

# HOUSE BILL 86

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CF SB 656

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By: **Delegate Barron**

Introduced and read first time: January 12, 2018

Assigned to: Health and Government Operations

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Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 20, 2018

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Health Insurance – Coverage for Elevated or Impaired Blood Glucose Levels**  
3 **~~and~~, Prediabetes, and Obesity Treatment**

4 FOR the purpose of authorizing certain insurers, nonprofit health service plans, and health  
5 maintenance organizations to provide reimbursement for certain services for the  
6 treatment of prediabetes and obesity; requiring certain insurers, nonprofit health  
7 service plans, and health maintenance organizations to provide coverage for certain  
8 equipment, supplies, training, and services for the treatment of certain blood glucose  
9 levels induced by pregnancy or prediabetes; providing for the application of this Act;  
10 providing for a delayed effective date; and generally relating to health insurance  
11 coverage for the treatment of elevated or impaired blood glucose levels ~~and~~,  
12 prediabetes, and obesity.

13 BY repealing and reenacting, with amendments,

14 Article – Insurance  
15 Section 15–706 and 15–822  
16 Annotated Code of Maryland  
17 (2017 Replacement Volume)

18 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
19 That the Laws of Maryland read as follows:

20 **Article – Insurance**

21 15–706.

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 (a) (1) Subject to subsection (c) of this section, a policy, contract, or certificate  
2 described in § 15–701(a) of this subtitle may provide for reimbursement under § 15–701(a)  
3 of this subtitle for usual, customary, and reasonable charges for services rendered by a  
4 dietitian or nutritionist licensed under the Health Occupations Article if a licensed  
5 physician determines that the services are medically necessary for the treatment of  
6 cardiovascular disease, diabetes, **PREDIABETES**, **OBESITY**, malnutrition, cancer, cerebral  
7 vascular disease, or kidney disease.

8 (2) Application of this subsection is limited to six visits with a dietitian or  
9 nutritionist during a 12–month period for each condition described in paragraph (1) of this  
10 subsection and to services for the treatment of obesity only if provided in conjunction with  
11 the treatment of a condition described in paragraph (1) of this subsection.

12 (b) This section does not require a policy, contract, or certificate described in §  
13 15–701(a) of this subtitle to provide coverage for services rendered by a nutritionist or  
14 dietitian.

15 (c) If a service covered under a policy, contract, or certificate described in §  
16 15–701(a) of this subtitle is provided to a hospital patient by a dietitian or nutritionist:

17 (1) the usual, customary, and reasonable charges of the dietitian or  
18 nutritionist shall be included in the patient’s hospital charges; and

19 (2) the dietitian or nutritionist may not bill the patient separately for the  
20 service.

21 15–822.

22 (a) This section applies to:

23 (1) insurers and nonprofit health service plans that provide hospital,  
24 medical, or surgical benefits to individuals or groups on an expense–incurred basis under  
25 health insurance policies that are issued or delivered in the State; and

26 (2) health maintenance organizations that provide hospital, medical, or  
27 surgical benefits to individuals or groups under contracts that are issued or delivered in  
28 the State.

29 (b) An entity subject to this section shall provide coverage for all medically  
30 appropriate and necessary diabetes equipment, diabetes supplies, and diabetes outpatient  
31 self–management training and educational services, including medical nutrition therapy,  
32 that the insured’s or enrollee’s treating physician or other appropriately licensed health  
33 care provider, or a physician who specializes in the treatment of diabetes, certifies are  
34 necessary for the treatment of:

35 (1) insulin–using diabetes;

1 (2) noninsulin–using diabetes; [or]

2 (3) elevated **OR IMPAIRED** blood glucose levels induced by pregnancy; **OR**

3 (4) **CONSISTENT WITH THE AMERICAN DIABETES ASSOCIATION’S**  
4 **STANDARDS, ELEVATED OR IMPAIRED BLOOD GLUCOSE LEVELS INDUCED BY**  
5 **PREDIABETES.**

6 (c) If certified as necessary under subsection (b) of this section, the diabetes  
7 outpatient self–management training and educational services, including medical nutrition  
8 therapy, to be provided to the insured or enrollee shall be provided through a program  
9 supervised by an appropriately licensed, registered, or certified health care provider whose  
10 scope of practice includes diabetes education or management.

11 (d) (1) Subject to paragraph (2) of this subsection, and except as provided in  
12 paragraph (3) of this subsection, the coverage required under this section may be subject to  
13 the annual deductibles or coinsurance requirements imposed by an entity subject to this  
14 section for similar coverages under the same health insurance policy or contract.

15 (2) Except as provided in paragraph (3) of this subsection, the annual  
16 deductibles or coinsurance requirements imposed under paragraph (1) of this subsection  
17 for the coverage required under this section may not be greater than the annual deductibles  
18 or coinsurance requirements imposed by the entity for similar coverages.

19 (3) (i) Except as provided in subparagraph (ii) of this paragraph, an  
20 entity subject to this section may not impose a deductible, copayment, or coinsurance  
21 requirement on diabetes test strips.

22 (ii) If an insured or enrollee is covered under a high–deductible  
23 health plan, as defined in 26 U.S.C. § 223, an entity subject to this section may subject  
24 diabetes test strips to the deductible requirement of the high–deductible health plan.

25 (e) An entity subject to this section may not reduce or eliminate coverages in its  
26 health insurance policies or contracts due to the requirements of this section.

27 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all  
28 policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or  
29 after January 1, 2019.

30 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect  
31 January 1, 2019.