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2024 -- S 2082

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2024

AN ACT

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators Murray, Lauria, Valverde, DiMario, Euer, Bell, Miller, and Bissaillon Date Introduced: January 12, 2024

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

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

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27-18-38. Diabetes treatment.

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

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

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

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

16 (d) Commencing January 1, 2025, coverage for equipment and supplies for insulin 17 administration and glucose monitoring shall have a cap on the amount that a covered person is 18 required to pay for such equipment and supplies at no more than twenty-five dollars (\$25.00) per a 19 supply lasting thirty (30) days, or per item when an item is intended to be used for longer than thirty 20 (30) days. Coverage for such equipment and supplies shall not be subject to any annual deductible. 21 If the application of the cap to a specific item of equipment or supply before a covered person has 22 met their plan's deductible would result in health saving account ineligibility under 26 U.S.C. § 23 223, then the cap would only apply to that specific item of equipment or supply after the covered 24 person has met their plan's deductible. 25 SECTION 2. Section 27-19-35 of the General Laws in Chapter 27-19 entitled "Nonprofit

26 Hospital Service Corporations" is hereby amended to read as follows:

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27-19-35. Diabetes treatment.

(a) Every individual or group health insurance contract, plan, or policy delivered, issued for delivery, or renewed in this state that provides medical coverage that includes coverage for physician services in a physician's office, and every policy that provides major medical or similar comprehensive-type coverage shall include coverage for the following equipment and supplies for the treatment of insulin treated diabetes, non-insulin treated diabetes, and gestational diabetes when medically appropriate and prescribed by a physician: blood glucose monitors and blood glucose monitors for the legally blind, test strips for glucose monitors and/or visual reading, insulin,

injection aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances to the 1 2 pumps, insulin infusion devices, and oral agents for controlling blood sugar and therapeutic/molded 3 shoes for the prevention of amputation. Upon the approval of new or improved diabetes equipment 4 and supplies by the Food and Drug Administration, all policies governed by this chapter shall 5 guarantee coverage of new diabetes equipment and supplies when medically appropriate and prescribed by a physician. The policies shall also include coverage, when medically necessary, for 6 7 diabetes self-management education to ensure that persons with diabetes are instructed in the self-8 management and treatment of their diabetes, including information on the nutritional management 9 of diabetes. The coverage for self-management education and education relating to medical 10 nutrition therapy shall be limited to medically necessary visits upon the diagnosis of diabetes, where 11 a physician diagnoses a significant change in the patient's symptoms or conditions that necessitates 12 changes in a patient's self-management, or where reeducation or refresher training is necessary. 13 This education, when medically necessary and prescribed by a physician, may be provided only by 14 the physician or upon his or her referral by an appropriately licensed and certified healthcare 15 provider and may be conducted in group settings. Coverage for self-management education and 16 education relating to medical nutrition therapy shall also include home visits when medically 17 necessary.

(b) Benefit plans offered by a hospital service corporation may impose copayment or deductibles, or both, for the benefits mandated by this chapter, however, in no instance shall the copayment or deductible amount be greater than the copayment or deductible amount imposed for other supplies, equipment, or physician office visits. Benefits for services under this chapter shall be reimbursed in accordance with the respective principles and mechanisms of reimbursement for each insurer, hospital, or medical service corporation, or health maintenance organization.

24 (c) Commencing January 1, 2025, coverage for equipment and supplies for insulin 25 administration and glucose monitoring shall have a cap on the amount that a covered person is 26 required to pay for such equipment and supplies at no more than twenty-five dollars (\$25.00) per a 27 supply lasting thirty (30) days, or per item when an item is intended to be used for longer than thirty 28 (30) days. Coverage for such equipment and supplies shall not be subject to any annual deductible. 29 If the application of the cap to a specific item of equipment or supply before a covered person has 30 met their plan's deductible would result in health saving account ineligibility under 26 U.S.C. § 31 223, then the cap would only apply to that specific item of equipment or supply after the covered 32 person has met their plan's deductible. 33 SECTION 3. Section 27-20-30 of the General Laws in Chapter 27-20 entitled "Nonprofit

34 Medical Service Corporations" is hereby amended to read as follows:

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27-20-30. Diabetes treatment.

