HB 1328 1/25/21

Human Services Committee
Chairman Weisz and Committee Members:

I am Dr. Andy McLean, a psychiatrist providing written testimony, representing myself. I have been asked to do so in support of HB 1328, which I have agreed to do, with suggested amendments.

It is my understanding that others testifying today in favor will be discussing the importance of vitamin D for health, so I will not belabor that very relevant point.

The primary elements of the HB 1328 bill having to do with Vitamin D testing are: #1) That pharmacists be allowed to screen and test for Vitamin D deficiency and #2) That Vitamin D screening and testing be a covered health insurance benefit when deemed necessary by a healthcare provider or pharmacist.

Re: #1, In a majority of states, pharmacists are allowed within their scope of practice to order and interpret certain lab tests. Regarding Vitamin D screening/testing, it would appear reasonable for pharmacists in ND to be able do so as well.

Re: #2, Changing a covered benefit beyond the current "at risk categories" is a bit more controversial. Some of those issues:

a) Health insurance coverage for Vitamin D testing has been held to fairly limited perceived risk groups; (those with an underlying disease or condition specifically associated with vitamin D deficiency or decreased bone density). However, we know that up to 1/3 of individuals (most outside these disease categories) in our part of the world have sub-optimal levels of Vitamin D if one uses an extremely conservative testing cutoff.

b) A significant problem in Vitamin D testing is that there remains disagreement on what is an adequate Vitamin D level, as the concept has traditionally revolved around levels needed for bone health. There are a multitude of associated health risks with low vitamin D levels beyond the reimbursement risk categories. In my own specialty, I have personally seen evidence of adolescents in psychiatric care with extremely low levels of Vitamin D associated with their hospital admissions. (One might extrapolate that isolation, excessive use of electronic devices/games could contribute). This group would not be considered in the typical current testing reimbursement categories. The NICE (National Institute of Health and Care Excellence) in Great Britain recommends the inclusion of Vitamin D testing for those at high risk of deficiency (i.e., lacking sunlight, etc…). Our latitude and long winters, along with our current pandemic add to this risk.

c) There have been cost/benefit analyses regarding testing of asymptomatic members of the general population in various countries, with mixed findings.

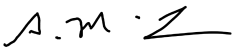
I believe that increased coverage for Vitamin D testing to include "those at high risk of deficiency" (i.e., lacking sunlight, etc…) would assist our healthcare providers in identifying individuals with Vitamin D deficiency. In doing so, there is potential for reducing morbidity and mortality. However, as mentioned at the beginning, I believe there needs to be revision to HB 1328. In conclusion, I would support HB 1328 if there were also:

1) Guidelines on the amount/frequency of testing (i.e., for example, Medicare allows for up to 3 tests per year in some states.) Baseline and follow-up testing after supplementation would seem appropriate. Serial testing for curiosity's sake would be a burden on the healthcare system.

2) Tracking of results. One of the reasons there is such disagreement and controversy over Vitamin D deficiency and supplementation is the lack of good data. It would be important to track costs and benefits of testing and treatment, which means appropriate analysis.

Thank you for the opportunity for me to offer my testimony.

Respectfully,



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