

**FIRST ENGROSSMENT
with Conference Committee Amendments****ENGROSSED HOUSE BILL NO. 1433**

Introduced by

Representatives Price, Svedjan, Weisz

Senators Fischer, Holmberg, J. Lee

1 A BILL for an Act to create and enact a new section to chapter 54-52.1 of the North Dakota
2 Century Code, relating to diabetes treatment management services for state employees and
3 their families.

4 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

5 **SECTION 1.** A new section to chapter 54-52.1 of the North Dakota Century Code is
6 created and enacted as follows:

7 **Uniform group insurance program - Collaborative drug therapy program -**

8 **Funding.**

- 9 1. The board shall establish a collaborative drug therapy program that is to be
10 available to individuals in the medical and hospital benefits coverage group. The
11 purpose of the collaborative drug therapy program is to improve the health of
12 individuals with diabetes and to manage health care expenditures.
- 13 2. The board shall involve physicians, pharmacists, and certified diabetes educators
14 to coordinate health care for covered individuals with diabetes in order to improve
15 health outcomes and reduce spending on diabetes care. Under the program,
16 pharmacists and certified diabetes educators may be reimbursed for providing
17 face-to-face collaborative drug therapy services to covered individuals with
18 diabetes. To encourage enrollment in the plan, the board shall provide incentives
19 to covered individuals who have diabetes which may include waived or reduced
20 copayment for diabetes treatment drugs and supplies.
- 21 3. The North Dakota pharmacists association or a specified delegate shall implement
22 a formalized diabetes management program with the approval of the prescriptive
23 practices committee established in section 43-15-31.4, which must serve to
24 standardize diabetes care and improve patient outcomes. This program must

- 1 facilitate enrollment procedures, provide standards of diabetes care, enable
2 consistent documentation of clinical and economic outcomes, and structure an
3 outcomes reporting system.
- 4 4. The board shall fund the program from any available funds in the uniform group
5 insurance program and if necessary the fund may add up to a two dollar per month
6 charge on the policy premium for medical and hospital benefits coverage. A state
7 agency shall pay any additional premium from the agency's existing appropriation.