2 (a) Every individual or group health insurance contract, plan, or policy delivered, issued 3 for delivery, or renewed in this state that provides medical coverage that includes coverage for 4 physician services in a physician's office, and every policy that provides major medical or similar 5 comprehensive-type coverage, shall include coverage for the following equipment and supplies for the treatment of insulin treated diabetes, non-insulin treated diabetes, and gestational diabetes when 6 7 medically appropriate and prescribed by a physician: blood glucose monitors and blood glucose 8 monitors for the legally blind; test strips for glucose monitors and/or visual reading, insulin, 9 injection aids, cartridges for the legally blind, syringes, insulin pumps, and appurtenances to the 10 pumps, insulin infusion devices, and oral agents for controlling blood sugar and therapeutic/molded 11 shoes for the prevention of amputation. Upon the approval of new or improved diabetes equipment 12 and supplies by the Food and Drug Administration, all policies governed by this chapter shall 13 guarantee coverage of new diabetes equipment and supplies when medically appropriate and 14 prescribed by a physician. These policies shall also include coverage, when medically necessary, 15 for diabetes self-management education to ensure that persons with diabetes are instructed in the 16 self-management and treatment of their diabetes, including information on the nutritional 17 management of diabetes. The coverage for self-management education and education relating to 18 medical nutrition therapy shall be limited to medically necessary visits upon the diagnosis of 19 diabetes, where a physician diagnoses a significant change in the patient's symptoms or conditions 20 that necessitates changes in a patient's self-management, or where reeducation or refresher training 21 is necessary. This education, when medically necessary and prescribed by a physician, may be 22 provided only by the physician or, upon his or her referral, to an appropriately licensed and certified healthcare provider, and may be conducted in group settings. Coverage for self-management 23 24 education and education relating to medical nutrition therapy shall also include home visits when 25 medically necessary.

(b) Benefit plans offered by a medical service corporation may impose copayment or deductibles or both for the benefits mandated by this chapter, however, in no instance shall the copayment or deductible amount be greater than the copayment or deductible amount imposed for other supplies, equipment, or physician office visits. Benefits for services under this chapter shall be reimbursed in accordance with the respective principles and mechanisms of reimbursement for each insurer, hospital, or medical service corporation, or health maintenance organization.

32 (c) Commencing January 1, 2025, coverage for equipment and supplies for insulin
 33 administration and glucose monitoring shall have a cap on the amount that a covered person is
 34 required to pay for such equipment and supplies at no more than twenty-five dollars (\$25.00) per a

supply lasting thirty (30) days, or per item when an item is intended to be used for longer than thirty
(30) days. Coverage for such equipment and supplies shall not be subject to any annual deductible.
If the application of the cap to a specific item of equipment or supply before a covered person has
met their plan's deductible would result in health saving account ineligibility under 26 U.S.C. §
223, then the cap would only apply to that specific item of equipment or supply after the covered
person has met their plan's deductible.

SECTION 4. Section 27-41-44 of the General Laws in Chapter 27-41 entitled "Health

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Maintenance Organizations" is hereby amended to read as follows: 27-41-44. Diabetes treatment.

