NATIONAL CONFERENCE *of* STATE LEGISLATURES

The Forum for America's Ideas

NCSL Supplemental Resources for NACDD Diabetes Webinar

Richard Cauchi, Health Program

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10/17/2013

States Address the Costs of Diabetes

A 50-State Budget Survey for Fiscal Year 2012

National Conference of State Legislatures

September 2012

State governments spend millions of dollars treating, educating people and seeking to prevent all forms of diabetes (for example, type 1, type 2, gestational and pre-diabetes) and its complications. Many of these activities are paid for through appropriations, earmarks, or directives made in state budgets or with federal funds or grants. Documenting the scope and financial impact of the diabetes epidemic, the Centers for Disease Control and Prevention (CDC) National Diabetes Fact Sheet notes that the direct medical cost of diabetes in the United States, including pre-diabetes and undiagnosed diabetes, totaled $116 billion in 2007.[1]

Most states faced difficulty and uncertainty in crafting and enacting their annual budgets for fiscal year (FY) 2012—a result of significant shortfalls experienced in 2009-2011, reduced tax collections and an end to federal stimulus funds under the American Recovery and Reinvestment Act (ARRA).

For 2011, actual federal grants to state diabetes prevention and control programs (DPCPs) were 13.2 percent (or $3.6 million) below the grants for FY 2010.

Total State CDC Funding for Diabetes Prevention and Control Programs

2008	$28,370,598
2009	$27,676,039
2010	$27,433,958
2011	$23,804,953

Source: NCSL, June 2012.

As a means to assess how states are responding to the diabetes epidemic, the National Conference of State Legislatures (NCSL) conducted a 50-state analysis of appropriations for FY 2012. This analysis reviewed state budgets and related state budget documents that explicitly identified diabetes programmatic appropriations. The methodology used included reviewing state budgets and supplemental budgets and interviewing staff in state fiscal offices, legislative services and state departments of health. This survey follows upon the first 50-state analysis of FY 2011 state budgets dedicated to spending and appropriations on diabetes activities, published by NCSL in May 2011.[2]

The 2012 report differs somewhat from the 2011 report in that the data and information obtained from states this year generally are more detailed. NCSL staff also conducted more interviews with state budget officials for the 2012 report. As a result, some direct comparisons with the 2011 report may prove challenging.

Table 1 (page 3) provides diabetes spending information in five categories, defined and labeled as follows:

1. **State dollars specifically for diabetes:** Fourteen states appropriated state funds that amounted to $7,664,916 specifically for diabetes treatment, education and/or prevention focused activities. Although the amounts dedicated vary substantially by state, those that provided state dollars specifically for diabetes include Alabama, Delaware, Florida, Hawaii, Kansas, Kentucky, Michigan, Missouri, New Mexico, New York, South Carolina, Tennessee, Virginia and West Virginia. These states are coded as ☑ in the state narratives below.

2. **State, federal and other dollars appropriated specifically for diabetes** across all states and territories totaled $4,282,213 for FY 2012.

3. **State, federal and other dollars that <u>may</u> go toward diabetes related activities** across all states and territories totaled $7,188,569 for FY 2012.

4. **State, federal and other dollars that could in part** go toward chronic disease, prevention, health promotion and numerous diabetes-related co-morbidities across all states and territories totaled $77,974,540 for FY 2012.

5. **FY 2011 actual federal grants to state diabetes prevention and control programs (DPCPs)** totaled $23,804,953, compared to the FY 2010 total of $27,433,958, a reduction of 13.2 percent. Table 2 (page 11) provides a four-year comparison of these CDC grants.

Notes on State Budget Processes

Forty-six states used a budget fiscal year beginning July 1, 2011, and ending June 30, 2012. The exceptions are New York (April 1), Texas (September 1) and Alabama and Michigan (October 1). In some cases, state agencies or grantees are permitted to carry over or continue spending into the following fiscal year. Figures reported in this publication are taken from the enacted or final approved budgets at the start of the fiscal year. Many states include and adopt appropriations of federal money as well as state money. Table 1 separates the source of diabetes funds where possible.

Notes on Table 1

State, federal and other dollars spent on diabetes, chronic disease and prevention in each state for FY 2012, as noted in Table 1, are specific to money appropriated through the state budget. These dollars often can include a mixture of federal, special, state and, in some cases, local funds, including grants and gifts. An important note: the data provided should not be interpreted as a comprehensive spending reference for the state as a whole, since data presented include only money specifically designated in the state budget via the legislature for diabetes-focused actions.

Notes on Important Terms

- **Other**: This designation of expenditures or revenues is applied in a broad and purposefully nonspecific manner in many state budgets. For example, the Tennessee state budget uses the term "Other Revenues" to identify funding sources that generally are from local governments, current services and interdepartmental activities. This term also can include grants, gifts and donations. For the purposes of this publication, *state, federal and other dollars* is the preferred terminology used to describe money appropriated by the legislature where the origins of a revenue source were not apparent in the budget.

Budget Appropriations and Other Legislation

All bill, act and chapter numbers refer to 2011 legislative sessions unless otherwise noted. Analysis is complete through June 30, 2012.

