SB3565 Engrossed

1 AN ACT concerning insurance.

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

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

6 (215 ILCS 5/356w)

7 Sec. 356w. Diabetes self-management training and8 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 an outpatient setting which enables a diabetic patient to 18 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 Standards for Diabetes Self-Management Education Programs as 23

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published by the American Diabetes Association, including
 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.

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"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) а 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 in diabetes management to whom the individual has been 18 19 referred by the primary care physician.

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

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

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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 patient's physician or, if diagnosis of diabetes was made 4 5 within one year prior to the effective date of this amendatory Act of 1998 where the insured was a covered 6 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 provider upon a determination by a patient's physician that 11 12 a significant change in the patient's symptoms or medical 13 occurred. A "significant change" condition has 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 condition that would require a significantly different 18 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

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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:

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(1) blood glucose monitors;

12 (2) blood glucose monitors for the legally blind;

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(3) cartridges for the legally blind; and

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(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.

provided 18 (e) Coverage shall be for the following 19 pharmaceuticals and supplies when medically necessary and 20 prescribed by a physician licensed to practice medicine in all of its branches. Coverage for the following items shall be 21 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;

(2) syringes and needles;

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(3) test strips for glucose monitors;

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2 (4) FDA approved oral agents used to control blood
3 sugar; and

(5) glucagon emergency kits; and -

5 <u>(6) the treatment of pain associated with</u> 6 <u>complications of diabetes, including, but not limited to,</u> 7 <u>diabetic peripheral neuropathy.</u>

8 This subsection does not apply to a group policy of 9 accident and health insurance that does not provide a drug 10 benefit.

(f) Coverage shall be provided for regular foot care exams by a physician or by a physician to whom a physician has referred the patient. Coverage for regular foot care exams shall be subject to the same deductible, co-payment, and co-insurance provisions that apply under the policy for other services provided by the same type of provider.

(g) If authorized by a physician, diabetes self-management training may be provided as a part of an office visit, group setting, or home visit.

(h) This Section shall not apply to agreements, contracts,
or policies that provide coverage for a specified diagnosis or
other limited benefit coverage.

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