10 (a) Every individual or group health insurance contract, plan, or policy delivered, issued 11 for delivery, or renewed in this state that provides medical coverage that includes coverage for 12 physician services in a physician's office and every policy that provides major medical or similar 13 comprehensive-type coverage shall include coverage for the following equipment and supplies for 14 the treatment of insulin treated diabetes, non-insulin treated diabetes, and gestational diabetes when 15 medically appropriate and prescribed by a physician: blood glucose monitors and blood glucose 16 monitors for the legally blind, test strips for glucose monitors and visual reading, insulin, injection 17 aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances to them, insulin 18 infusion devices, oral agents for controlling blood sugar, and therapeutic/molded shoes for the 19 prevention of amputation. Upon the approval of new or improved diabetes equipment and supplies 20 by the Food and Drug Administration, all policies governed by this chapter shall guarantee 21 coverage of this new diabetes equipment and supplies when medically appropriate and prescribed 22 by a physician. These policies shall also include coverage, when medically necessary, for diabetes self-management education to ensure that persons with diabetes are instructed in the self-23 24 management and treatment of their diabetes, including information on the nutritional management 25 of diabetes. This coverage for self-management education and education relating to medical 26 nutrition therapy shall be limited to medically necessary visits upon the diagnosis of diabetes, where 27 a physician diagnoses a significant change in the patient's symptoms or conditions that necessitates 28 changes in a patient's self-management, or where reeducation or refresher training is necessary. 29 This education, when medically necessary and prescribed by a physician, may be provided only by 30 the physician or, upon his or her referral to an appropriately licensed and certified healthcare 31 provider and may be conducted in group settings. Coverage for self-management education and 32 education relating to medical nutrition therapy shall also include home visits when medically 33 necessary.

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(b) Benefit plans offered by a health maintenance organization may impose copayment or

deductibles, or both, for the benefits mandated by this chapter. However, in no instance shall the copayment or deductible amount be greater than the copayment or deductible amount imposed for other supplies, equipment, or physician office visits. Benefits for services under this chapter shall be reimbursed in accordance with the respective principles and mechanisms of reimbursement for each insurer, hospital, or medical service corporation, or health maintenance organization.

- 6 (c) Commencing January 1, 2025, coverage for equipment and supplies for insulin 7 administration and glucose monitoring shall have a cap on the amount that a covered person is 8 required to pay for such equipment and supplies at no more than twenty-five dollars (\$25.00) per a 9 supply lasting thirty (30) days, or per item when an item is intended to be used for longer than thirty 10 (30) days. Coverage for such equipment and supplies shall not be subject to any annual deductible. 11 If the application of the cap to a specific item of equipment or supply before a covered person has 12 met their plan's deductible would result in health saving account ineligibility under 26 U.S.C. § 13 223, then the cap would only apply to that specific item of equipment or supply after the covered 14 person has met their plan's deductible. 15 SECTION 5. Chapter 36-12 of the General Laws entitled "Insurance Benefits" is hereby 16 amended by adding thereto the following section: 17 36-12-2.6. Health insurance benefits - Diabetes treatment. 18 Commencing when the next health insurance plan for employees of the State of Rhode 19 Island is purchased or renewed by the director of administration pursuant to § 36-12-6, it shall be 20 required that coverage for equipment and supplies for insulin administration and glucose 21 monitoring shall have a cap on the amount that a covered person is required to pay for such 22 equipment and supplies at no more than twenty-five dollars (\$25.00) per a supply lasting thirty (30) 23 days, or per item when an item is intended to be used for longer than thirty (30) days. Coverage for 24 such equipment and supplies shall not be subject to any annual deductible. If the application of the 25 cap to a specific item of equipment or supply before a covered person has met their plan's deductible would result in health saving account ineligibility under 26 U.S.C. § 223, then the cap would only 26 27 apply to that specific item of equipment or supply after the covered person has met their plan's 28 deductible.
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SECTION 6. This act shall take effect upon passage.

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EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

AN ACT

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

1 This act would cap the amount that a covered person is required to pay for insulin 2 administration and glucose monitoring equipment and supplies at twenty-five dollars (\$25.00) per 3 thirty (30) day supply or per item when an item is intended to be used for longer than thirty (30) 4 days and would prohibit any deductible for the equipment and supplies. The coverage would 5 commence on January 1, 2025.

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This act would take effect upon passage.

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