

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2015

Legislative Fiscal Note

BILL NUMBER: Senate Bill 27 (First Edition)
SHORT TITLE: Reagan's Rule/Childhood Diabetes Screening.
SPONSOR(S): Senator Smith

FISCAL IMPACT					
(\$ in millions)					
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No Estimate Available		
	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
State Impact					
General Fund Revenues:					
General Fund Expenditures:					
Special Fund Revenues:					
Special Fund Expenditures:					
State Positions:					
NET STATE IMPACT	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Local Impact					
Revenues:					
Expenditures:					
NET LOCAL IMPACT	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
PRINCIPAL DEPARTMENT(S) & PROGRAM(S) AFFECTED: Department of Health and Human Services					
EFFECTIVE DATE: October 1, 2015					
TECHNICAL CONSIDERATIONS: None					

BILL SUMMARY:

S27. REEGAN'S RULE/CHILDHOOD DIABETES SCREENING. (February 3, 2015)
 AN ACT REQUIRING DIABETES SCREENING DURING WELL-CHILD VISITS AT SPECIFIC AGE INTERVALS.

Enacts new GS 130A-221.5 to provide that every physician, physician's assistant, or certified nurse practitioner that provides well-child care must ensure that diabetes screening is performed for each child under their care at least once at the following age intervals, (1) birth, (2) 12 months of age, and (3) 24 months of age. Effective October 1, 2015.

ASSUMPTIONS AND METHODOLOGY: S.B. 27, Reagan's Rule/Childhood Diabetes Screening, would require physicians, physician's assistants, and certified nurse practitioners that provide well-child care to ensure that diabetes screening is performed for each child under their care at least once at the following age intervals, (1) birth, (2) 12 months of age, and (3) 24 months of age.

The Department of Health and Human Services (DHHS) reports that S.B. 27 would have no fiscal impact. Diabetes screening is considered a well-child service. To be eligible for Medicaid reimbursement, a service or treatment must meet a standard of care and be deemed medically necessary and effective for the purpose intended. The diabetes screening proposed by S.B. 27 does not meet the Medicaid eligibility criteria and would not be federally reimbursable. Therefore, the State Medicaid Program would experience no increased costs due to S.B. 27.

SOURCES OF DATA: Department of Health and Human Services

TECHNICAL CONSIDERATIONS: While S.B. 27 would not affect State expenditures, the bill would have a fiscal impact on local health departments that provide pediatric primary care or well-child care. DHHS data indicates that 52% of all health departments offer pediatric primary care services and 80% provide well-child services. Under S.B. 27, the health departments could not bill for diabetes screening services provided to children enrolled in Medicaid.

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