Alabama ☑

The state provided $80,000 in state funds to match $262,407 in federal funding from the Centers for Disease Control and Prevention (CDC) for the Diabetes Prevention and Control Program (DPCP) for FY 2012, according to the Alabama Department of Finance.

Alaska

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. Alaska appropriated $5,000 to membership in health-based nonprofit organizations for FY 2012, including the American Diabetes Association. In 2012, Alaska doubled its FY 2011 appropriation of $50,000 to $100,000 for health promotion aids, such as tobacco cessation incentives and diabetes test kits. The state funds hospital and medical service grants, which include grants made to the American Diabetes Association; for FY 2011 the amount totaled $20,000, and for FY 2012 the total was increased to $30,000 (Chapter No. 3, [CCS H.B. 108, signed by the governor 5/24/11]).

Arizona

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The Disease Control Research Fund—comprised of money appropriated by the Legislature, including any gifts, contributions or other money received by Proposition 204 (the Tobacco Master Settlement Agreement)—totaled $2,051,900 for FY 2011 and $1,990,200 for FY 2012. These funds are to be used for projects or services that advance research in the causes, epide-

Table 1. State, Federal and Other Dollars Allocated by States for Diabetes/Related Chronic Diseases, FY 2012

State/Jurisdiction	State Dollars Specifically for Diabetes	State, Federal and Other Dollars Specifically for Diabetes	State, Federal and Other Dollars that *may* Go Toward Diabetes	Multi-disease State, Federal and Other Dollars that *could* Fund Diabetes Activities	FY 2011 Actual Federal Grants to State DPCPs	State Totals
Alabama	$80,000				$262,407	$342,407
Alaska	$0			$135,000	$350,052	$485,052
Arizona	$0		$1,990,200		$220,332	$2,210,532
Arkansas	$0	$455,787			$404,759	$860,546
California	$0				$922,026	$922,026
Colorado	$0			$125,583	$456,623	$582,206
Connecticut	$0			$434,977	$214,344	$649,321
Delaware	$357				$347,337	$347,694
Florida	$305,015				$581,695	$886,710
Georgia	$0				$202,618	$202,618
Hawaii	$250,000				$295,998	$545,998
Idaho	$0				$276,946	$276,946
Illinois	$0	$1,250,000			$614,958	$1,864,958
Indiana	$0			$2,550,000	$237,258	$2,787,258
Iowa	$0				$189,288	$189,288
Kansas	$560,298		$226,828		$644,470	$1,431,596
Kentucky	$1,000			$10,162,700	$613,528	$10,777,228
Louisiana	$0			$919,644	$133,148	$1,052,792
Maine	$0			$500,000	$295,731	$795,731
Maryland	$0				$271,429	$271,429
Massachusetts	$0		$3,413,076		$769,485	$4,182,561
Michigan	TDTD	$1,855,700			$850,232	$2,705,932
Minnesota	$0		$39,078		$819,133	$858,211
Mississippi	$0			$9,493,019	$256,578	$9,749,597
Missouri	$72,779	$470,322		$5,193,992	$421,537	$6,158,630
Montana	$0				$537,840	$537,840
Nebraska	$0			$1,524,470	$244,259	$1,768,729
Nevada	$0		$2,908		$265,952	$268,860
New Hampshire	$0	$250,404			$258,697	$509,101
New Jersey	$0				$352,355	$352,355
New Mexico	$767,100				$390,413	$1,157,513
New York	$100,000			$7,205,000	$887,027	$8,192,027
North Carolina	$0			$7,001,891	$798,486	$7,800,377
North Dakota	$0				$219,835	$219,835
Ohio	$0			$2,577,251	$661,168	$3,238,419
Oklahoma	$0				$220,403	$220,403
Oregon	$0				$717,980	$717,980
Pennsylvania	$0			$9,659,000	$426,819	$10,085,819
Rhode Island	$0				$675,997	$675,997
South Carolina	$123,470				$599,547	$723,017
South Dakota	$0				$229,249	$229,249
Tennessee	$5,143,500			$10,000,000	$221,788	$15,365,288
Texas	$0		$500,000	$6,526,926	$879,132	$7,906,058
Utah	$0				$737,643	$737,643
Vermont	$0				$218,022	$218,022
Virginia	$156,397				$321,678	$478,075
Washington	$0				$874,392	$874,392
West Virginia	$105,000				$819,155	$924,155
Wisconsin	$0			$268,087	$767,595	$1,035,682
Wyoming	$0		$1,016,479		$195,874	$1,212,353
District of Columbia	$0			$3,697,000	$235,725	$3,932,725
Puerto Rico	$0				$215,058	$215,058
U.S. Virgin Islands	$0				$180,952	$180,952
Total	$7,664,916	$4,282,213	$7,188,569	$77,974,540	$23,804,953	$120,915,191

*Too difficult to determine (TDTD)—Michigan's FY 2012 omnibus budget appropriates $1,855,700 to the Diabetes and Kidney Program for 8.0 FTE. These funds come from the Chronic Disease and Injury Prevention and Health promotion budget, of which $2,562,600 of $28,246,000 are state dollars (general fund, general purpose and restricted revenues).

