

FIRST REGULAR SESSION

# HOUSE BILL NO. 151

## 91ST GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE TROUPE.

Pre-filed December 14, 2000, and 1000 copies ordered printed.

ANNE C. WALKER, Chief Clerk

0746L.011

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### AN ACT

To repeal section 376.385, RSMo 2000, relating to insurance coverage for diabetes, and to enact in lieu thereof one new section relating to the same subject.

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*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Section 376.385, RSMo 2000, is repealed and one new section enacted in lieu thereof, to be known as section 376.385, to read as follows:

376.385. 1. Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a health services corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements, to the extent not preempted by federal law, and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed in this state on or after January 1, [1998, shall offer] **2002, shall provide** coverage for all physician-prescribed medically appropriate and necessary equipment **(including any meter the patient feels comfortable with), medications,** supplies and self-management training used in the management and treatment of diabetes. Coverage shall include persons with gestational, type I or type II diabetes.

2. Health care services required by this section shall not be subject to any greater deductible or co-payment than any other health care service provided by the policy, contract or plan.

3. No entity enumerated in subsection 1 of this section may reduce or eliminate coverage due to the requirements of this section.

**EXPLANATION — Matter enclosed in bold faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.**

17           4. Nothing in this section shall apply to accident-only, specified disease, hospital  
18 indemnity, Medicare supplement, long-term care, or other limited benefit health insurance  
19 policies.

20           **5. The costs of prescriptions for the management and treatment of diabetes shall**  
21 **not be included in determining whether or the extent to which a maximum prescription**  
22 **benefit has been met.**

23           **6. Self-management training shall be covered where and by whom the covered**  
24 **person's physician requests.**

25           **7. Rates and premiums for insurance coverage shall not be determined based on**  
26 **the fact that any person proposed to be covered has diabetes.**

27           **8. Each entity offering coverage pursuant to this section shall include in its network**  
28 **a panel of endocrinologists to which an enrollee may appeal any denial of care by such**  
29 **enrollee's physician if such physician is not an endocrinologist.**

30           **9. Insurers shall not raise co-payments, coinsurance or deductibles to cover the cost**  
31 **of coverage pursuant to this section.**