
SECOND SUBSTITUTE SENATE BILL 5178

State of Washington

55th Legislature

1997 Regular Session

By Senate Committee on Ways & Means (originally sponsored by Senators Wood, Wojahn, Deccio, Bauer, Fairley, Goings, Prince, Prentice, Franklin, Horn, Patterson and Winsley)

Read first time 03/10/97.

1 AN ACT Relating to the enactment of the diabetes cost reduction
2 act; adding a new section to chapter 41.05 RCW; adding a new section to
3 chapter 48.20 RCW; adding a new section to chapter 48.21 RCW; adding a
4 new section to chapter 48.44 RCW; adding a new section to chapter 48.46
5 RCW; and providing an effective date.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 NEW SECTION. **Sec. 1.** A new section is added to chapter 41.05 RCW
8 to read as follows:

9 The legislature finds that diabetes imposes a significant health
10 risk and tremendous financial burden on the citizens and government of
11 the state of Washington, and that access to the medically accepted
12 standards of care for diabetes, its treatment and supplies, and self-
13 management training and education is crucial to prevent or delay the
14 short and long-term complications of diabetes and its attendant costs.

15 (1) The definitions in this subsection apply throughout this
16 section unless the context clearly requires otherwise.

17 (a) "Person with diabetes" means a person diagnosed by a health
18 care provider as having insulin using diabetes, noninsulin using
19 diabetes, or elevated blood glucose levels induced by pregnancy; and

1 (b) "Health care provider" means a health care provider as defined
2 in RCW 48.43.005.

3 (2) All state-purchased health care purchased or renewed after the
4 effective date of this act, except the basic health plan described in
5 chapter 70.47 RCW, shall provide services or coverage for services for
6 persons with diabetes, to include at least the following:

7 (a) Appropriate and medically necessary equipment and supplies, as
8 prescribed by a health care provider, that includes but is not limited
9 to insulin, syringes, injection aids, blood glucose monitors, test
10 strips for blood glucose monitors, visual reading and urine test
11 strips, insulin pumps and accessories to the pumps, insulin infusion
12 devices, prescriptive oral agents for controlling blood sugar levels,
13 foot care appliances for prevention of complications associated with
14 diabetes, and glucagon emergency kits; and

15 (b) Outpatient self-management training and education, including
16 medical nutrition therapy, as ordered by the health care provider.
17 Diabetes outpatient self-management training and education may be
18 provided only by health care providers with expertise in diabetes.
19 Nothing in this section prevents any state agency purchasing health
20 care according to this section from restricting patients to seeing only
21 health care providers who have signed participating provider agreements
22 with that state agency or an insuring entity under contract with that
23 state agency.

24 (3) Coverage required under this section may be subject to normal
25 cost-sharing provisions established for all other similar services or
26 supplies within a policy.

27 (4) Health care coverage may not be reduced or eliminated due to
28 this section.

29 (5) Services required under this section shall be covered when
30 deemed medically necessary by the medical director, or his or her
31 designee, subject to any referral and formulary requirements.

32 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.20 RCW
33 to read as follows:

34 The legislature finds that diabetes imposes a significant health
35 risk and tremendous financial burden on the citizens and government of
36 the state of Washington, and that access to the medically accepted
37 standards of care for diabetes, its treatment and supplies, and self-

1 management training and education is crucial to prevent or delay the
2 short and long-term complications of diabetes and its attendant costs.

3 (1) The definitions in this subsection apply throughout this
4 section unless the context clearly requires otherwise.

5 (a) "Person with diabetes" means a person diagnosed by a health
6 care provider as having insulin using diabetes, noninsulin using
7 diabetes, or elevated blood glucose levels induced by pregnancy; and

8 (b) "Health care provider" means a health care provider as defined
9 in RCW 48.43.005.

10 (2) All disability insurance contracts providing health care
11 services, delivered or issued for delivery in this state and issued or
12 renewed after the effective date of this act, shall provide services or
13 coverage for services for persons with diabetes, to include at least
14 the following:

15 (a) Appropriate and medically necessary equipment and supplies, as
16 prescribed by a health care provider, that includes but is not limited
17 to insulin, syringes, injection aids, blood glucose monitors, test
18 strips for blood glucose monitors, visual reading and urine test
19 strips, insulin pumps and accessories to the pumps, insulin infusion
20 devices, prescriptive oral agents for controlling blood sugar levels,
21 foot care appliances for prevention of complications associated with
22 diabetes, and glucagon emergency kits; and

23 (b) Outpatient self-management training and education, including
24 medical nutrition therapy, as ordered by the health care provider.
25 Diabetes outpatient self-management training and education may be
26 provided only by health care providers with expertise in diabetes.
27 Nothing in this section prevents the insurer from restricting patients
28 to seeing only health care providers who have signed participating
29 provider agreements with the insurer or an insuring entity under
30 contract with the insurer.

