

AN ACT

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To require health benefit plans to provide coverage for all medically appropriate and necessary

diabetes equipment, diabetes supplies, and diabetes outpatient self-management training and educational services, including medical nutrition therapy, that an insured's health care provider certifies is necessary for the treatment of insulin-using diabetes, gestational diabetes, and non-insulin using diabetes.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Diabetes Health Insurance Coverage Expansion Act of 2000".

*Codification
District of
Columbia
Code
2001 Supp.*

Sec. 2. Definitions.

For the purposes of this act, the term:

(1) "Health benefit plan" means an accident and health insurance policy or certificate, hospital and medical services corporation contract, health maintenance organization subscriber contract, plan provided by a multiple employer welfare arrangement, or plan provided by another benefit arrangement. The term "health benefit plan" shall not mean accident only, credit, or disability insurance; coverage of medicare services or federal employee health plans under contracts with the United States Government; medicare supplement or long-term care insurance; specified disease insurance; hospital confinement indemnity coverage; limited benefit health coverage; coverage issued as a supplement to liability insurance; insurance arising out of a workers' compensation or similar law; automobile medical payment insurance; medical expense and loss of income benefits; or insurance under which benefits are payable with or without regard to fault and which is statutorily required to be contained in a liability insurance policy or equivalent self-insurance.

(2) "Health insurer" means a person that provides one or more health benefit plans or insurance in the District of Columbia, including an insurer, a hospital and medical services corporation, a fraternal benefit society, a health maintenance organization, a multiple employer welfare arrangement, or any other person providing a plan of health insurance subject

to the authority of the Commissioner of the Department of Insurance and Securities Regulation.

(3) "Insured" means a person covered by a health benefit plan.

Sec. 3. Payable benefits.

A health benefit plan shall provide coverage for the equipment, supplies, and other outpatient self-management training and education, including medical nutritional 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 to prescribe such item.

Sec. 4. Nondiscrimination.

No health insurer shall:

(1) Require an insured to pay a higher deductible, copayment, or coinsurance; require a longer waiting period; or impose any other condition for coverage of any of the benefits set forth in this act other than is required for other benefits covered by the insured's health benefit plan;

(2) Refuse to issue a health benefit plan solely because an applicant may use any of the benefits covered by this act;

(3) Cancel a health benefit plan solely because an insured has used any of the benefits covered by this act;

(4) Offer to pay any type of material inducement or financial incentive to an insured to discourage the insured from using any of the benefits covered by this act; or

(5) Offer to pay any type of financial or other material incentive to a health care provider to deny, reduce, withhold, limit, or delay to an insured any of the benefits covered by this act.

Sec. 5. Applicability.

(a) The requirements of this act shall apply to all health benefit plans issued, delivered, renewed, or reissued on the 91st day after the effective date of this act.

(b) All health benefit plans other than the health benefit plans specified in subsection (a) of this section shall comply with the requirements of this act within 180 days after the date specified in subsection (a) of this section.

Sec. 6. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Code § 1-233(c)(3)).

Sec. 7. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the

ENROLLED ORIGINAL

Mayor, action by the Council to override the veto), approval by the Financial Responsibility and Management Assistance Authority as provided in section 203(a) of the District of Columbia Financial Responsibility and Management Assistance Act of 1995, approved April 17, 1995 (109 Stat. 116; D.C. Code § 47-392.3(a)), a 30-day period of Congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Code § 1-233(c)(1)), and publication in the District of Columbia Register.

Chairman
Council of the District of Columbia

Mayor
District of Columbia