



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Testimony Public Health Committee February 17, 2017

House Bill No. 6237 An Act Adopting the Recommendations of the Diabetes Advisory Council.

Committee Chairs, Co-Chairs, Ranking Member, and Members of the Public Health Committee, the Insurance Department appreciates the opportunity to submit written testimony on **House Bill No. 6237 An Act Adopting the Recommendations of the Diabetes Advisory Council**. Generally, H.B. 6237 would require health insurers to cover various diabetes supplies and training without cost sharing.

This legislation would modify certain cost-sharing requirements and create difficulty with the metal tiers on the exchange. Below are the Department's technical comments.

H.B. 6237 aims to modify cost-sharing of diabetes self-management education by reforming insurance plans to decrease barriers and ensure that such education is not subject to insurance deductibles or copayments. Under current law (C.G.S. 38a-492e and 38a-518e), carriers are required to provide medically necessary coverage for the outpatient self-management training for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin-using diabetes if the training is prescribed by a licensed health care professional who has appropriate state licensing authority to prescribe such training. Benefits covered include: (1) Initial training visits provided to an individual after the individual is initially diagnosed with diabetes that is medically necessary for the care and management of diabetes, including, but not limited to, counseling in nutrition and the proper use of equipment and supplies for the treatment of diabetes, totaling a maximum of ten hours; (2) training and education that is medically necessary as a result of a subsequent diagnosis by a physician of a significant change in the individual's symptoms or condition which requires modification of the individual's program of self-management of diabetes, totaling a maximum of four hours; and (3) training and education that is medically necessary because of the development of new techniques and treatment for diabetes totaling a maximum of four hours.

These benefits are allowed to be covered with cost sharing and are subject to the same terms and conditions applicable to all other benefits under such policies. If these benefits were required to be covered with no cost sharing, this would increase the cost of health insurance for all Connecticut citizens. Additionally, this would create an issue with actuarial values of plans and could throw off the metal tiers on the exchange, making it more difficult for people in the individual market to get health insurance.

The Department's mission is to ensure consumers receive the coverage required under the law and in their contracts. The Department's Consumer Affairs Division stands ready to assist any consumer or provider who feels as though medically necessary diabetes self-management education has not been covered appropriately.

The Department thanks the members of the Public Health Committee for the opportunity to submit testimony on H.B. 6237.

About the Connecticut Insurance Department: The mission of the Connecticut Insurance Department is to protect consumers through regulation of the industry, outreach, education and advocacy. The Department recovers an average of more than \$4 million yearly on behalf of consumers and regulates the industry by ensuring carriers adhere to state insurance laws and regulations and are financially solvent to pay claims. The Department's annual budget is funded through assessments from the insurance industry. For every dollar of direct expense, the Department brings in about \$7.45 to the state in revenues. Each year, the Department returns more than \$215 million in assessments, fees and penalties to the state's General Fund.