

REVENUE: No revenue impact

FISCAL: Fiscal statement issued

Action: Do Pass as Amended and Be Printed Engrossed

Vote: 5 - 0 - 0

Yeas: Bates, Kruse, Morse, Shields, Monnes Anderson

Nays: 0

Exc.: 0

Prepared By: Brian Nieuburt, Administrator

Meeting Dates: 3/7, 4/11, 4/13, 4/14

WHAT THE MEASURE DOES: Requires health benefit plans to provide coverage of telemedical health services provided in connection with the treatment of diabetes if: (1) the plan provides coverage of the service when provided in person; (2) the service is medically necessary; (3) the service relates to a specific patient; and, (4) one of the participants in the service is a representative of an academic health center. Defines “originating site” and “telemedical.” Prohibits health benefits plans from distinguishing between urban and rural originating sites in providing coverage. Allows health benefits plans to subject coverage of telemedical health services to deductible, copayment and coinsurance requirements.

ISSUES DISCUSSED:

- Telemedicine’s role in health care reform
- Potential role of telemedicine in management of diabetes
- Success of telemedicine in mental health arena

EFFECT OF COMMITTEE AMENDMENT: Adds requirements that the telemedical health service relate to a specific person and that one of the participants in the service be a representative of an academic health center.

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 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.

Senate Bill 24, passed during the 2009 legislative session, 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 the telemedicine mandate to require 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 the individual to go to the provider’s office.