

STATEMENT OF THE AMERICAN DIABETES ASSOCIATION

TO THE

UTAH HEALTH SYSTEM REFORM TASK FORCE

RE: THE ESSENTIAL HEALTH BENEFITS (EHB) BENCHMARK SELECTION PROCESS

MAY 17, 2012

Nearly 26 million Americans have diabetes and 79 million more have pre-diabetes. The Centers for Disease Prevention and Control (CDC) estimates that as many as 1 in 3 Americans will have diabetes by 2050, if we remain on the current trajectory. Diabetes and its complications disproportionately affect minority populations. If current trends continue, nearly one in two racial/ethnic minority children born in 2000 will develop diabetes in their lifetime. The costs associated with diabetes, including diagnosed and undiagnosed diabetes, pre-diabetes, and gestational diabetes, and their complications, accounted for \$218 billion in direct and indirect costs in 2007 alone. Much of the economic burden of diabetes is related to its disabling complications, such as blindness, amputation, kidney failure, heart attack, and stroke. Yet, we have made major strides in effectively managing diabetes and reducing the risk for these devastating – and costly – complications through necessary medical care, medications and other tools, patient self-management, education, and support. Given the extraordinary burden of diabetes and pre-diabetes, and the availability of effective treatments and therapies, the essential health benefits (EHB) must ensure adequacy of coverage so people with, and at risk for, diabetes can successfully prevent or manage the disease and its complications.

We appreciate being able to provide comment on the EHB benchmark selection process and would encourage the state to identify and provide clear information about the benchmark options being considered including ensuring that detailed plan documents for the benchmark options and the criteria the state is using to make its selection are readily available for the public to review and make comment on.

The American Diabetes Association in conjunction with the American Cancer Society-Cancer Action Network, the American Heart Association/American Stroke Association and the National Multiple Sclerosis Society have developed an evaluative tool for assessing essential health benefit benchmark options from the perspective of patients with chronic disease. I will share a copy of this tool with the task force members.

The ADA looks forward to receiving more information about Utah's plans for selecting a benchmark plan.



ESSENTIAL HEALTH BENEFITS BENCHMARK OPTIONS EVALUATIVE TOOL FOR CHRONIC DISEASE PATIENTS

<u>SERVICES</u>	<u>BENEFIT COVERED?</u>	<u>IS THERE A BENEFIT LIMIT?</u> (# visit limits, duration limits, or other types of limits)	<u>WHAT IS THE LIMIT?</u>
advanced imaging tests (e.g. CT, MRI, PET scans)			
alcoholism and drug dependency services			
ambulance services (ground and air)			
cardiac rehabilitation			
chemotherapy services (anti-cancer tx AND for other indications; administered by IV, subcutaneous injection, infusion)			
clinical trials access (coverage of routine costs)			
colorectal cancer screening for high risk individuals			
diabetes screening for individuals at high risk			
diabetes self-management education			
diabetes testing supplies, including test strips, lancets and lancet devices (may be covered as DME instead)			
durable medical equipment (such as blood glucose testing equipment and supplies, insulin pumps and associated supplies, mobility aides, and prostheses)			
emergency room care			
eye care (yearly dilated eye exam by an eye care professional for routine screening purposes)			
habilitative therapy services (PT, OT, and speech)			
home health care			
home infusion therapy			
laboratory tests and X-ray services			
mammography screening for high risk individuals			

mental health outpatient care (including neuro-psych evaluations)			
nutritional counseling or medical nutrition therapy			
organ and tissue transplants			
physical, speech and occupational therapy			
physician specialty care			
podiatric services (related to medical condition)			
prenatal care			
prescription drugs: coverage of specialty drugs (injectables, biologics, oral cancer)			
prescription drugs: off-label use coverage (e.g. for cancer or MS)			
radiation therapy			
skilled nursing and rehabilitation			
smoking cessation counseling (group, private, telephone)			
smoking cessation drugs (Nicotine patch, gum, inhaler, nasal spray and lozenge, as well as prescription drugs Bupropion and Chantix)			