S T A T E O F N E W Y O R K

10406

I N A S S E M B L Y

May 25, 2012

Introduced by M. of A. PEOPLES-STOKES -- read once and referred to the Committee on Health

AN ACT to amend the public health law and the insurance law, in relation to establishing diabetes prevention demonstration programs

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Article 2 of the public health law is amended by adding a new title 4-A to read as follows:

TITLE IV-A

DIABETES PREVENTION DEMONSTRATION PROGRAMS

SECTION 255. DIABETES PREVENTION DEMONSTRATION PROGRAMS; ESTABLISHMENT.

S 255. DIABETES PREVENTION DEMONSTRATION PROGRAMS; ESTABLISHMENT. 1. THE DEPARTMENT MAY ESTABLISH DIABETES PREVENTION DEMONSTRATION PROGRAMS THROUGH A REQUEST FOR PROPOSALS PROCESS TO ENHANCE THE QUALITY AND COST-EFFECTIVENESS OF CARE RENDERED TO MEDICAID-ELIGIBLE PERSONS WITH PRE-DIABETES WHO MAY BE AT RISK FOR DIABETES WHICH CAN RESULT IN THE NEED FOR CARE AND TREATMENT THAT RESULTS IN HIGH MEDICAID EXPENDITURES.

2. IN ORDER TO BE ELIGIBLE TO SPONSOR AND TO UNDERTAKE A DIABETES PREVENTION DEMONSTRATION PROGRAM, THE PROPOSED SPONSOR SHALL BE A NOT-FOR-PROFIT ORGANIZATION WITH A PROGRAM PROVIDING PATIENT EDUCATION ON PHYSICAL ACTIVITY AND DIET USING EVIDENCE-BASED SERVICES THAT HAS EXPERIENCE PROVIDING COST-EFFECTIVE COMMUNITY-BASED DIABETES PREVENTION CARE TO SUCH PATIENTS WITH PRE-DIABETES.

3. THE DEPARTMENT SHALL APPROVE DIABETES PREVENTION DEMONSTRATION PROGRAMS WHICH ARE GEOGRAPHICALLY DIVERSE AND REPRESENTATIVE OF BOTH URBAN AND RURAL SOCIAL SERVICES DISTRICTS. THE PROGRAM SPONSOR MUST ESTABLISH, TO THE SATISFACTION OF THE DEPARTMENT, ITS CAPACITY TO ENROLL AND SERVE SUFFICIENT NUMBERS OF ENROLLEES TO DEMONSTRATE THE COST-EFFECTIVENESS OF THE DEMONSTRATION PROGRAM.

4. THE DEPARTMENT SHALL ESTABLISH THE CRITERIA, INCLUDING THE DIAGNOSIS OF PRE-DIABETES AS MAY BE SPECIFIED BY THE DEPARTMENT, BY WHICH INDIVIDUALS WILL BE IDENTIFIED AS ELIGIBLE FOR ENROLLMENT IN THE DEMONSTRATION PROGRAMS. PERSONS ELIGIBLE FOR ENROLLMENT IN THE DEMONSTRATION

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [ ] is old law to be omitted.

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PROGRAMS SHALL BE LIMITED TO INDIVIDUALS WHO RECEIVE MEDICAL ASSISTANCE PURSUANT TO TITLE ELEVEN OF ARTICLE FIVE OF THE SOCIAL SERVICES LAW.

5. ENROLLMENT IN A DEMONSTRATION PROGRAM SHALL BE VOLUNTARY. A PARTICIPATING INDIVIDUAL MAY DISCONTINUE HIS OR HER ENROLLMENT AT ANY TIME WITHOUT CAUSE. THE COMMISSIONER SHALL REVIEW AND APPROVE ALL ENROLLMENT AND MARKETING MATERIALS FOR A DEMONSTRATION PROGRAM.