31 (3) Coverage required under this section may be subject to normal
32 cost-sharing provisions established for all other similar services or
33 supplies within a policy.

34 (4) Health care coverage may not be reduced or eliminated due to
35 this section.

36 (5) Services required under this section shall be covered when
37 deemed medically necessary by the medical director, or his or her
38 designee, subject to any referral and formulary requirements.

1 (6) The insurer need not include the coverage required in this
2 section in a group contract offered to an employer or other group that
3 offers to its eligible enrollees a self-insured health plan not subject
4 to mandated benefits status under this title that does not offer
5 coverage similar to that mandated under this section.

6 (7) This section does not apply to the health benefit plan that
7 provides benefits identical to the schedule of services covered by the
8 basic health plan, as required by RCW 48.20.028.

9 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.21 RCW
10 to read as follows:

11 The legislature finds that diabetes imposes a significant health
12 risk and tremendous financial burden on the citizens and government of
13 the state of Washington, and that access to the medically accepted
14 standards of care for diabetes, its treatment and supplies, and self-
15 management training and education is crucial to prevent or delay the
16 short and long-term complications of diabetes and its attendant costs.

17 (1) The definitions in this subsection apply throughout this
18 section unless the context clearly requires otherwise.

19 (a) "Person with diabetes" means a person diagnosed by a health
20 care provider as having insulin using diabetes, noninsulin using
21 diabetes, or elevated blood glucose levels induced by pregnancy; and

22 (b) "Health care provider" means a health care provider as defined
23 in RCW 48.43.005.

24 (2) All group disability insurance contracts and blanket disability
25 insurance contracts providing health care services, issued or renewed
26 after the effective date of this act, shall provide services or
27 coverage for services for persons with diabetes, to include at least
28 the following:

29 (a) Appropriate and medically necessary equipment and supplies, as
30 prescribed by a health care provider, that includes but is not limited
31 to insulin, syringes, injection aids, blood glucose monitors, test
32 strips for blood glucose monitors, visual reading and urine test
33 strips, insulin pumps and accessories to the pumps, insulin infusion
34 devices, prescriptive oral agents for controlling blood sugar levels,
35 foot care appliances for prevention of complications associated with
36 diabetes, and glucagon emergency kits; and

37 (b) Outpatient self-management training and education, including
38 medical nutrition therapy, as ordered by the health care provider.

1 Diabetes outpatient self-management training and education may be
2 provided only by health care providers with expertise in diabetes.
3 Nothing in this section prevents the insurer from restricting patients
4 to seeing only health care providers who have signed participating
5 provider agreements with the insurer or an insuring entity under
6 contract with the insurer.

7 (3) Coverage required under this section may be subject to normal
8 cost-sharing provisions established for all other similar services or
9 supplies within a policy.

10 (4) Health care coverage may not be reduced or eliminated due to
11 this section.

12 (5) Services required under this section shall be covered when
13 deemed medically necessary by the medical director, or his or her
14 designee, subject to any referral and formulary requirements.

15 (6) The insurer need not include the coverage required in this
16 section in a group contract offered to an employer or other group that
17 offers to its eligible enrollees a self-insured health plan not subject
18 to mandated benefits status under this title that does not offer
19 coverage similar to that mandated under this section.

20 (7) This section does not apply to the health benefit plan that
21 provides benefits identical to the schedule of services covered by the
22 basic health plan, as required by RCW 48.21.045.

23 NEW SECTION. **Sec. 4.** A new section is added to chapter 48.44 RCW
24 to read as follows:

25 The legislature finds that diabetes imposes a significant health
26 risk and tremendous financial burden on the citizens and government of
27 the state of Washington, and that access to the medically accepted
28 standards of care for diabetes, its treatment and supplies, and self-
29 management training and education is crucial to prevent or delay the
30 short and long-term complications of diabetes and its attendant costs.

31 (1) The definitions in this subsection apply throughout this
32 section unless the context clearly requires otherwise.

33 (a) "Person with diabetes" means a person diagnosed by a health
34 care provider as having insulin using diabetes, noninsulin using
35 diabetes, or elevated blood glucose levels induced by pregnancy; and

36 (b) "Health care provider" means a health care provider as defined
37 in RCW 48.43.005.

