A CONCURRENT RESOLUTION urging all private health insurance providers doing business in Kentucky to study the potential impacts of implementing programs similar to the Kentucky Employees’ Health Plan's Diabetes Value Benefit plan and Diabetes Prevention Program, and to implement similar programs if the results of their studies indicate a likelihood of cost savings or improved client health outcomes.

WHEREAS, data from the Kentucky Behavioral Risk Factor Surveillance Survey show that from 2000 to 2015, the number of adults in Kentucky diagnosed with diabetes more than doubled from 6.5 percent of the adult population, or 198,052 individuals, to 13.4 percent, or 458,381 individuals; and

WHEREAS, the Center for Disease Control (CDC) estimates that an additional 152,793 adult Kentuckians are living with undiagnosed diabetes; and

WHEREAS, according to the CDC, as many as one in three adult Kentuckians, or 1,100,000 individuals, may have prediabetes; and

WHEREAS, people with diabetes are more likely to have other serious, chronic medical conditions, including hypertension, high cholesterol, and coronary heart disease; and

WHEREAS, in 2015 Kentucky hospitals reported nearly 10,000 inpatient hospital discharges with a primary diagnosis of diabetes; and

WHEREAS, in Kentucky diabetes is the fifth-leading cause of death by disease, and the state ranks fourth in the nation for highest diabetes mortality rate; and

WHEREAS, the American Diabetes Association (ADA) estimates that total direct medical expenses for diagnosed and undiagnosed diabetes, prediabetes, and gestational diabetes in Kentucky in 2012 was $3.5 billion; and

WHEREAS, the ADA further estimates that in 2012 diabetes cost Kentucky $1.3 billion in indirect costs such as lost productivity; and

WHEREAS, people with diabetes have medical expenses approximately 2.3 times higher than those who do not have diabetes; and
WHEREAS, in 2013 the Kentucky Employees' Health Plan (KEHP) implemented the Diabetes Prevention Program which is a CDC-certified, year-long educational and lifestyle training program offered in both face-to-face classroom settings and online; and

WHEREAS, KEHP's Diabetes Prevention Program participants, on average, exceed CDC goals for weight loss, regular physical activity, A1C levels; and

WHEREAS, in 2016 KEHP implemented the Diabetes Value Benefit plan which provides plan members who have been diagnosed with diabetes with access to all necessary diabetes testing supplies and diabetes-related prescription drugs free of charge, or in the case of some nongeneric prescriptions with a significantly reduced copay; and

WHEREAS, according to KEHP the Diabetes Value Benefit plan has resulted in increased diabetes medication adherence rates which have produced reductions in overall medical costs, the average number of nondiabetes-related prescriptions per patient, the number of doctor's office visits, the number of emergency department visits, the number of hospital admissions, and the length of hospital stays; and

WHEREAS, despite increase prescription costs, KEHP estimates that the Diabetes Value Benefit plan has produced a total medical cost savings in excess of $10.5 million since 2016; and

WHEREAS, the Diabetes Medical Emergency Response Task Force has recommended that the General Assembly adopt a resolution urging all private health insurance providers doing business in the Commonwealth to study the potential impacts of implementing programs similar to the Diabetes Prevention Program and Diabetes Value Benefit plan offered by KEHP and urging such companies to implement similar programs if the results of their studies indicate a likelihood of cost savings or improvement of customer health;

NOW, THEREFORE,

Be it resolved by the Senate of the General Assembly of the Commonwealth of Kentucky, the House of Representatives concurring therein:
Section 1. The General Assembly respectfully urges all private health insurance providers doing business in Kentucky to study the potential impacts of implementing programs similar to the Kentucky Employees' Health Plan's Diabetes Value Benefit plan and Diabetes Prevention Program. Impacts studied should include but not be limited to the estimated cost of such programs, the potential health benefits of such programs, and any possible financial savings that may be achieved by such programs. The General Assembly further urges such companies to implement programs similar to KEHP's Diabetes Value Benefit plan and Diabetes Prevention Program if the results of their studies indicate a likelihood of cost savings or improved client health outcomes.