6. THE DEMONSTRATION PROGRAM SHALL OFFER EVIDENCE-BASED SERVICES AND INTERVENTIONS DESIGNED TO ENSURE THAT THE ENROLLEES RECEIVE HIGH QUALITY, PREVENTATIVE AND COST-EFFECTIVE CARE, AIMED AT REDUCING THE DEVELOPMENT OF DIABETES. THE DEMONSTRATION PROGRAM MAY INCLUDE SCREENING OF ELIGIBLE ENROLLEES, DEVELOPING AN INDIVIDUALIZED CARE MANAGEMENT PLAN FOR EACH ENROLLEE AND IMPLEMENTING THAT PLAN.

7. THE DEPARTMENT SHALL BE RESPONSIBLE FOR MONITORING THE QUALITY, APPROPRIATENESS AND COST-EFFECTIVENESS OF A DEMONSTRATION PROGRAM. THE DEPARTMENT SHALL UTILIZE, TO THE EXTENT POSSIBLE, ALL POTENTIAL SOURCES OF FUNDING FOR DEMONSTRATION PROGRAMS, INCLUDING, BUT LIMITED TO, PRIVATE PAYMENTS AND DONATIONS. ALL SUCH FUNDS SHALL BE DEPOSITED BY THE COMMISSIONER AND CREDITED TO THE DIABETES PREVENTION ACCOUNT WHICH SHALL BE ESTABLISHED BY THE COMPTROLLER IN THE SPECIAL REVENUE-OTHER FUND. ADDITIONALLY, TO THE EXTENT OF FUNDS APPROPRIATED THEREFOR, MEDICAL ASSISTANCE FUNDS, INCLUDING ANY FUNDING OR SHARED SAVINGS AS MAY BECOME AVAILABLE THROUGH FEDERAL WAIVERS OR OTHERWISE UNDER TITLES 18 AND 19 OF THE FEDERAL SOCIAL SECURITY ACT, MAY BE USED BY THE DEPARTMENT FOR EXPENDITURES IN SUPPORT OF THE DIABETES PREVENTION PROGRAM.

8. PAYMENTS SHALL BE MADE BY THE DEPARTMENT TO THE ENTITY RESPONSIBLE FOR THE OPERATION OF THE DEMONSTRATION PROGRAM ON A FIXED AMOUNT PER MEMBER PER LENGTH OF THE PROGRAM AND SHALL REIMBURSE THE PROGRAM SPONSOR FOR THE SERVICES RENDERED PURSUANT TO SUBDIVISION SIX OF THIS SECTION. THE DEPARTMENT SHALL PROVIDE AN INTERIM REPORT TO THE GOVERNOR AND THE LEGISLATURE ON OR BEFORE DECEMBER THIRTY-FIRST, TWO THOUSAND THIRTEEN AND A FINAL REPORT ON OR BEFORE DECEMBER THIRTY-FIRST, TWO THOUSAND FOURTEEN ON THE RESULTS OF THE DEMONSTRATION PROGRAMS. BOTH REPORTS SHALL INCLUDE FINDINGS AS TO THE DEMONSTRATION PROGRAMS' COST-EFFECTIVENESS IN PREVENTING THE DEVELOPMENT OF DIABETES AND ASSOCIATED COMPLICATIONS. IN THE FINAL REPORT, THE DEPARTMENT SHALL OFFER RECOMMENDATIONS AS TO WHETHER DEMONSTRATION PROGRAMS SHOULD BE EXTENDED, MODIFIED, ELIMINATED OR MADE PERMANENT.

