2SSB 5178 - H COMM AMD NOT ADOPTED 4-11-97

3 By Committee on Health Care

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- 5 Strike everything after the enacting clause and insert the 6 following:
- 7 "NEW SECTION. Sec. 1. A new section is added to chapter 41.05 RCW 8 to read as follows:
- 9 The legislature finds that diabetes imposes a significant health 10 risk and tremendous financial burden on the citizens and government of 11 the state of Washington, and that access to the medically accepted 12 standards of care for diabetes, its treatment and supplies, and self-13 management training and education is crucial to prevent or delay the 14 short and long-term complications of diabetes and its attendant costs.
- 15 (1) The definitions in this subsection apply throughout this 16 section unless the context clearly requires otherwise.
- 17 (a) "Person with diabetes" means a person diagnosed by a health 18 care provider as having insulin using diabetes, noninsulin using 19 diabetes, or elevated blood glucose levels induced by pregnancy; and
- 20 (b) "Health care provider" means a health care provider as defined 21 in RCW 48.43.005.
- (2) All state-purchased health care purchased or renewed after the effective date of this act, except the basic health plan described in chapter 70.47 RCW, shall provide benefits for at least the following services and supplies for persons with diabetes to the extent that benefits are available under the health benefit plan for similar services or supplies for other common illnesses and diseases:
- 28 (a) Appropriate and medically necessary equipment and supplies, as prescribed by a health care provider, that includes but is not limited 29 30 to insulin, syringes, injection aids, blood glucose monitors, test strips for blood glucose monitors, visual reading and urine test 31 strips, insulin pumps and accessories to the pumps, insulin infusion 32 devices, prescriptive oral agents for controlling blood sugar levels, 33 34 foot care appliances for prevention of complications associated with 35 diabetes, and glucagon emergency kits; and

- (b) Outpatient self-management training and education, including 1 medical nutrition therapy, as ordered by the health care provider. 2 Diabetes outpatient self-management training and education may be 3 4 provided only by, or under the direction of, health care providers with expertise in diabetes. Nothing in this section prevents any state 5 agency purchasing health care according to this section 6 7 restricting patients to seeing only health care providers who have 8 signed participating provider agreements with that state agency or an 9 insuring entity under contract with that state agency.
 - (3) Coverage required under this section may be subject to normal health plan structures and benefits options offered by the Washington state health care authority and the associated normal cost-sharing provisions established for all other similar services or supplies within a policy.

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- 15 (4) Health care coverage may not be reduced or eliminated due to 16 this section.
- 17 (5) Services required under this section shall be covered when 18 deemed medically necessary by the medical director, or his or her 19 designee, subject to any referral and formulary requirements.
- NEW SECTION. Sec. 2. A new section is added to chapter 48.20 RCW to read as follows:
 - The legislature finds that diabetes imposes a significant health risk and tremendous financial burden on the citizens and government of the state of Washington, and that access to the medically accepted standards of care for diabetes, its treatment and supplies, and self-management training and education is crucial to prevent or delay the short and long-term complications of diabetes and its attendant costs.
- 28 (1) The definitions in this subsection apply throughout this 29 section unless the context clearly requires otherwise.
- 30 (a) "Person with diabetes" means a person diagnosed by a health 31 care provider as having insulin using diabetes, noninsulin using 32 diabetes, or elevated blood glucose levels induced by pregnancy; and
- 33 (b) "Health care provider" means a health care provider as defined 34 in RCW 48.43.005.
- 35 (2) All disability insurance contracts providing health care 36 services, delivered or issued for delivery in this state and issued or 37 renewed after the effective date of this act, shall provide benefits 38 for at least the following services and supplies for persons with

1 diabetes to the extent that benefits are available under the health 2 benefit plan for similar services or supplies for other common 3 illnesses and diseases:

- 4 (a) Appropriate and medically necessary equipment and supplies, as 5 prescribed by a health care provider, that includes but is not limited to insulin, syringes, injection aids, blood glucose monitors, test 6 7 strips for blood glucose monitors, visual reading and urine test strips, insulin pumps and accessories to the pumps, insulin infusion 8 devices, prescriptive oral agents for controlling blood sugar levels, 9 10 foot care appliances for prevention of complications associated with 11 diabetes, and glucagon emergency kits; and
- (b) Outpatient self-management training and education, including 12 13 medical nutrition therapy, as ordered by the health care provider. Diabetes outpatient self-management training and education may be 14 15 provided only by, or under the direction of, health care providers with 16 expertise in diabetes. Nothing in this section prevents the insurer 17 from restricting patients to seeing only health care providers who have signed participating provider agreements with the insurer or an 18 19 insuring entity under contract with the insurer.
 - (3) Coverage required under this section may be subject to normal health plan structures and benefits options offered by disability insurance contractors and the associated normal cost-sharing provisions established for all other similar services or supplies within a policy.

