

1 AN ACT concerning regulation.

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 and education programs that allow the
3 patient to maintain an A1c level within the range identified in
4 nationally recognized standards of care.

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

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

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

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

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

1 (c) Coverage under this Section for diabetes
2 self-management training, including medical nutrition
3 education, shall be limited to the following:

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

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

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

1 (1) and (2) of this subsection.

2 Coverage under this subsection (c) for diabetes
3 self-management training shall be subject to the same
4 deductible, co-payment, and co-insurance provisions that apply
5 to coverage under the policy for other services provided by the
6 same type of provider.

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

13 (1) blood glucose monitors;

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

15 (3) cartridges for the legally blind; and

16 (4) lancets and lancing devices.

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

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

1 (1) insulin;

2 (2) syringes and needles;

3 (3) test strips for glucose monitors;

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

6 (5) glucagon emergency kits.

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

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

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

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

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