1 (2) All health benefit plans offered by health care service
2 contractors, issued or renewed after the effective date of this act,
3 shall provide services or coverage for services for persons with
4 diabetes, to include at least the following:

5 (a) Appropriate and medically necessary equipment and supplies, as
6 prescribed by a health care provider, that includes but is not limited
7 to insulin, syringes, injection aids, blood glucose monitors, test
8 strips for blood glucose monitors, visual reading and urine test
9 strips, insulin pumps and accessories to the pumps, insulin infusion
10 devices, prescriptive oral agents for controlling blood sugar levels,
11 foot care appliances for prevention of complications associated with
12 diabetes, and glucagon emergency kits; and

13 (b) Outpatient self-management training and education, including
14 medical nutrition therapy, as ordered by the health care provider.
15 Diabetes outpatient self-management training and education may be
16 provided only by health care providers with expertise in diabetes.
17 Nothing in this section prevents the health care services contractor
18 from restricting patients to seeing only health care providers who have
19 signed participating provider agreements with the health care services
20 contractor or an insuring entity under contract with the health care
21 services contractor.

22 (3) Coverage required under this section may be subject to normal
23 cost-sharing provisions established for all other similar services or
24 supplies within a policy.

25 (4) Health care coverage may not be reduced or eliminated due to
26 this section.

27 (5) Services required under this section shall be covered when
28 deemed medically necessary by the medical director, or his or her
29 designee, subject to any referral and formulary requirements.

30 (6) The health care service contractor need not include the
31 coverage required in this section in a group contract offered to an
32 employer or other group that offers to its eligible enrollees a self-
33 insured health plan not subject to mandated benefits status under this
34 title that does not offer coverage similar to that mandated under this
35 section.

36 (7) This section does not apply to the health benefit plans that
37 provide benefits identical to the schedule of services covered by the
38 basic health plan, as required by RCW 48.44.022 and 48.44.023.

1 NEW SECTION. **Sec. 5.** A new section is added to chapter 48.46 RCW
2 to read as follows:

3 The legislature finds that diabetes imposes a significant health
4 risk and tremendous financial burden on the citizens and government of
5 the state of Washington, and that access to the medically accepted
6 standards of care for diabetes, its treatment and supplies, and self-
7 management training and education is crucial to prevent or delay the
8 short and long-term complications of diabetes and its attendant costs.

9 (1) The definitions in this subsection apply throughout this
10 section unless the context clearly requires otherwise.

11 (a) "Person with diabetes" means a person diagnosed by a health
12 care provider as having insulin using diabetes, noninsulin using
13 diabetes, or elevated blood glucose levels induced by pregnancy; and

14 (b) "Health care provider" means a health care provider as defined
15 in RCW 48.43.005.

16 (2) All health benefit plans offered by health maintenance
17 organizations, issued or renewed after the effective date of this act,
18 shall provide services or coverage for services for persons with
19 diabetes, to include at least the following:

20 (a) Appropriate and medically necessary equipment and supplies, as
21 prescribed by a health care provider, that includes but is not limited
22 to insulin, syringes, injection aids, blood glucose monitors, test
23 strips for blood glucose monitors, visual reading and urine test
24 strips, insulin pumps and accessories to the pumps, insulin infusion
25 devices, prescriptive oral agents for controlling blood sugar levels,
26 foot care appliances for prevention of complications associated with
27 diabetes, and glucagon emergency kits; and

28 (b) Outpatient self-management training and education, including
29 medical nutrition therapy, as ordered by the health care provider.
30 Diabetes outpatient self-management training and education may be
31 provided only by health care providers with expertise in diabetes.
32 Nothing in this section prevents the health maintenance organization
33 from restricting patients to seeing only health care providers who have
34 signed participating provider agreements with the health maintenance
35 organization or an insuring entity under contract with the health
36 maintenance organization.

37 (3) Coverage required under this section may be subject to normal
38 cost-sharing provisions established for all other similar services or
39 supplies within a policy.

1 (4) Health care coverage may not be reduced or eliminated due to
2 this section.

3 (5) Services required under this section shall be covered when
4 deemed medically necessary by the medical director, or his or her
5 designee, subject to any referral and formulary requirements.

6 (6) The health maintenance organization need not include the
7 coverage required in this section in a group contract offered to an
8 employer or other group that offers to its eligible enrollees a self-
9 insured health plan not subject to mandated benefits status under this
10 title that does not offer coverage similar to that mandated under this
11 section.

12 (7) This section does not apply to the health benefit plans that
13 provide benefits identical to the schedule of services covered by the
14 basic health plan, as required by RCW 48.46.064 and 48.46.066.

15 NEW SECTION. **Sec. 6.** This act takes effect January 1, 1998.

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