

HOUSE AMENDMENT 1 TO hb1797.

deleting sections 1 through 5 of the bill and substituting the following:

"SECTION 1. As used in this act:

(1) "Diabetes self-management training" means instruction in an inpatient or outpatient setting including medical nutrition therapy relating to diet, caloric intake and diabetes management, excluding programs the primary purposes of which are weight reduction, which enables diabetic patients to understand the diabetic management process and daily management of diabetic therapy as a method of avoiding frequent hospitalizations and complications when the instruction is provided in accordance with a program in compliance with the National Standards for Diabetes Self-Management Education Program as developed by the American Diabetes Association;

(2) "Health insurance policy" means a group insurance policy, contract or plan or an individual policy, contract or plan which provides medical coverage on an expense incurred, service, or prepaid risk-sharing basis. The term includes, but is not limited to, a policy, contract, or plan issued by an entity subject to any the following laws:

(A) the Arkansas Insurance Code, A.C.A. § 23-60-101, et seq.;

(B) A.C.A. § 23-74-101, et seq. relating to fraternal benefit societies;

(C) A.C.A. § 23-75-101, et seq. pertaining to hospital medical service corporations;

(D) A.C.A. § 23-76-101, et seq. pertaining to health maintenance organizations; and

(E) any successor law of the foregoing.

(3) "Health care insurer" means any insurance company, fraternal benefit society, hospital and medical services corporation, or health maintenance organization issuing or delivering a health insurance policy subject to any the following laws:

(A) the Arkansas Insurance Code, A.C.A. § 23-60-101, et seq.;

(B) A.C.A. § 23-74-101, et seq. relating to fraternal benefit societies;

(C) A.C.A. § 23-75-101, et seq. pertaining to hospital medical service corporations;

(D) A.C.A. § 23-76-101, et seq. pertaining to health maintenance organizations; and

(E) any successor law of the foregoing.

SECTION 2. (a) Every health insurance policy shall include coverage for one per lifetime training program per insured for diabetes self-management training when medically necessary as determined by a physician and when provided by an appropriately licensed health care professional upon certification by the health care professional providing the training that the insured patient has successfully completed the training.

(b) Every health care insurer shall offer, in addition to the one lifetime training program provided in subsection (a), additional diabetes self-management training in the event that a physician prescribes additional diabetes self-management training and it is medically necessary because of a significant change in the insured s symptoms or conditions.

(c) A licensed health care professional shall only provide diabetes self-management training within his or her scope of practice after having demonstrated expertise in diabetes care and treatment and after having completed an educational program required by his or her licensing board when that program is in compliance with the National Standards for Diabetes Self-Management Education Program as developed by the American Diabetes Association.

(d) Diabetes self-management training shall be provided only upon prescription by a physician licensed under § 17-95-201, et seq.

(e) Nothing in this act shall be construed to prohibit health care insurers from selectively negotiating contracts with qualified providers of diabetes self-management training programs.

SECTION 3. (a) Every health insurance policy shall include medical coverage for medically necessary equipment, supplies and services for the treatment of Type I, Type II, and gestational diabetes, when prescribed by a physician licensed under § 17-95-201 et seq.

(b) The coverage required by this section shall be consistent with that established for other services covered by a given health insurance policy in regards to any of the following:

(1) deductibles, coinsurance, other patient cost-sharing amounts or out-of-pocket limits; or

(2) prior authorization or other utilization review requirements or processes.

SECTION 4. This act shall not be construed as prohibiting a health insurance policy from excluding from coverage diabetes self management training or equipment, supplies and related services for the treatment of Type I, Type II, or gestational diabetes when the training, equipment, supplies and services are not medically necessary, provided that the medical necessity determination is made in accordance with generally accepted standards of the medical profession and other applicable laws and regulations.

SECTION 5. The Insurance Department shall develop and promulgate regulations to implement the provisions of this act.

SECTION 6. (a) This act shall apply to any health insurance policy that is

delivered, issued for delivery, renewed, extended, or modified in this state on or after the effective date of this act.

(b) If a health insurance policy provides coverage or benefits to an Arkansas resident, the policy shall be deemed to be delivered in this state within the meaning of this act, regardless of whether the health care insurer or other entity that provides the coverage is located within or outside of Arkansas.

SECTION 7. This act shall not apply to:

(1) long-term care plans;

(2) disability income plans;

(3) short-term non-renewable individual health insurance policies that expire after six (6) months;

(4) medical payments under homeowner or automobile insurance policies; and

(5) workers compensation insurance."

AND

by appropriately re-numbering subsequent sections of the bill.