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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2024

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators Murray, Lauria, Valverde, Euer, Bell, Miller, and Bissailon

Date Introduced: January 12, 2024

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, 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:

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 that provides medical coverage that includes coverage for
30 physician services in a physician's office, and every policy that 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 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.

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

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 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
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/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
23 healthcare provider, and may be conducted in group settings. Coverage for self-management
24 education and education relating to medical nutrition therapy shall also include home visits when
25 medically necessary.

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

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 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
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 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.

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

1 deductibles, or both, 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, 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
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

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.

6 This act would take effect upon passage.

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