section 5. Self-Management and Out-Reach Program.

(a) The Center shall provide diabetes outpatient self-management training and education under the supervision of certified, registered and licensed health care professionals.

(b) Self-Management training and education shall take into consideration the self-management standards approved by the American Diabetes Association and shall help patients:

- (1) Assess the quality of medical care they receive;
- (2) Develop expectations for their role in the medical treatment; and
- (3) Compare their treatment outcomes to standard goals.

(c) Self-Management may include home visits, if necessary, by Center staff to monitor:

- (1) blood glucose;
 - (2) patient use of test strips for glucose monitors;
 - (3) blood pressure;
 - (4) use of insulin injections, pumps, and infusion devices;
 - (5) oral agents for controlling blood sugar;
 - (6) medical nutrition therapy and physical exercise; and,
 - (7) podiatric appliances for prevention of complications associated with diabetes.
- (8) visits, as required by established medical treatment protocols.

Section 6. Prevention and Public Education Program.

(a) The Center, in cooperation with public and private agencies, shall design, develop and deliver appropriate, basic, practical diabetes messages about diabetes prevention and self-care management activities.

(b) The Center shall enhance and increase community awareness and understanding of diabetes through use of media, village meetings conferences, and symposium to promote early diagnosis and prevention of the onset of diabetes and how to delay progression of medical complications related to the disease.

(c) The Center shall further enhance community awareness by working together with the CNMI Food and Nutrition Council in promoting prevention and public education programs.

Section 7. Funding.

(a) The Legislature shall authorize annual funding of not less than \$300,000.00 for the research, patient education and community outreach programs of the Center.

(b) The Center shall evaluate other funding mechanisms in addition to legislative appropriations and report to the Legislature annually its findings and recommendations to increase and improve funding to benefit the health status of the CNMI population.

(c) The Center shall establish fees for patient care services provided at the Center and those fees shall be sufficient to recover the actual cost of providing the service.

(d) The Center may receive grants and donations to continue its research and treatment programs, outreach and prevention and public education programs. The Secretary of Public Health shall be the expenditure authority of such funds.

(e) The Secretary of Finance shall establish a special account to be known as the "Diabetic Control Act Account of 1998". Funds shall be available without fiscal year limitation and shall not be reprogrammed.

Section 8. Severability. If any provision of this Act or the application of any such provision to any person or circumstance should be held invalid by a court of competent jurisdiction, the remainder of this Act or the application of its provisions to persons or circumstances other than those to which it is held invalid shall not be affected thereby.

Section 9. Savings Clause. This Act and any repealer contained herein shall not be construed as affecting any existing right acquired under contract or acquired under statutes repealed or under any rule, regulation or order adopted under the statutes. Repealers contained in this Act shall not affect any proceeding instituted under or pursuant to prior law. The enactment of this Act shall not have the effect of terminating, or in any way modifying, any liability, civil or criminal, which shall already be in existence at the date this Act becomes effective.

Section 10. Effective Date. This Act shall take effect upon its approval by the Governor or upon its becoming law without such approval.

CERTIFIED BY:

/s/ Diego T. Benavente
DIEGO T. BENAVENTE
Speaker
House of Representatives

ATTESTED BY:

/s/ Evelyn C. Fleming
EVELYN C. FLEMING
House Clerk

Approved this 25th day of August, 1998

/s/ Pedro P. Tenorio
PEDRO P. TENORIO
Governor
Commonwealth of the Northern Mariana Islands