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HOUSE BILL NO. 1376

Offered January 24, 2000

A BILL to amend and reenact § 38.2-3418.10 of the Code of Virginia, relating to accident and sickness insurance; coverage for diabetes.

Patrons—Armstrong and Day; Senator: Reynolds

Referred to Committee on Corporations, Insurance and Banking

Be it enacted by the General Assembly of Virginia:

1. That § 38.2-3418.10 of the Code of Virginia is amended and reenacted as follows:

§ 38.2-3418.10. Coverage for diabetes.

A. Each insurer proposing to issue an individual or group hospital policy or major medical policy in this Commonwealth, each corporation proposing to issue an individual or group hospital, medical or major medical subscription contract, and each health maintenance organization providing a health care plan for health care services shall provide coverage for diabetes as provided in this section.

B. Such coverage shall include benefits for equipment, supplies and *in-person* outpatient self-management training and education, including medical nutrition therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and noninsulin-using diabetes if prescribed by a health care professional legally authorized to prescribe such items under law. *As used herein, the terms "equipment" and "supplies" shall not be considered durable medical equipment.*

C. To qualify for coverage under this section, diabetes outpatient self-management training and education shall be provided by a certified, registered or licensed health care professional. *A managed care health insurance plan, as defined in Chapter 35 (§ 38.2-5800 et seq.) of this title, may require such health care professional to be a member of the plan's provider network; provided, however, that such network includes sufficient health care professionals who are qualified by specific education, experience, and credentials to provide the covered benefits described in this section.*

D. No insurer, corporation, or health maintenance organization shall impose upon any person receiving benefits pursuant to this section any copayment, fee or condition that is not equally imposed upon all individuals in the same benefit category, *nor shall any insurer, corporation or health maintenance organization impose any policy or calendar year dollar or durational benefit limitations or maximums for benefits or services provided under this section.*

E. The requirements of this section shall apply to all insurance policies, contracts and plans delivered, issued for delivery, reissued, or extended on and after July 1, 1999, or at any time thereafter when any term of the policy, contract or plan is changed or any premium adjustment is made.

F. This section shall not apply to short-term travel, accident only, limited or specified disease, or individual conversion policies or contracts, nor to policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or federal governmental plans.

INTRODUCED

HB1376