

Chapter 433

(Senate Bill 656)

AN ACT concerning

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

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

BY repealing and reenacting, with amendments,

Article – Insurance

Section 15–706 and 15–822

Annotated Code of Maryland

(2017 Replacement Volume)

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

Article – Insurance

15–706.

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

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

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

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

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

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

15–822.

(a) This section applies to:

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

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

(b) An entity subject to this section shall 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 the insured’s or enrollee’s treating physician or other appropriately licensed health care provider, or a physician who specializes in the treatment of diabetes, certifies are necessary for the treatment of:

(1) insulin–using diabetes;

(2) noninsulin–using diabetes; [or]

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

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

(c) If certified as necessary under subsection (b) of this section, the diabetes outpatient self–management training and educational services, including medical nutrition therapy, to be provided to the insured or enrollee shall be provided through a program

supervised by an appropriately licensed, registered, or certified health care provider whose scope of practice includes diabetes education or management.

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

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

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

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

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

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

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

Approved by the Governor, May 8, 2018.