

TITLE 3: HUMAN RESOURCES
DIVISION 2: HEALTH

§ 2156. Diabetes Health Maintenance Act.

(a) Definitions. For purposes of this section:

(1) “Basic health care benefits”:

(i) Means benefits for medically necessary services consisting of preventive care, emergency care, inpatient and outpatient hospital and physician care, diagnostic laboratory and diagnostic and therapeutic radiological services; and

(ii) Does not include mental health services or services for alcohol or drug abuse, dental or vision services, or long-term rehabilitation treatment.

(2) “Managed health care plan” means a health benefits plan offered by a health care insurer that provides for the delivery of comprehensive basic health care services and medically necessary services to individuals enrolled in the plan through its own employed health care providers. A managed health care plan includes only those plans that provide comprehensive basic health care services to enrollees on a prepaid, capitate basis, including the following:

(i) health maintenance organizations;

(ii) preferred provider organizations;

(iii) individual practice associations;

(iv) competitive medical plans;

(v) exclusive provider organizations;

(vi) integrated delivery systems;

(vii) independent physician-provider organizations;

(viii) physician hospital-provider organizations; and

(ix) managed care services organizations.

(b) *Coverage*. Each individual and group health insurance policy, health care plan, certification of health insurance and managed health care plan delivered or issued for delivery in the Commonwealth of the Northern Mariana Islands shall provide coverage for individuals with insulin-using diabetes and with elevated blood glucose levels induced by pregnancy. This coverage shall be a basic health care benefit and shall entitle each individual to the medically accepted standard of medical care for diabetes and benefits for diabetes treatment as well as diabetes supplies, and this coverage shall not be reduced or eliminated.

(c) *Insurance Deductibles*. Coverage for individuals with diabetes may be subject to deductibles and coinsurance consistent with those imposed on other benefits under the same policy, plan or certificate, as long as the annual deductibles or coinsurance for benefits are no greater than the annual deductibles or coinsurance established for similar benefits within a given policy.

(d) *Equipment and Supplies*. When prescribed or diagnosed by a health care practitioner with prescribing authority, all individuals with diabetes as described in subsection (b) enrolled in health policies described in that section shall be entitled to the following equipment, supplies and appliances to treat diabetes:

(1) Blood glucose monitors, including those for the legally blind;

TITLE 3: HUMAN RESOURCES
DIVISION 2: HEALTH

- (2) Test strips for blood glucose monitors;
- (3) Visual reading urine and ketone strips;
- (4) Lancets and lancet devices;
- (5) Insulin;
- (6) Injection aides, including those adaptable to meet the needs of the legally blind;
- (7) Syringes;
- (8) Prescriptive oral agents for controlling blood sugar levels;
- (9) Pediatric appliances for prevention of feet complications associated with diabetes, including therapeutic molded or depth-inlay shoes, functional orthotics, custom molded inserts, replacement inserts, preventive devices and shoe modifications for prevention and treatment; and
- (10) Glycogen emergency kits.

(e) *Benefits.* When prescribed or diagnosed by an health care practitioner with prescribing authority, all individuals with diabetes as described in subsection (b) enrolled in health policies described in that subsection shall be entitled to the following basic health care benefits:

(1) Diabetes self-management training that shall be provided by a certified, registered or licensed health care professional with recent education in diabetes management, which shall be limited to:

- (i) Medically necessary visits upon the diagnosis of diabetes;
- (ii) Visits following a physician diagnosis that represent a significant change in the patient's symptoms or condition that warrants changes in the patient's self-management; and
- (iii) Visits when re-education or refresher training is prescribed by a health care practitioner with prescribing authority; and

(2) Medical nutrition therapy related to diabetes management.

(f) *Upgraded Equipment and Supplies.* Where upgraded and latest equipment, appliances, prescription drugs for the treatment of diabetes, insulin or supplies for the treatment of diabetes become available and approved by proper authorities, all individual or group health insurance policies as described in this Section shall:

(1) Maintain an adequate formulary to provide these resources to individuals with diabetes; and

(2) Guarantee reimbursement or coverage for the equipment, appliances, prescription drug, insulin or supplies described in this subsection within the limits of the health care plan, policy or certificate.

(g) *Enforcement.* The provisions of subsections (b) through (f) shall be enforced by the Commissioner of Insurance established by 4 CMC § 7104.

(h) *Limitations.* The provisions of this section shall not apply to short-term travel, accident-only, or limited or specified disease policies.

Source: PL 15-125, §§ 3-10, modified.

TITLE 3: HUMAN RESOURCES
DIVISION 2: HEALTH

Commission Comment: The Commission made the following conforming changes pursuant to 1 CMC § 3806: changed occurrences of “this act” to “this section;” changed the references in subsections (d) and (e) above from “Section 4” to “subsection (b)”; and changed the reference in subsection (g) above from “Sections 4 through 8” to “subsections (b) through (f).” PL 15-125, enacted on January 16, 2008, contained the following in addition to severability and savings clauses:

Section 1. Short Title. This Act may be cited as the "Diabetes Health Maintenance Act of 2006".

Section 2. Findings and Purpose. The legislature finds that a large number of individuals in the Commonwealth suffer diabetic disease. In fact, latest data from the Department of Public Health indicates that there were 243 diabetes-related deaths in the CNMI between 1996 and 2000. The legislature further finds that, by ensuring accessibility to necessary supplies and equipment, diabetes complications can be avoided and thereby reducing health care costs. Moreover, since 1995, the American Diabetes Association has led successful efforts in 30 states to pass legislation requiring state-regulated health insurance plans to provide coverage for diabetes supplies and self-management education as part of basic coverage (at no additional cost). The purpose of this legislation, therefore, is to require planning and to impose, upon insurance providers, insurance coverage to individuals who have been inflicted with the diabetes disease as well as coverage for supplies and education.