

House Human Services Committee

January 25, 2021

Good Morning Chairman Weisz and members of the House Human Services Committee. For the record, my name is Representative Karen Rohr, from District 31, and I am here to introduce HB 1328 relating to Vitamin D Deficiency screening and testing. I am priming this bill on behalf of a colleague who has done years of research on the health benefits of Vitamin D.

According to the literature, 40-75% of the world's population is Vitamin D deficient. Vitamin D deficiency leads to low immunity and inability to fight off viruses and bacterial infections, fatigue and tiredness, bone and back pain, depression, impaired wound healing, bone loss, hair loss and muscle pain.

Screening and testing for Vitamin D deficiency is a preventative measure and the literature supports that screening and testing for Vitamin D deficiency saves health care dollars in the long run.

In the current literature, scientists recommend vitamin D levels of 40 – 60 ng/ml. If the initial assessment determines the individual is at risk, the screening includes an initial test and then a repeat in 6 to 8 weeks. The cost of the test is between \$25 -\$50.

Attaining and maintaining therapeutic levels of Vitamin D show:

- Women with vitamin D levels equal to or greater than 60 ng/ml has an 82% lower risk of breast cancer than women with levels below 20
- 60% lower diabetes incidence
- 15 – 41% reduction in colds/flu
- 63% reduction in broken bones
- 60% reduction in preterm births

Screening and testing is especially important now during the pandemic to prevent COVID 19 infections and to reduce the negative effects of COVID-19 infections particularly in our vulnerable population. Grassroots Health in their research, found that vitamin D Levels at or above 55 ng/ml had a 53% lower risk of SARS-

CoV-2 Positivity, 52% lower risk of hospitalization, and 90% lower risk for death due to COVID-19.

Although the science supports screening and testing for Vitamin D deficiency and studies demonstrate a cost savings and reduction in mortality, there is no reimbursement. Here is what HB 1328 does.

Section 1 has the effect of providing if PERS goes to a self-funded plan, the vitamin D mandate will be a required benefit;

Section 2 addresses the scope of practice of pharmacists – providing a pharmacist may screen and test for vitamin D deficiency

Section 3 is the PERS health benefits mandate; that the board provide medical benefits coverage under a contract for insurance, health maintenance organization, or self-insurance plan for vitamin D deficiency screening and testing as deemed necessary by the pharmacist or health care provider

Section 4 provides the mandate will apply to the PERS medical benefits that begin July 1, 2021;

Section 5 directs PERS to study the impact of the mandated coverage during the 2021-22 interim and to prepare and introduce a bill in 2023 to expand the mandate to the commercial market

Section 6 provides the PERS mandate is just for 2 years, and after that date, expired; and

Section 7 provides the Act is an emergency, allowing the mandate to apply to the PERS benefits with the beginning of the plan year on July 1, 2021, instead of the typical bill effective date of August 1, 2021.

Mr. Chairman and members of the committee, thank you, in advance, for your consideration on a Do Pass for HB 1328 and I will stand for any questions.