

Effective 5/12/2015

31A-22-626 Coverage of diabetes.

- (1) As used in this section, "diabetes" includes individuals with:
 - (a) complete insulin deficiency or type 1 diabetes;
 - (b) insulin resistant with partial insulin deficiency or type 2 diabetes; and
 - (c) elevated blood glucose levels induced by pregnancy or gestational diabetes.
- (2) The commissioner shall establish, by rule, minimum standards of coverage for diabetes for accident and health insurance policies that provide a health insurance benefit before July 1, 2000.
- (3) In making rules under Subsection (2), the commissioner shall require rules:
 - (a) with durational limits, amount limits, deductibles, and coinsurance for the treatment of diabetes equitable or identical to coverage provided for the treatment of other illnesses or diseases; and
 - (b) that provide coverage for:
 - (i) diabetes self-management training and patient management, including medical nutrition therapy as defined by rule, provided by an accredited or certified program and referred by an attending physician within the plan and consistent with the health plan provisions for self-management education:
 - (A) recognized by the federal Centers for Medicare and Medicaid Services; or
 - (B) certified by the Department of Health; and
 - (ii) the following equipment, supplies, and appliances to treat diabetes when medically necessary:
 - (A) blood glucose monitors, including those for the legally blind;
 - (B) test strips for blood glucose monitors;
 - (C) visual reading urine and ketone strips;
 - (D) lancets and lancet devices;
 - (E) insulin;
 - (F) injection aides, including those adaptable to meet the needs of the legally blind, and infusion delivery systems;
 - (G) syringes;
 - (H) prescriptive oral agents for controlling blood glucose levels; and
 - (I) glucagon kits.

Amended by Chapter 258, 2015 General Session