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- 24 (4) Health care coverage may not be reduced or eliminated due to 25 this section.
- (5) Services required under this section shall be covered when deemed medically necessary by the medical director, or his or her designee, subject to any referral and formulary requirements.
- 29 (6) The insurer need not include the coverage required in this 30 section in a group contract offered to an employer or other group that 31 offers to its eligible enrollees a self-insured health plan not subject 32 to mandated benefits status under this title that does not offer 33 coverage similar to that mandated under this section.
- 34 (7) This section does not apply to the health benefit plan that 35 provides benefits identical to the schedule of services covered by the 36 basic health plan, as required by RCW 48.20.028.
- NEW SECTION. Sec. 3. A new section is added to chapter 48.21 RCW to read as follows:

The legislature finds that diabetes imposes a significant health risk and tremendous financial burden on the citizens and government of the state of Washington, and that access to the medically accepted standards of care for diabetes, its treatment and supplies, and self-management training and education is crucial to prevent or delay the short and long-term complications of diabetes and its attendant costs.

(1) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.

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- 9 (a) "Person with diabetes" means a person diagnosed by a health 10 care provider as having insulin using diabetes, noninsulin using 11 diabetes, or elevated blood glucose levels induced by pregnancy; and
- 12 (b) "Health care provider" means a health care provider as defined 13 in RCW 48.43.005.
- (2) All group disability insurance contracts and blanket disability insurance contracts providing health care services, issued or renewed after the effective date of this act, shall provide benefits for at least the following services and supplies for persons with diabetes to the extent that benefits are available under the health benefit plan for similar services or supplies for other common illnesses and diseases:
- (a) Appropriate and medically necessary equipment and supplies, as 21 prescribed by a health care provider, that includes but is not limited 22 to insulin, syringes, injection aids, blood glucose monitors, test 23 24 strips for blood glucose monitors, visual reading and urine test 25 strips, insulin pumps and accessories to the pumps, insulin infusion 26 devices, prescriptive oral agents for controlling blood sugar levels, 27 foot care appliances for prevention of complications associated with 28 diabetes, and glucagon emergency kits; and
- 29 (b) Outpatient self-management training and education, including 30 medical nutrition therapy, as ordered by the health care provider. Diabetes outpatient self-management training and education may be 31 provided only by, or under the direction of, health care providers with 32 33 expertise in diabetes. Nothing in this section prevents the insurer from restricting patients to seeing only health care providers who have 34 35 signed participating provider agreements with the insurer or an insuring entity under contract with the insurer. 36
- 37 (3) Coverage required under this section may be subject to normal 38 health plan structures and benefits options offered by group and 39 blanket disability insurers and the associated normal cost-sharing

- 1 provisions established for all other similar services or supplies 2 within a policy.
- 3 (4) Health care coverage may not be reduced or eliminated due to 4 this section.
- 5 (5) Services required under this section shall be covered when 6 deemed medically necessary by the medical director, or his or her 7 designee, subject to any referral and formulary requirements.
- 8 (6) The insurer need not include the coverage required in this 9 section in a group contract offered to an employer or other group that 10 offers to its eligible enrollees a self-insured health plan not subject 11 to mandated benefits status under this title that does not offer 12 coverage similar to that mandated under this section.
- 13 (7) This section does not apply to the health benefit plan that 14 provides benefits identical to the schedule of services covered by the 15 basic health plan, as required by RCW 48.21.045.
- NEW SECTION. Sec. 4. A new section is added to chapter 48.44 RCW to read as follows:
- The legislature finds that diabetes imposes a significant health risk and tremendous financial burden on the citizens and government of the state of Washington, and that access to the medically accepted standards of care for diabetes, its treatment and supplies, and self-management training and education is crucial to prevent or delay the short and long-term complications of diabetes and its attendant costs.
- 24 (1) The definitions in this subsection apply throughout this 25 section unless the context clearly requires otherwise.
- 26 (a) "Person with diabetes" means a person diagnosed by a health 27 care provider as having insulin using diabetes, noninsulin using 28 diabetes, or elevated blood glucose levels induced by pregnancy; and
- 29 (b) "Health care provider" means a health care provider as defined 30 in RCW 48.43.005.
- (2) All health benefit plans offered by health care service contractors, issued or renewed after the effective date of this act, shall provide benefits for at least the following services and supplies for persons with diabetes to the extent that benefits are available under the health benefit plan for similar services or supplies for other common illnesses and diseases:
- 37 (a) Appropriate and medically necessary equipment and supplies, as 38 prescribed by a health care provider, that includes but is not limited

- to insulin, syringes, injection aids, blood glucose monitors, test strips for blood glucose monitors, visual reading and urine test strips, insulin pumps and accessories to the pumps, insulin infusion devices, prescriptive oral agents for controlling blood sugar levels, foot care appliances for prevention of complications associated with diabetes, and glucagon emergency kits; and
- 7 (b) Outpatient self-management training and education, including 8 medical nutrition therapy, as ordered by the health care provider. 9 Diabetes outpatient self-management training and education may be 10 provided only by, or under the direction of, health care providers with expertise in diabetes. Nothing in this section prevents the health 11 care services contractor from restricting patients to seeing only 12 13 health care providers who have signed participating provider agreements with the health care services contractor or an insuring entity under 14 15 contract with the health care services contractor.
 - (3) Coverage required under this section may be subject to normal health plan structures and benefits options offered by the health care service contractor and the associated normal cost-sharing provisions established for all other similar services or supplies within a policy.

