

2014 -- H 8166

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2014

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A N A C T

RELATING TO INSURANCE - ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Naughton, E Coderre, Diaz, Slater, and Lombardi

Date Introduced: May 08, 2014

Referred To: House Corporations

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 27-18-38 of the General Laws in Chapter 27-18 entitled "Accident
2 and Sickness Insurance Policies" is hereby amended to read as follows:

3 **27-18-38. Diabetes treatment.** -- (a) Every individual or group health insurance contract,
4 plan, or policy delivered, issued for delivery or renewed in this state which provides medical
5 coverage that includes coverage for physician services in a physician's office, and every policy
6 which provides major medical or similar comprehensive-type coverage, except for supplemental
7 policies which only provide coverage for specified diseases and other supplemental policies, shall
8 include coverage for the following equipment and supplies for the treatment of insulin treated
9 diabetes, non-insulin treated diabetes, [juvenile diabetes](#), and gestational diabetes, if medically
10 appropriate and prescribed by a physician: blood glucose monitors and blood glucose monitors
11 for the legally blind, test strips for glucose monitors and/or visual reading, insulin, injection aids,
12 cartridges for the legally blind, syringes, insulin pumps and appurtenances to the pumps, insulin
13 infusion devices, and oral agents for controlling blood sugar and therapeutic/molded shoes for the
14 prevention of amputation.

15 (b) Upon the approval of new or improved diabetes equipment and supplies by the Food
16 and Drug Administration, all policies governed by this section shall guarantee coverage of new
17 diabetes equipment and supplies when medically appropriate and prescribed by a physician.
18 These policies shall also include coverage, when medically necessary, for diabetes self-
19 management education to ensure that persons with diabetes are instructed in the self-management

1 and treatment of their diabetes, including information on the nutritional management of diabetes.
2 The coverage for self-management education and education relating to medical nutrition therapy
3 shall be limited to medically necessary visits upon the diagnosis of diabetes, where a physician
4 diagnoses a significant change in the patient's symptoms or conditions which necessitate changes
5 in a patient's self-management, or where reeducation or refresher training is necessary. This
6 education when medically necessary and prescribed by a physician, may be provided only by the
7 physician or, upon his or her referral to an appropriately licensed and certified health care
8 provider and may be conducted in group settings. Coverage for self-management education and
9 education relating to medical nutrition therapy shall also include home visits when medically
10 necessary.

11 (c) Benefit plans offered by an insurer may impose [minimum](#) co-payment and/or [no](#)
12 deductibles for the benefits mandated by this chapter; however, in no instance shall the co-
13 payment ~~or deductible~~ amount be greater than the co-payment ~~or deductible~~ amount imposed for
14 other supplies, equipment or physician office visits. Benefits for services under this section shall
15 be reimbursed in accordance with the respective principles and mechanisms of reimbursement for
16 each insurer, hospital, or medical service corporation, or health maintenance organization.

17 SECTION 2. Section 27-19-35 of the General Laws in Chapter 27-19 entitled "Nonprofit
18 Hospital Service Corporations" is hereby amended to read as follows:

19 **27-19-35. Diabetes treatment.** -- (a) Every individual or group health insurance contract,
20 plan, or policy delivered, issued for delivery or renewed in this state which provides medical
21 coverage that includes coverage for physician services in a physician's office, and every policy
22 which provides major medical or similar comprehensive-type coverage, shall include coverage
23 for the following equipment and supplies for the treatment of insulin treated diabetes, non-insulin
24 treated diabetes, [juvenile diabetes](#), and gestational diabetes when medically appropriate and
25 prescribed by a physician: blood glucose monitors and blood glucose monitors for the legally
26 blind, test strips for glucose monitors and/or visual reading, insulin, injection aids, cartridges for
27 the legally blind, syringes, insulin pumps and appurtenances to the pumps, insulin infusion
28 devices, and oral agents for controlling blood sugar and therapeutic/molded shoes for the
29 prevention of amputation. Upon the approval of new or improved diabetes equipment and
30 supplies by the Food and Drug Administration, all policies governed by this chapter shall
31 guarantee coverage of new diabetes equipment and supplies when medically appropriate and
32 prescribed by a physician. The policies shall also include coverage, when medically necessary,
33 for diabetes self-management education to ensure that persons with diabetes are instructed in the
34 self-management and treatment of their diabetes, including information on the nutritional

1 management of diabetes. The coverage for self-management education and education relating to
2 medical nutrition therapy shall be limited to medically necessary visits upon the diagnoses of
3 diabetes, where a physician diagnosis a significant change in the patient's symptoms or conditions
4 which necessitate changes in a patient's self-management, or where reeducation or refresher
5 training is necessary. This education, when medically necessary and prescribed by a physician,
6 may be provided only by the physician or upon his or her referral by an appropriately licensed
7 and certified health care provider and may be conducted in group settings. Coverage for self-
8 management education and education relating to medical nutrition therapy shall also include
9 home visits when medically necessary.

10 (b) Benefit plans offered by an insurer may impose minimum co-payment and/or no
11 deductibles for the benefits mandated by this chapter; however, in no instance shall the co-
12 payment ~~or deductible~~ amount be greater than the co-payment ~~or deductible~~ amount imposed for
13 other supplies, equipment or physician office visits. Benefits for services under this section shall
14 be reimbursed in accordance with the respective principles and mechanisms of reimbursement for
15 each insurer, hospital, or medical service corporation, or health maintenance organization.

