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January 31, 2014

TESTIMONY TO THE SENATE COMMITTEE ON HEALTH AND SENATE COMMITTEE ON HUMAN SERVICES

For Hearing on Monday, February 3, 2014 1:20 p.m., Conference Room 229

BY

BARBARA A. KRIEG DIRECTOR

Senate Bill No. 2929 Relating to Diabetes

WRITTEN TESTIMONY ONLY

TO CHAIRPERSONS JOSH GREEN AND SUZANNE CHUN OAKLAND AND MEMBERS OF THE COMMITTEES:

The purpose of S.B. 2929 is to require the Department of Health, in collaboration with the Departments of Human Services and Human Resources Development, to develop departmental plans to reduce the incidence of diabetes in the State and to report to the legislature biennially on the effectiveness of those plans.

The Department of Human Resources Development (DHRD) respectfully OPPOSES this measure.

While DHRD recognizes the burden of diabetes on the quality of life and healthcare expenditures for State employees, DHRD's envisioned participation is not possible. We do not have access to medical information of our employees; nor should we have such access, given the employees' medical privacy rights.

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We also note that DHRD has no staff with the relevant knowledge or experience to draft diabetes education materials.

Thank you for the opportunity to testify on this measure.





STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES P. O. Box 339 Honolulu, Hawaii 96809

February 3, 2014

TO: The Honorable Josh Green, M.D., Chair

Senate Committee on Health

The Honorable Suzanne Chun Oakland, Chair

Senate Committee on Human Services

FROM: Patricia McManaman, Director

SUBJECT: S.B. 2929- RELATING TO DIABETES

Hearing: Monday, February 3, 2014; 1:20 p.m.

Conference Room 229, State Capitol

PURPOSE: The purpose of this bill is to require the Department of Health, in collaboration with the Departments of Human Services and Human Resources

Development, to develop departmental plans to reduce the incidence of diabetes in the State and report to the Legislature biennially on the effectiveness of those plans.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this bill, however, we do not believe this bill is needed at this time. The DHS recognizes the burden of diabetes on quality of life and healthcare expenditures, and the DHS is already using national benchmarks and implementing measures to improve diabetes care and reduce complications.

The DHS has implemented numerous measures to improve diabetes-related healthcare. Not only does the DHS require its contracted health plans to report on HEDIS diabetes care measures, a national benchmark, which the DHS reports

publicly, but the DHS has added financial incentives to the health plan contracts based on the quality of diabetes care provided to its members. In addition, recognizing that patient self-management has a significant effect on diabetes outcomes, the DHS has added a requirement for contracted health plans to have a performance improvement project on improving diabetes self-management.

Information required by this measure is already available. For example, the prevalence of diabetes is reported by the Centers for Disease Control and Prevention (CDC) and is available at http://apps.nccd.cdc.gov/DDTSTRS/default.aspx, and the cost of diabetes is reported by the American Diabetes Association and available at: http://www.diabetes.org/advocate/resources/cost-of-diabetes.html. And the diabetes activities utilized are evidence-based, so expending funds to assess their effectiveness would be wasteful.

The impact of diabetes extends far wider into the four-fifths of Hawaii residents who are not Medicaid beneficiaries. The DHS and the Department of Health (DOH) currently coordinate activities and has been a participant on the State's Diabetes Prevention Task Force.

Thank you for the opportunity to provide testimony on this bill.