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**HOUSE BILL NO. 645**

Offered January 8, 2020

Prefiled January 6, 2020

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

Patrons—Price, Delaney, Hope, Kory, Rasoul and Simon

Referred to Committee on Labor and Commerce

**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 the 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 (i) *FDA-approved insulin, if prescribed by a licensed practitioner and such policy, plan, or contract includes a prescription drug benefit;* (ii) *equipment, including blood glucose monitors, accessible blood glucose monitors for individuals who are legally blind, cartridges for the legally blind, and lancets and lancing devices;* (iii) *supplies, including syringes and needles, FDA-approved agents used to control blood sugar, and glucagon emergency kits;* (iv) *continuous blood glucose monitoring for individuals who are using insulin;* (v) *regular foot care and eye care exams provided by a certified, registered, or licensed health care professional; and in-person outpatient* (vi) *self-management training and education, either in-person outpatient or through telemedicine, 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. *Such coverage for self-management training and education, including medical nutrition therapy, shall include (i) up to three outpatient visits upon an individual receiving an initial diagnosis of diabetes, or if the individual was diagnosed in the year immediately preceding January 1, 2021, then up to three medically necessary visits to a qualified provider before January 1, 2022, and (ii) up to two medically necessary visits to a qualified provider upon a determination that a significant change in the patient's symptoms or medical condition has occurred. A "significant change in condition" means symptomatic hyperglycemia, greater than 250 mg/dl on repeated occasions, severe hypoglycemia requiring the assistance of another person, onset or progression of diabetes, or a significant change in medical condition that would require a significantly different treatment regimen.*

D. To qualify for coverage under this section, diabetes in-person 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 58 (§ 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 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.~~ E. 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-year or calendar-year dollar or durational benefit limitations or maximums for benefits or services provided under this section.

F. *Benefits or services provided under this section shall be exempt from any deductible. Such exemption shall be expressly stated on the policy, contract, or plan providing such coverage.*

~~E.~~ G. 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, 2000, or at any time thereafter when any term of the policy, contract or plan is changed or any premium adjustment is made.

~~F.~~ H. This section shall not apply to short-term travel, accident only, or limited or specified disease 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.

**2. That notwithstanding the provisions of subsection G of § 38.2-3418.10 of the Code of Virginia,**

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59 as amended by this act, the provisions of this act shall apply to any insurance policy, contract, or  
60 plan delivered, issued for delivery, reissued, or extended on and after January 1, 2021, or at any  
61 time thereafter when any term of the policy, contract, or plan is changed or any premium  
62 adjustment is made.