

LEGISLATIVE BILL 99

Approved by the Governor April 28, 1999

Introduced by Schimek, 27; Dierks, 40; Janssen, 15; Matzke, 47; Preister, 5; Suttle, 10; Thompson, 14; Tyson, 19

AN ACT relating to insurance; to require coverage for diabetes-related equipment, supplies, medication, and education; and to provide an operative date.

Be it enacted by the people of the State of Nebraska,

Section 1. (1) Notwithstanding section 44-3,131, (a) any individual or group sickness and accident insurance policy or subscriber contract delivered, issued for delivery, or renewed in this state and any hospital, medical, or surgical expense-incurred policy, except for policies that provide coverage for a specified disease or other limited-benefit coverage, and (b) any self-funded employee benefit plan to the extent not preempted by federal law shall include coverage for the equipment, supplies, medication, and outpatient self-management training and patient management, including medical nutrition therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin-using diabetes if prescribed by a health care professional legally authorized by law to prescribe such items.

(2) The equipment, supplies, medication, and patient management for the use of the equipment, supplies, and medication listed in this subsection shall be included in the coverage required by this section: Blood glucose monitors; blood glucose monitors for the legally blind; test strips for glucose monitors; urine testing strips; insulin; injection aids; lancet and lancet devices; syringes; insulin pumps and all supplies for the pump; insulin infusion devices; oral agents for controlling blood sugars; glucose agents and glucagon kits; insulin measurement and administration aids for the visually impaired; patient management materials that provide essential diabetes self-management information; and podiatric appliances for the prevention of complications associated with diabetes.

(3) The benefits under this section shall be provided for the patient upon the diagnosis of diabetes, when a significant change occurs in the patient's symptoms or condition that necessitates changes in a patient's self-management, or when refresher patient management is necessary. The benefits shall cover home visits when medically necessary and prescribed by a health care professional legally authorized by law to prescribe such items. Patient management may be conducted individually or in a group setting as long as there is medical necessity.

(4) Diabetes self-management training and patient management, including medical nutrition therapy, shall be provided by an American Diabetes Association Recognized Diabetes Self-Management Education Program or a health care professional that is a diabetes educator certified by the National Certification Board for Diabetes Educators.

(5) Physician-prescribed diabetes self-management training and patient management shall be covered at diagnosis, when symptoms or conditions change, and when new medications or treatments are prescribed. Diabetes self-management education must be deemed to be medically necessary by a physician to be eligible for coverage and such coverage shall not exceed five hundred dollars in a two-year period.

(6) This section does not prevent application of (a) deductible or copayment provisions or network incentives contained in the policy or health benefit plan or (b) outpatient care provisions in policies or health benefit plans that extend coverage primarily in relation to hospital confinement or surgery. This section does not require that coverage under an individual or group policy or health benefit plan be extended to any other procedures. Private third-party payors may not reduce or eliminate coverage due to this section.

(7) For purposes of this section, patient management means educational and training services furnished to an individual with diabetes in an outpatient setting by an individual or entity with experience in diabetes, in consultation with the physician who is managing the patient's condition, which physician certifies that such services are needed under a comprehensive plan of care related to the individual's condition to ensure therapy or compliance or to provide the individual with necessary skills and knowledge, including skills related to the self-administration of injectable drugs which participate in the management of the individual's condition.

(8) Reimbursement for coverage shall be in amounts reasonably negotiated by the health care professional and the private third-party payor.
Sec. 2. This act becomes operative on October 1, 1999.