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- (4) Health care coverage may not be reduced or eliminated due to this section.
- (5) Services required under this section shall be covered when deemed medically necessary by the medical director, or his or her designee, subject to any referral and formulary requirements.
- 25 (6) The health care service contractor need not include the 26 coverage required in this section in a group contract offered to an 27 employer or other group that offers to its eligible enrollees a self-28 insured health plan not subject to mandated benefits status under this 29 title that does not offer coverage similar to that mandated under this 30 section.
- 31 (7) This section does not apply to the health benefit plans that 32 provide benefits identical to the schedule of services covered by the 33 basic health plan, as required by RCW 48.44.022 and 48.44.023.
- NEW SECTION. Sec. 5. A new section is added to chapter 48.46 RCW to read as follows:
- The legislature finds that diabetes imposes a significant health risk and tremendous financial burden on the citizens and government of the state of Washington, and that access to the medically accepted

standards of care for diabetes, its treatment and supplies, and selfmanagement training and education is crucial to prevent or delay the short and long-term complications of diabetes and its attendant costs.

4 (1) The definitions in this subsection apply throughout this 5 section unless the context clearly requires otherwise.

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- (a) "Person with diabetes" means a person diagnosed by a health care provider as having insulin using diabetes, noninsulin using diabetes, or elevated blood glucose levels induced by pregnancy; and
- 9 (b) "Health care provider" means a health care provider as defined 10 in RCW 48.43.005.
- 11 (2) All health benefit plans offered by health maintenance 12 organizations, issued or renewed after the effective date of this act, 13 shall provide benefits for at least the following services and supplies 14 for persons with diabetes to the extent that benefits are available 15 under the health benefit plan for similar services or supplies for 16 other common illnesses and diseases:
- 17 (a) Appropriate and medically necessary equipment and supplies, as prescribed by a health care provider, that includes but is not limited 18 19 to insulin, syringes, injection aids, blood glucose monitors, test strips for blood glucose monitors, visual reading and urine test 20 strips, insulin pumps and accessories to the pumps, insulin infusion 21 devices, prescriptive oral agents for controlling blood sugar levels, 22 23 foot care appliances for prevention of complications associated with 24 diabetes, and glucagon emergency kits; and
 - (b) Outpatient self-management training and education, including medical nutrition therapy, as ordered by the health care provider. Diabetes outpatient self-management training and education may be provided only by, or under the direction of, health care providers with expertise in diabetes. Nothing in this section prevents the health maintenance organization from restricting patients to seeing only health care providers who have signed participating provider agreements with the health maintenance organization or an insuring entity under contract with the health maintenance organization.
- 34 (3) Coverage required under this section may be subject to normal 35 health plan structures and benefits options offered by health 36 maintenance organizations and the associated normal cost-sharing 37 provisions established for all other similar services or supplies 38 within a policy.

- 1 (4) Health care coverage may not be reduced or eliminated due to 2 this section.
- 3 (5) Services required under this section shall be covered when 4 deemed medically necessary by the medical director, or his or her 5 designee, subject to any referral and formulary requirements.
- 6 (6) The health maintenance organization need not include the 7 coverage required in this section in a group contract offered to an 8 employer or other group that offers to its eligible enrollees a self-9 insured health plan not subject to mandated benefits status under this 10 title that does not offer coverage similar to that mandated under this 11 section.
- 12 (7) This section does not apply to the health benefit plans that 13 provide benefits identical to the schedule of services covered by the 14 basic health plan, as required by RCW 48.46.064 and 48.46.066.
- 15 <u>NEW SECTION.</u> **Sec. 6.** This act takes effect January 1, 1998.
- NEW SECTION. Sec. 7. A new section is added to chapter 43.131 RCW to read as follows:
- The diabetes cost reduction act shall be terminated on June 30, 19 2001.
- NEW SECTION. **Sec. 8.** A new section is added to chapter 43.131 RCW to read as follows:
- The following acts or parts of acts, as now existing or hereafter amended, are each repealed, effective June 30, 2002.
- 24 (1) RCW 41.05.--- and 1997 c . . . s 1 (section 1 of this act);
- 25 (2) RCW 48.20.--- and 1997 c . . . s 2 (section 2 of this act);
- 26 (3) RCW 48.21.--- and 1997 c . . . s 3 (section 3 of this act);
- 27 (4) RCW 48.44.--- and 1997 c . . . s 4 (section 4 of this act); and
- 28 (5) RCW 48.46.--- and 1997 c . . . s 5 (section 5 of this act)."
- 29 Correct the title.