S 2. Subparagraph (A) of paragraph 15-a of subsection (i) of section 3216 of the insurance law, as amended and such paragraph as renumbered by chapter 338 of the laws of 2003, is amended to read as follows:

(A) Every policy which provides medical coverage that includes coverage for physician services in a physician's office and every policy which provides major medical or similar comprehensive-type coverage shall include coverage for the following equipment and supplies for the treatment of diabetes, if recommended or prescribed by a physician or other licensed health care provider legally authorized to prescribe under title eight of the education law: blood glucose monitors and blood glucose monitors for the visually impaired, data management systems, test strips for glucose monitors and visual reading and urine testing strips, insulin, injection aids, cartridges for the visually impaired, syringes, insulin pumps and appurtenances thereto, insulin infusion devices, and oral agents for controlling blood sugar. In addition, the commissioner of the department of health shall provide and periodically update by rule or regulation a list of additional diabetes equipment and related supplies such as are medically necessary for the treatment of diabetes, for which there shall also be coverage. Such policies shall

also include coverage for diabetes self-management education to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetic condition, including information on proper diets. Such coverage for self-management education and education relating to diet shall be limited to visits medically necessary upon the diagnosis of diabetes, where a physician diagnoses a significant change in the patient's symptoms or conditions which necessitate changes in a patient's self-management, or where reeducation or refresher education is necessary. Such education may be provided by the physician or other licensed health care provider legally authorized to prescribe under title eight of the education law, or their staff, as part of an office visit for diabetes diagnosis or treatment, or by a certified diabetes nurse educator, certified nutritionist, certified dietitian or registered dietitian upon the referral of a physician or other licensed health care provider legally authorized to prescribe under title eight of the education law. Education provided by the certified diabetes nurse educator, certified nutritionist, certified dietitian or registered dietitian may be limited to group settings wherever practicable. Coverage for self-management education and education relating to diet shall also include home visits when medically necessary. IN ADDITION, UPON RECOMMENDATION OF A PHYSICIAN SUCH POLICES SHALL INCLUDE COVERAGE FOR DIABETES PREVENTION SERVICES TO PERSONS WITH PRE-DIABETES DIAGNOSED BY A PHYSICIAN. SUCH SERVICES SHALL INCLUDE, BUT NOT BE LIMITED TO, PATIENT EDUCATION ON PHYSICAL ACTIVITY AND DIET USING EVIDENCE-BASED SERVICES. SUCH COVERAGE FOR DIABETES PREVENTION SERVICES MAY BE LIMITED TO PROGRAMS THAT HAVE EXPERIENCE PROVIDING COST-EFFECTIVE COMMUNITY-BASED DIABETES PREVENTION SERVICES, AND GROUP SETTINGS WHEREVER PRACTICABLE.

S 3. Subparagraph (A) of paragraph 7 of subsection (k) of section 3221 of the insurance law, as amended by chapter 338 of the laws of 2003, is amended to read as follows:

(A) Every group or blanket accident and health insurance policy issued or issued for delivery in this state which provides medical coverage that includes coverage for physician services in a physician's office and every policy which provides major medical or similar comprehensive-type coverage shall include coverage for the following equipment and supplies for the treatment of diabetes, if recommended or prescribed by a physician or other licensed health care provider legally authorized to prescribe under title eight of the education law: blood glucose monitors and blood glucose monitors for the visually impaired, data management systems, test strips for glucose monitors and visual reading and urine testing strips, insulin, injection aids, cartridges for the visually impaired, syringes, insulin pumps and appurtenances thereto, insulin infusion devices, and oral agents for controlling blood sugar. In addition, the commissioner of the department of health shall provide and periodically update by rule or regulation a list of additional diabetes equipment and related supplies such as are medically necessary for the treatment of diabetes, for which there shall also be coverage. Such policies shall also include coverage for diabetes self-management education to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetic condition, including information on proper diets. Such coverage for self-management education and education relating to diet shall be limited to visits medically necessary upon the diagnosis of diabetes, where a physician diagnoses a significant change in the patient's symptoms or conditions which necessitate changes in a patient's self-management, or where reeducation or refresher education is necessary. Such education may be provided by the

