

FEB 16 1999

COMMERCE AND REGULATION

HOUSE FILE  
BY FOEGE

**292**

Passed House, Date \_\_\_\_\_

Passed Senate, Date \_\_\_\_\_

Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

Approved \_\_\_\_\_

**A BILL FOR**

1 An Act relating to coverage under a policy or contract providing  
2 for third-party payment or prepayment of health or medical  
3 expenses by requiring coverage for costs associated with the  
4 treatment of diabetes.

5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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**HF 292**

1 Section 1. NEW SECTION. 514C.14 DIABETES COVERAGE.

2 1. a. Notwithstanding the uniformity of treatment  
3 requirements of section 514C.6, a policy or contract providing  
4 for third-party payment or prepayment of health or medical  
5 expenses shall provide coverage benefits for the costs  
6 associated with equipment, supplies, and related services for  
7 the treatment of type I, type II, and gestational and  
8 secondary diabetes, impaired fasting glucose, and impaired  
9 glucose tolerance, when prescribed by a licensed health care  
10 provider authorized to prescribe such items, including the  
11 following:

12 (1) Blood glucose monitors, including necessary equipment  
13 and supplies.

14 (2) Blood glucose monitors for the visually impaired,  
15 including necessary equipment and supplies.

16 (3) Visual reading and urine test strips.

17 (4) Insulin.

18 (5) Injection aids.

19 (6) Cartridges for the legally blind.

20 (7) Syringes and needles, lancing devices, and lancets.

21 (8) Insulin pumps and necessary appurtenances to such  
22 pumps.

23 (9) Insulin infusion devices.

24 (10) Oral and injectable agents for treating and  
25 controlling blood sugar levels.

26 (11) Podiatric appliances for prevention of complications  
27 associated with diabetes.

28 b. A policy or contract under this section shall also  
29 provide coverage for the following:

30 (1) Podiatric health care provider services as are deemed  
31 medically necessary to prevent complications from diabetes.

32 (2) Diabetes self-management training, including medically  
33 necessary inpatient or outpatient instruction and training  
34 which enables a diabetic patient to understand the diabetic  
35 management process and daily management of diabetic therapy.

1 (3) Diabetes self-management education provided by a  
2 licensed dietitian registered by the American diabetic  
3 association, a health care provider certified by the national  
4 certification board of diabetes educators as a certified  
5 diabetes educator, a registered nurse providing education in  
6 connection with a diabetes education program certified by the  
7 American diabetes association or the state, or a licensed  
8 pharmacist qualified with regard to diabetes management and  
9 education by institutions recognized by the board of pharmacy.

10 2. The commissioner, based upon reasonable evidence as to  
11 cost-effectiveness, shall by rule develop and annually update  
12 a list of additional health care provider services, equipment,  
13 and supplies to be included under the coverage required in  
14 this section. Additional equipment and supplies to be  
15 included by rule of the commissioner must be approved by the  
16 federal food and drug administration. Additional health care  
17 provider services shall be determined in consultation with the  
18 Iowa department of public health and a minimum of three  
19 medical directors associated with health benefit plans as  
20 selected by the department.

21 3. This section applies to the following classes of third-  
22 party payment provider contracts or policies delivered, issued  
23 for delivery, continued, or renewed in this state on or after  
24 July 1, 1999:

25 a. Individual or group accident and sickness insurance  
26 providing coverage on an expense-incurred basis.

27 b. An individual or group hospital or medical service  
28 contract issued pursuant to chapter 509, 514, or 514A.

29 c. An individual or group health maintenance organization  
30 contract regulated under chapter 514B.

31 d. An individual or group Medicare supplemental policy,  
32 unless coverage pursuant to such policy is preempted by  
33 federal law.

34 e. Any other entity engaged in the business of insurance,  
35 risk transfer, or risk retention, which is subject to the

1 jurisdiction of the commissioner.

2 f. A plan established pursuant to chapter 509A for public  
3 employees.

4 g. An organized delivery system licensed by the director  
5 of public health.

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EXPLANATION

7 This bill provides that a third-party payor of health or  
8 medical expenses shall provide coverage benefits to an insured  
9 or enrollee for the costs associated with equipment, supplies,  
10 and self-management training and education for the treatment  
11 of type I, type II, and gestational and secondary diabetes,  
12 impaired fasting glucose, and impaired glucose tolerance when  
13 prescribed by a licensed health care provider authorized to  
14 prescribe such items. The bill identifies certain services,  
15 equipment, and supplies for which coverage is provided and  
16 grants authority to the insurance commissioner to include by  
17 rule additional services, equipment, and supplies in the  
18 coverage required in this section.

19 The bill provides that the new Code section applies to  
20 third-party payor contracts or policies delivered, issued for  
21 delivery, continued, or renewed in this state on or after July  
22 1, 1999, by an individual or group accident and sickness  
23 insurance policy providing coverage on an expense-incurred  
24 basis; an individual or group hospital or medical service  
25 contract issued pursuant to Code chapter 509, 514, or 514A; an  
26 individual or group health maintenance organization contract  
27 regulated under Code chapter 514B; an individual or group  
28 Medicare supplemental policy, unless coverage pursuant to such  
29 policy is preempted by federal law; any other entity engaged  
30 in the business of insurance, risk transfer, or risk  
31 retention, which is subject to the jurisdiction of the  
32 commissioner; a plan established pursuant to Code chapter 509A  
33 for public employees; and an organized delivery system  
34 licensed by the director of public health.

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