

# HB5037



## 97TH GENERAL ASSEMBLY

### State of Illinois

2011 and 2012

HB5037

Introduced 2/7/2012, by Rep. Michael W. Tryon

#### SYNOPSIS AS INTRODUCED:

215 ILCS 5/356w

Amends the Illinois Insurance Code in the provision concerning diabetes self-management training and education. Makes a change to the list of pharmaceuticals and supplies for which coverage shall be provided when medically necessary and prescribed by a physician licensed to practice medicine in all of its branches to include all commercially available insulin preparations, including insulin analog preparations available in a vial or cartridge (now insulin). Effective immediately.

LRB097 16795 RPM 61975 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 and education programs, as defined by  
3 the contract of insurance, that allow the patient to maintain  
4 an A1c level within the range identified in nationally  
5 recognized standards of care.

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

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

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

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

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

1 the individual has been referred by a physician.

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

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

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

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

1 required for additional visits beyond those specified in items  
2 (1) and (2) of this subsection.

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

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

- 14 (1) blood glucose monitors;  
15 (2) blood glucose monitors for the legally blind;  
16 (3) cartridges for the legally blind; and  
17 (4) lancets and lancing devices.

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

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

1 policy:

2 (1) all commercially available insulin preparations,  
3 including insulin analog preparations available in a vial  
4 or cartridge insulin;

5 (2) syringes and needles;

6 (3) test strips for glucose monitors;

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

9 (5) glucagon emergency kits.

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

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

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

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

25 (Source: P.A. 97-281, eff. 1-1-12.)

26 Section 99. Effective date. This Act takes effect upon

1 becoming law.