

# HB5407



## 96TH GENERAL ASSEMBLY

### State of Illinois

2009 and 2010

HB5407

Introduced 2/5/2010, by Rep. William Davis

#### SYNOPSIS AS INTRODUCED:

215 ILCS 5/356w

Amends the Illinois Insurance Code to include in the requirement for diabetes self-management training and education coverage, coverage for the treatment of pain associated with complications of diabetes, including, but not limited to, diabetic peripheral neuropathy.

LRB096 17948 RPM 33316 b

A BILL FOR

1 AN ACT concerning insurance.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Illinois Insurance Code is amended by  
5 changing Section 356w as follows:

6 (215 ILCS 5/356w)

7 Sec. 356w. Diabetes self-management training and  
8 education.

9 (a) A group policy of accident and health insurance that is  
10 amended, delivered, issued, or renewed after the effective date  
11 of this amendatory Act of 1998 shall provide coverage for  
12 outpatient self-management training and education, equipment,  
13 and supplies, as set forth in this Section, for the treatment  
14 of type 1 diabetes, type 2 diabetes, and gestational diabetes  
15 mellitus.

16 (b) As used in this Section:

17 "Diabetes self-management training" means instruction in  
18 an outpatient setting which enables a diabetic patient to  
19 understand the diabetic management process and daily  
20 management of diabetic therapy as a means of avoiding frequent  
21 hospitalization and complications. Diabetes self-management  
22 training shall include the content areas listed in the National  
23 Standards for Diabetes Self-Management Education Programs as

1 published by the American Diabetes Association, including  
2 medical nutrition therapy.

3 "Medical nutrition therapy" shall have the meaning  
4 ascribed to "medical nutrition care" in the Dietetic and  
5 Nutrition Services Practice Act.

6 "Physician" means a physician licensed to practice  
7 medicine in all of its branches providing care to the  
8 individual.

9 "Qualified provider" for an individual that is enrolled in:

10 (1) a health maintenance organization that uses a  
11 primary care physician to control access to specialty care  
12 means (A) the individual's primary care physician licensed  
13 to practice medicine in all of its branches, (B) a  
14 physician licensed to practice medicine in all of its  
15 branches to whom the individual has been referred by the  
16 primary care physician, or (C) a certified, registered, or  
17 licensed network health care professional with expertise  
18 in diabetes management to whom the individual has been  
19 referred by the primary care physician.

20 (2) an insurance plan means (A) a physician licensed to  
21 practice medicine in all of its branches or (B) a  
22 certified, registered, or licensed health care  
23 professional with expertise in diabetes management to whom  
24 the individual has been referred by a physician.

25 (c) Coverage under this Section for diabetes  
26 self-management training, including medical nutrition

1 education, shall be limited to the following:

2 (1) Up to 3 medically necessary visits to a qualified  
3 provider upon initial diagnosis of diabetes by the  
4 patient's physician or, if diagnosis of diabetes was made  
5 within one year prior to the effective date of this  
6 amendatory Act of 1998 where the insured was a covered  
7 individual, up to 3 medically necessary visits to a  
8 qualified provider within one year after that effective  
9 date.

10 (2) Up to 2 medically necessary visits to a qualified  
11 provider upon a determination by a patient's physician that  
12 a significant change in the patient's symptoms or medical  
13 condition has occurred. A "significant change" in  
14 condition means symptomatic hyperglycemia (greater than  
15 250 mg/dl on repeated occasions), severe hypoglycemia  
16 (requiring the assistance of another person), onset or  
17 progression of diabetes, or a significant change in medical  
18 condition that would require a significantly different  
19 treatment regimen.

20 Payment by the insurer or health maintenance organization  
21 for the coverage required for diabetes self-management  
22 training pursuant to the provisions of this Section is only  
23 required to be made for services provided. No coverage is  
24 required for additional visits beyond those specified in items  
25 (1) and (2) of this subsection.

26 Coverage under this subsection (c) for diabetes

1 self-management training shall be subject to the same  
2 deductible, co-payment, and co-insurance provisions that apply  
3 to coverage under the policy for other services provided by the  
4 same type of provider.

5 (d) Coverage shall be provided for the following equipment  
6 when medically necessary and prescribed by a physician licensed  
7 to practice medicine in all of its branches. Coverage for the  
8 following items shall be subject to deductible, co-payment and  
9 co-insurance provisions provided for under the policy or a  
10 durable medical equipment rider to the policy:

- 11 (1) blood glucose monitors;
- 12 (2) blood glucose monitors for the legally blind;
- 13 (3) cartridges for the legally blind; and
- 14 (4) lancets and lancing devices.

15 This subsection does not apply to a group policy of  
16 accident and health insurance that does not provide a durable  
17 medical equipment benefit.

18 (e) Coverage shall be provided for the following  
19 pharmaceuticals and supplies when medically necessary and  
20 prescribed by a physician licensed to practice medicine in all  
21 of its branches. Coverage for the following items shall be  
22 subject to the same coverage, deductible, co-payment, and  
23 co-insurance provisions under the policy or a drug rider to the  
24 policy:

- 25 (1) insulin;
- 26 (2) syringes and needles;

- 1 (3) test strips for glucose monitors;
- 2 (4) FDA approved oral agents used to control blood
- 3 sugar; ~~and~~
- 4 (5) glucagon emergency kits; and -
- 5 (6) the treatment of pain associated with
- 6 complications of diabetes, including, but not limited to,
- 7 diabetic peripheral neuropathy.

8 This subsection does not apply to a group policy of

9 accident and health insurance that does not provide a drug

10 benefit.

11 (f) Coverage shall be provided for regular foot care exams

12 by a physician or by a physician to whom a physician has

13 referred the patient. Coverage for regular foot care exams

14 shall be subject to the same deductible, co-payment, and

15 co-insurance provisions that apply under the policy for other

16 services provided by the same type of provider.

17 (g) If authorized by a physician, diabetes self-management

18 training may be provided as a part of an office visit, group

19 setting, or home visit.

20 (h) This Section shall not apply to agreements, contracts,

21 or policies that provide coverage for a specified diagnosis or

22 other limited benefit coverage.

23 (Source: P.A. 90-741, eff. 1-1-99.)