

Department of Planning and Budget 2024 Session Fiscal Impact Statement

1. **Bill Number:** HB610-H1

House of Origin Introduced Substitute Engrossed
Second House In Committee Substitute Enrolled

2. **Patron:** Price

3. **Committee:** Appropriations

4. **Title:** Health insurance; coverage for diabetes.

5. **Summary:** The substitute requires that each insurer providing coverage for diabetes shall include benefits for FDA-approved insulin, continuous blood glucose monitoring, and regular foot care and eye care exams in addition to equipment, supplies, and self-management training and education. The bill allows for such self-management training and education to be provided either in-person outpatient or through telemedicine. Under the bill, such coverage for self-management training and education shall include up to three outpatient visits upon an individual receiving an initial diagnosis of diabetes and up to two medically necessary visits to a qualified provider upon a significant change in the patient's symptoms or medical condition. Coverage required by this bill shall be exempt from any deductible. The provisions of the bill shall become effective on January 1, 2025, and shall apply to all insurance policies, contracts, and plans delivered, issued for delivery, reissued, or extended on and after January 1, 2025, or at any time thereafter when any term of the policy, contract, or plan is changed or any premium adjustment is made.

6. **Budget Amendment Necessary:** No.

7. **Fiscal Impact Estimates:** Preliminary – see Item 8.

8. **Fiscal Implications:** According to the Department of Human Resource Management, the proposed legislation is not expected to have a fiscal impact on the state health insurance plan.

According to the State Corporation Commission (SCC), qualified health plans (QHPs) sold through the Health Benefit Exchange are not impacted by the provisions of this bill. Section 38.2-6506 A 1, Code of Virginia, states that if services are identified in addition to the ones contained in the state's Benchmark Plan, QHPs sold through the Exchange would not be required to cover these services. However, the Centers for Medicare & Medicaid Services (CMS) has cautioned that state standards must be applied uniformly within a market for all individual and small group plans according to the Affordable Care Act. This requirement could cause the state to defray costs of this benefit for QHPs, with the SCC's Bureau of Insurance administering that defrayal.

9. **Specific Agency or Political Subdivisions Affected:** Department of Human Resource Management and State Corporation Commission

10. Technical Amendment Necessary: No.

11. Other Comments: None.