

FINAL BILL REPORT

2SSB 5178

C 276 L 97

Synopsis as Enacted

Brief Description: Adopting the diabetes cost reduction act.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Wood, Wojahn, Deccio, Bauer, Fairley, Goings, Prince, Prentice, Franklin, Horn, Patterson and Winsley).

Senate Committee on Health & Long-Term Care

House Committee on Health Care

Background: According to the Washington State Department of Health (*The Health of Washington State*, September 1996):

About 160,000 people in Washington are known to have diabetes, and an equal number probably have the disease but do not know it. The estimated prevalence is about six percent of the general population.

Diabetes was associated with 38,909 hospitalizations in Washington in 1994 (rate: 243/1,000 people with diabetes). Most of these admissions are a result of diabetes complications, including coronary heart disease, stroke, diabetes ketoacidosis, and lower extremity amputations. Many of these hospitalizations could be prevented through early detection and appropriate management of diabetes and its complications. Effective interventions include diabetes self-management education and development of systems to coordinate and assure medical management in accordance with current practice guidelines.–

While most health insurance plans provide coverage for diagnosis and treatment for diabetes, studies report that coverage for some diabetes medications, testing and treatment equipment, supplies, self-management education and more is uneven.

Summary: The Legislature finds that access to medically accepted standards of care for diabetes, its treatment, supplies, and self-management training and education is crucial to prevent or delay complications of diabetes and its attendant costs.

A diabetic person is defined to include insulin dependent diabetics, non-insulin using diabetics, and those with elevated blood glucose levels because of pregnancy.

After January 1, 1998, state purchased health care, and health carriers licensed by the state who provide health insurance coverage which includes pharmacy benefits within the state, must provide specified coverage for diabetic persons. These provisions do not apply to the Basic Health Plan, or to the plans identical to the Basic Health Plan which insurers are required to offer.

Such coverage must at least include appropriate equipment and supplies, as prescribed by a health care provider, determined medically necessary by a carrier's medical director, including insulin, syringes, injection aids, blood glucose monitors, test strips for blood glucose monitors, visual reading and urine test strips, insulin pumps and accessories to the pumps, insulin infusion devices, prescriptive oral agents for controlling blood sugar levels, foot care appliances for prevention of complications associated with diabetes, and glucagon emergency kits.

All state purchased health care and state regulated health carriers must provide out-patient self-management training and education only by health care providers with expertise in diabetes. Carriers may limit providers who perform services required under the act to those within their provider networks.

Diabetes coverage may be subject to normal cost sharing provisions established for all other similar services or coverage within a policy.

Health care coverage may not be reduced or eliminated due to the act.

A carrier is excluded from the requirements of the act in a plan offered to an employer or other group that offers to its eligible enrollees a self-insured health plan not subject to state mandated benefits and whose self-insured plans do not include similar benefits to those mandated under the act.

The act is subject to sunset review and terminates on June 30, 2001.

Votes on Final Passage:

Senate	49	0	
House	95	2	(House amended)
Senate	47	0	(Senate concurred)

Effective: January 1, 1998