IN THE GENERAL ASSEMBLY STATE OF _________

An Act to establish Medicaid coverage of the Diabetes Prevention Program

Be it enacted by the People of the State of ____________, represented in the General Assembly:

Section 1. Title. This act shall be known as and may be cited as the Medicaid Diabetes Prevention Act of 20__.

Section 2. Purpose. The Legislature hereby finds and declares that:

1. Diabetes affects 29.1 million people and 9.3 percent of the U.S. population. More than 230,000 American deaths in 2010 included diabetes as a primary or contributing cause.

2. The total costs of diagnosed diabetes have risen from $174 billion in 2007 when the cost was last examined to $245 billion in 2012.

3. Pre-diabetes cost $176 billion in direct medical expenses and $69 billion in lost productivity in 2012, which represents a 41 percent increase over a five year period.

4. About 33 percent of U.S. adults have pre-diabetes but awareness of this high risk condition is very low; about 50 percent of U.S. adults aged 65 years or older have pre-diabetes.

5. People with pre-diabetes can prevent or delay the onset of type 2 diabetes by losing 5–7 percent of their body weight and getting at least 150 minutes per week of moderate physical activity.
6. The National Diabetes Prevention Program, as recognized by the Centers for Disease Control, has been proven to reduce the onset of diabetes in at-risk adults by 58 percent using a cost-effective, community-based intervention.

7. It is the sense of the legislature that the National Diabetes Prevention Program presents an opportunity for [state] to reduce the incidence of diabetes among individuals enrolled in the Medicaid program.

Section 3. Definitions. For purposes of the Act, the term:

1. Pre-diabetes means a person’s blood glucose level is higher than normal, but not high enough yet to be diagnosed as diabetes.

2. Diabetes prevention program means:
   a. Items and services furnished under a diabetes prevention program that meets the standards for recognition under the National Diabetes Prevention Program, as established by the Centers for Disease Control and Prevention;
   b. Such items and services must be provided by a person or entity recognized by the Centers for Disease Control and Prevention as having the capacity to provide diabetes prevention program services.

Section 4. Required Medicaid coverage. The [state] Medicaid program shall,

1. Upon a diagnosis of pre-diabetes by a physician or upon determination by a physician that reeducation or continuing education is necessary for a previous participant in a diabetes prevention program, and

2. Upon referral by physician making the diagnosis, cover expenses related to the diabetes prevention program to ensure that a person with pre-diabetes is educated about proper self-management and treatment of their pre-diabetic condition, including information on proper diet and physical activity.
Section 5. Program requirements.

1. A qualified diabetes prevention program shall
   a. Furnish all items and services under the diabetes prevention program;
   b. Manage, track, and verify the outcomes of a diabetes program, including attendance and observed weight loss of participated individuals, through defined systems which cannot rely solely on data self-reported by participating individuals;
   c. Upon completion of eight and sixteen weeks of the diabetes prevention program curriculum by an eligible participant, notify the referring physician via a written progress report from a HIPAA-secure system of the participant’s progress;
   d. Implement business processes to manage program workflow, such as eligibility, reporting, claims billing, class scheduling, and enrollment;
   e. Manage and verify billing accuracy and beneficiary eligibility;
   f. Comply with applicable laws and regulations, including all Medicaid program integrity requirements under state and federal law; and
   g. Perform various forms of engagement with, and outreach to, individuals eligible for the diabetes prevention program.

2. Items and services under a diabetes prevention program may be furnished in-person in a community setting, virtually, or via one or more proven distance-learning modalities.

Section 6. Fee schedule. Reimbursement for a diabetes prevention program shall be consistent with efficiency, economy, and quality of care and sufficient to enlist enough providers of the diabetes prevention program so that care and services are available to eligible participants.

Section 7. Waiver of cost sharing. No deductible, copayment, or coinsurance shall apply with respect to items and services under a diabetes prevention program.
Section 8. Application to Medicaid managed care delivery systems.

Medicaid managed care plans shall provide coverage of the benefits described in Section 4 and comply with the program requirements in this Act.

Section 9. Effective. This Act shall become effective immediately upon being enacted into law.

Section 10. Severability. If any provision of this Act is held by a court to be invalid, such invalidity shall not affect the remaining provisions of this Act, and to this end the provisions of this Act are hereby declared severable.