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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2023

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators Murray, Valverde, Lauria, Acosta, Euer, Picard, F. Lombardi,  
Ciccone, Britto, and DiPalma

Date Introduced: February 16, 2023

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

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

3 **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  
6 physician services in a physician's office, and every policy which provides major medical or similar  
7 comprehensive-type coverage, except for supplemental policies which only provide coverage for  
8 specified diseases and other supplemental policies, shall include coverage for the following  
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.

15 (b) Upon the approval of new or improved diabetes equipment and supplies by the Food  
16 and Drug Administration, all policies governed by this section shall guarantee coverage of new  
17 diabetes equipment and supplies when medically appropriate and prescribed by a physician. These  
18 policies shall also include coverage, when medically necessary, for diabetes self-management  
19 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  
6 medically necessary and prescribed by a physician, may be provided only by the physician or, upon  
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, 2024, 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:

27 **27-19-35. Diabetes treatment.**

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

1 injection aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances to the  
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  
6 prescribed by a physician. The policies shall also include coverage, when medically necessary, for  
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 diagnoses of diabetes,  
11 where a physician diagnosis a significant change in the patient's symptoms or conditions which  
12 necessitate changes in a patient's self-management, or where reeducation or refresher training is  
13 necessary. This education, when medically necessary and prescribed by a physician, may be  
14 provided only by the physician or upon his or her referral by an appropriately licensed and certified  
15 health care provider and may be conducted in group settings. Coverage for self-management  
16 education and education relating to medical nutrition therapy shall also include home visits when  
17 medically necessary.

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

24 (c) Commencing January 1, 2024, 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:

1           **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 which provides medical coverage that includes coverage for  
4 physician services in a physician's office, and every policy which provides major medical or similar  
5 comprehensive-type coverage, shall include coverage for the following equipment and supplies for  
6 the treatment of insulin treated diabetes, non-insulin treated diabetes, and gestational diabetes when  
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/molde d  
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 diagnosis a significant change in the patient's symptoms or conditions  
20 which necessitate changes in a patient's self-management, or where reeducation or refresher  
21 training is necessary. This education, when medically necessary and prescribed by a physician, may  
22 be provided only by the physician or, upon his or her referral, to an appropriately licensed and  
23 certified health care provider, and may be conducted in group settings. Coverage for self-  
24 management education and education relating to medical nutrition therapy shall also include home  
25 visits when medically necessary.

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

32           [\(c\) Commencing January 1, 2024, 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](#)

1 supply lasting thirty (30) days, or per item when an item is intended to be used for longer than thirty  
2 (30) days. Coverage for such equipment and supplies shall not be subject to any annual deductible.  
3 If the application of the cap to a specific item of equipment or supply before a covered person has  
4 met their plan's deductible would result in health saving account ineligibility under 26 U.S.C. §  
5 223, then the cap would only apply to that specific item of equipment or supply after the covered  
6 person has met their plan's deductible.

7 SECTION 4. Section 27-41-44 of the General Laws in Chapter 27-41 entitled "Health  
8 Maintenance Organizations" is hereby amended to read as follows:

9 **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 which provides medical coverage that includes coverage for  
12 physician services in a physician's office and every policy which 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  
23 self-management education to ensure that persons with diabetes are instructed in the self-  
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 which  
28 necessitate changes in a patient's self-management, or where reeducation or refresher training is  
29 necessary. This education, when medically necessary and prescribed by a physician, may be  
30 provided only by the physician or, upon his or her referral to an appropriately licensed and certified  
31 health care provider and may be conducted in group settings. Coverage for self-management  
32 education and education relating to medical nutrition therapy shall also include home visits when  
33 medically necessary.

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

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

6 (c) Commencing January 1, 2024, 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  
26 would result in health saving account ineligibility under 26 U.S.C. § 223, then the cap would only  
27 apply to that specific item of equipment or supply after the covered person has met their plan's  
28 deductible.

29 SECTION 6. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

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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, 2024.

6           This act would take effect upon passage.

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