

REVENUE: No revenue impact

FISCAL: Fiscal statement issued

Action:	Do Pass
Vote:	8 - 0 - 0
Yeas:	Cannon, Doherty, Hoyle, Kennemer, Parrish, Weidner, Greenlick, Thompson
Nays:	0
Exc.:	0
Prepared By:	Sandy Thiele-Cirka, Administrator
Meeting Dates:	5/16

WHAT THE MEASURE DOES: Requires health benefit plan to provide coverage of telemedical health service provided in connection with treatment of diabetes that meets certain criteria if health services is otherwise covered by plan.

ISSUES DISCUSSED:

- Harold Schnitzer Diabetes Health Center will serve as a cooperative pilot program
- Diabetic populations served by the Harold Schnitzer Diabetes Health Center
- Importance of managing diabetes
- Success of telemedicine in the delivery of mental health services
- Management of chronic diseases is a priority in health care reform

EFFECT OF COMMITTEE AMENDMENT: No amendment.

BACKGROUND: According to the Centers for Disease Control’s 2011 National Diabetes Fact Sheet, nearly 26 million Americans, or 8.3 percent of the population, have diabetes. People with diabetes are at risk for significant complications, including heart and kidney disease, high blood pressure and blindness. According to the American Diabetes Association, total costs for diagnosed diabetes in the United States in 2007 were \$178 billion. A significant component of successful diabetes management is blood glucose monitoring.

In 2009, the Legislative Assembly enacted Senate Bill 24, which requires health benefit plans to provide coverage of medically necessary, evidence-based telemedical health service that meets specified criteria if the service is otherwise covered by plan. Eight other states currently have telemedicine coverage mandates.

Senate Bill 787-A expands telemedicine services by requiring health benefit plans to cover diabetes-related telemedical health services. Coverage of these services allows individuals and their providers to manage diabetes collaboratively without requiring a visit to the provider’s office.