physician or other licensed health care provider legally authorized to prescribe under title eight of the education law, or their staff, as part of an office visit for diabetes diagnosis or treatment, or by a certified diabetes nurse educator, certified nutritionist, certified dietitian or registered dietitian upon the referral of a physician or other licensed health care provider legally authorized to prescribe under title eight of the education law. Education provided by the certified diabetes nurse educator, certified nutritionist, certified dietitian or registered dietitian may be limited to group settings wherever practicable. Coverage for self-management education and education relating to diet shall also include home visits when medically necessary. IN ADDITION, UPON RECOMMENDATION OF A PHYSICIAN SUCH POLICIES SHALL INCLUDE COVERAGE FOR DIABETES PREVENTION SERVICES TO PERSONS WITH PRE-DIABETES DIAGNOSED BY A PHYSICIAN. SUCH SERVICES SHALL INCLUDE, BUT NOT BE LIMITED TO, PATIENT EDUCATION ON PHYSICAL ACTIVITY AND DIET USING EVIDENCE-BASED SERVICES. SUCH COVERAGE FOR DIABETES PREVENTION SERVICES MAY BE LIMITED TO PROGRAMS THAT HAVE EXPERIENCE PROVIDING COST-EFFECTIVE COMMUNITY-BASED DIABETES PREVENTION SERVICES, AND GROUP SETTINGS WHEREVER PRACTICABLE.

S 4. Paragraph 1 of subsection (u) of section 4303 of the insurance law, as amended by chapter 338 of the laws of 2003, is amended to read as follows:

(1) A medical expense indemnity corporation or a health service corporation which provides medical coverage that includes coverage for physician services in a physician's office and every policy which provides major medical or similar comprehensive-type coverage shall include coverage for the following equipment and supplies for the treatment of diabetes, if recommended or prescribed by a physician or other licensed health care provider legally authorized to prescribe under title eight of the education law: blood glucose monitors and blood glucose monitors for the visually impaired, data management systems, test strips for glucose monitors and visual reading and urine testing strips, insulin, injection aids, cartridges for the visually impaired, syringes, insulin pumps and appurtenances thereto, insulin infusion devices, and oral agents for controlling blood sugar. In addition, the commissioner of the department of health shall provide and periodically update by rule or regulation a list of additional diabetes equipment and related supplies such as are medically necessary for the treatment of diabetes, for which there shall also be coverage. Such policies shall also include coverage for diabetes self-management education to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetic condition, including information on proper diets. Such coverage for self-management education and education relating to diet shall be limited to visits medically necessary upon the diagnosis of diabetes, where a physician diagnoses a significant change in the patient's symptoms or conditions which necessitate changes in a patient's self-management, or where reeducation or refresher education is necessary. Such education may be provided by the physician or other licensed health care provider legally authorized to prescribe under title eight of the education law, or their staff, as part of an office visit for diabetes diagnosis or treatment, or by a certified diabetes nurse educator, certified nutritionist, certified dietitian or registered dietitian upon the referral of a physician or other licensed health care provider legally authorized to prescribe under title eight of the education law. Education provided by the certified diabetes nurse educator, certified nutritionist, certified dietitian or registered

dietitian may be limited to group settings wherever practicable. Coverage for self-management education and education relating to diet shall also include home visits when medically necessary. IN ADDITION, UPON RECOMMENDATION OF A PHYSICIAN SUCH POLICES SHALL INCLUDE COVERAGE FOR DIABETES PREVENTION SERVICES TO PERSONS WITH PRE-DIABETES DIAGNOSED BY A PHYSICIAN. SUCH SERVICES SHALL INCLUDE, BUT NOT BE LIMITED TO, PATIENT EDUCATION ON PHYSICAL ACTIVITY AND DIET USING EVIDENCE-BASED SERVICES. SUCH COVERAGE FOR DIABETES PREVENTION SERVICES MAY BE LIMITED TO PROGRAMS THAT HAVE EXPERIENCE PROVIDING COST-EFFECTIVE COMMUNITY-BASED DIABETES PREVENTION SERVICES, AND GROUP SETTINGS WHEREVER PRACTICABLE.

S 5. This act shall take effect on the one hundred eightieth day after it shall have become a law.