16 SECTION 3. Section 27-20-30 of the General Laws in Chapter 27-20 entitled "Nonprofit
17 Medical Service Corporations" is hereby amended to read as follows:

18 **27-20-30. Diabetes treatment.** -- (a) Every individual or group health insurance contract,
19 plan, or policy delivered, issued for delivery or renewed in this state which provides medical
20 coverage that includes coverage for physician services in a physician's office, and every policy
21 which provides major medical or similar comprehensive-type coverage, shall include coverage
22 for the following equipment and supplies for the treatment of insulin treated diabetes, non-insulin
23 treated diabetes, juvenile diabetes, and gestational diabetes when medically appropriate and
24 prescribed by a physician: blood glucose monitors and blood glucose monitors for the legally
25 blind, test strips for glucose monitors and/or visual reading, insulin, injection aids, cartridges for
26 the legally blind, syringes, insulin pumps, and appurtenances to the pumps, insulin infusion
27 devices, and oral agents for controlling blood sugar and therapeutic/molded shoes for the
28 prevention of amputation. Upon the approval of new or improved diabetes equipment and
29 supplies by the Food and Drug Administration, all policies governed by this chapter shall
30 guarantee coverage of new diabetes equipment and supplies when medically appropriate and
31 prescribed by a physician. These policies shall also include coverage, when medically necessary,
32 for diabetes self-management education to ensure that persons with diabetes are instructed in the
33 self-management and treatment of their diabetes, including information on the nutritional
34 management of diabetes. The coverage for self-management education and education relating to

1 medical nutrition therapy shall be limited to medically necessary visits upon the diagnosis of
2 diabetes, where a physician diagnosis a significant change in the patient's symptoms or conditions
3 which necessitate changes in a patient's self-management, or where reeducation or refresher
4 training is necessary. This education, when medically necessary and prescribed by a physician,
5 may be provided only by the physician or, upon his or her referral, to an appropriately licensed
6 and certified health care provider, and may be conducted in group settings. Coverage for self-
7 management education and education relating to medical nutrition therapy shall also include
8 home visits when medically necessary.

9 (b) Benefit plans offered by an insurer may impose minimum co-payment and/or no
10 deductibles for the benefits mandated by this chapter; however, in no instance shall the co-
11 payment ~~or deductible~~ amount be greater than the co-payment ~~or deductible~~ amount imposed for
12 other supplies, equipment or physician office visits. Benefits for services under this section shall
13 be reimbursed in accordance with the respective principles and mechanisms of reimbursement for
14 each insurer, hospital, or medical service corporation, or health maintenance organization.

15 SECTION 4. Section 27-41-44 of the General Laws in Chapter 27-41 entitled "Health
16 Maintenance Organizations" is hereby amended to read as follows:

17 **27-41-44. Diabetes treatment.** -- (a) Every individual or group health insurance contract,
18 plan, or policy delivered, issued for delivery or renewed in this state which provides medical
19 coverage that includes coverage for physician services in a physician's office and every policy
20 which provides major medical or similar comprehensive-type coverage shall include coverage for
21 the following equipment and supplies for the treatment of insulin treated diabetes, non-insulin
22 treated diabetes, juvenile diabetes, and gestational diabetes when medically appropriate and
23 prescribed by a physician blood glucose monitors and blood glucose monitors for the legally
24 blind, test strips for glucose monitors and visual reading, insulin, injection aids, cartridges for the
25 legally blind, syringes, insulin pumps and appurtenances to them, insulin infusion devices, oral
26 agents for controlling blood sugar and therapeutic/molded shoes for the prevention of amputation.
27 Upon the approval of new or improved diabetes equipment and supplies by the Food and Drug
28 Administration, all policies governed by this chapter shall guarantee coverage of this new
29 diabetes equipment and supplies when medically appropriate and prescribed by a physician.
30 These policies shall also include coverage, when medically necessary, for diabetes self-
31 management education to ensure that persons with diabetes are instructed in the self-management
32 and treatment of their diabetes, including information on the nutritional management of diabetes.
33 This coverage for self-management education and education relating to medical nutrition therapy
34 shall be limited to medically necessary visits upon the diagnosis of diabetes, where a physician

1 diagnoses a significant change in the patient's symptoms or conditions which necessitate changes
2 in a patient's self-management, or where reeducation or refresher training is necessary. This
3 education, when medically necessary and prescribed by a physician, may be provided only by the
4 physician or, upon his or her referral to an appropriately licensed and certified health care
5 provider and may be conducted in group settings. Coverage for self-management education and
6 education relating to medical nutrition therapy shall also include home visits when medically
7 necessary.

8 (b) Benefit plans offered by an insurer may impose minimum co-payment and/or no
9 deductibles for the benefits mandated by this chapter; however, in no instance shall the co-
10 payment ~~or deductible~~ amount be greater than the co-payment ~~or deductible~~ amount imposed for
11 other supplies, equipment or physician office visits. Benefits for services under this section shall
12 be reimbursed in accordance with the respective principles and mechanisms of reimbursement for
13 each insurer, hospital, or medical service corporation, or health maintenance organization.

14 SECTION 5. This act shall take effect upon passage and shall apply to health insurance
15 contracts, plans, or policies delivered, issued or renewed on or after July 1, 2014.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO INSURANCE - ACCIDENT AND SICKNESS INSURANCE POLICIES

1 This act would add coverage for the treatment of juvenile diabetes to sickness insurance
2 policies, nonprofit hospital and medical service corporations, and health maintenance
3 organizations and apply to Medicaid recipients for policies issued or renewed on or after July 1,
4 2014.

5 This act would take effect upon passage and would apply to health insurance contracts,
6 plans, or policies delivered, issued or renewed on or after July 1, 2014.

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