Source: Research compiled by the National Conference of State Legislatures Health Program; special thanks to the Centers for Disease Control and Prevention and to StateNet for providing detailed information used, in part, to create this table.

miology and prevention of chronic diseases such as diabetes (Chapter 24 [S.B. 1612, signed by the governor 4/6/2011]).

Arkansas
The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The state appropriated a total of $455,787 to diabetes specific programs from two federal grants and one grant for $9,500 from the University of Arkansas Medical School. Another $8,000 of the total funds came from the National Association of Chronic Disease Directors (NACDD), according to the Arkansas Department of Health.

California
The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The state appropriated federal funds in the amount of $2,186,000 for FY 2012-13 for the Prevention of Chronic Disease program, which includes diabetes prevention programs. It is not possible to determine whether these federal funds include some or all of the $922,026 granted to the DPCP by the CDC (Chapter 33 [S.B. 87, signed by the governor with vetoes 6/30/2011]).

Colorado
The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The state appropriated $125,583 in Cash Funds (from the Prevention, Early Detection and Treatment Fund (created in Colo.Rev. Stat., §24-22-117 (2) (d) (I), which consists of revenues from additional state cigarette and tobacco taxes imposed pursuant to Section 21 of Article X of the State Constitution) to the Chronic Disease and Cancer Prevention Grants Program, which includes unspecified money for diabetes prevention programs (Section 2 Chapter 335 [S.B. 209]).

Connecticut
The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The state appropriated $434,977 for fiscal years 2010-11, 2011-12 and 2012-13 for Preventive Health and Health Services, which includes diabetes and other disease specific education programs within the AIDS and Chronic Disease program (LCO No. 8413 [Bill No. 6652]).

Delaware ☑
The budget allocates $357.40 for diabetes activities from $31,084.30 in appropriated special funds received via the Master Settlement Agreement on tobacco funds. The funds will go to the Department of Health and Social Services, Community Health Division for Diabetes (Chapter Number 328 [S.B. 25]).

Florida ☑
The final budget includes $305,015 in grants from the General Fund and aid to the Regional Diabetes Center at the University of Miami. A separate item, *"Specific appropriations SOS, an increase of $206,660 in recurring funds from the General Revenue Fund is provided to the Islet Cell Transplantation to Cure Diabetes Project,"* was struck from the 2012 state budget (Chapter 2011-069 [S.B. 2000, signed by the governor 5/26/2011]).

Georgia
The Georgia state budget did not allocate any funds specifically identified for diabetes programs or initiatives for FY 2012 (Act 223 [H.B. 78]).

Hawaii ☑
The Hawaii Committee on Conference has provided $250,000 in tobacco settlement special funds to support the establishment of a childhood obesity and diabetes program. The program will increase the level of obesity and diabetes-related services, promote awareness, enhance research and data collection and create a task force to develop long-term solutions to this growing problem (Conference Committee Report No. 131-12, page 11 [H.B. 2012]).

Idaho
The Idaho state budget did not allocate any funds specifically identified for diabetes programs or initiatives for FY 2012, according to the 2012 Legislative Fiscal Report prepared by the Iowa Legislative Services Office.

Illinois
The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The budget appropriated $125,000 in grants to the American Diabetes Association and $125,000 to the American Juvenile Diabetes Research Foundation—the total funds of

$250,000 were directly from the Diabetes Research Tax Check-off Fund. The state also appropriated $1 million, payable from the Department of Human Services Federal Projects Fund, for grants and administrative expenses associated with diabetes prevention and control (Public Acts 097-0636 and 097-0642, Chapter 70).

Indiana

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The Indiana state budget allocated $2,550,000 from the Tobacco Master Settlement Agreement Fund (IC 4-12-1-14.3) for the Indiana Minority Health Initiative Program and Projects, within the Indiana Department of Health. These funds went in part to the Central Indiana Alliance for Health Care Quality; its responsibilities include conducting surveillance on diabetes and other conditions using REL data (Race, Ethnicity, and Language Data Collection Efforts). A portion of the same funds also went toward the state diabetes self-management program, aimed at prevention efforts targeting racial/ethnic minority adults who have diabetes or are at risk of developing diabetes and to "Search Your Heart," which conducts workshops on topics such as diabetes. Lastly, these funds include money for the Community Health Education Series, which aims to address diabetes in a comprehensive manner (Act No. 1001).

Iowa

The state of Iowa does not appropriate any funding specifically identified for diabetes programs or initiatives, according to the Iowa Department of Public Health, Bureau of Chronic Disease Prevention and Management.

Kansas ☑

The Department on Aging—Chronic Disease Prevention Grant, funded through the American Recovery and Reinvestment Act of 2009, included $170,614 for FY 2011 and $226,828 for FY 2012 for several chronic disease prevention activities, including diabetes. From the General Revenue Fund, $560,298 was allocated in 2012 to serve 4,250 children with several chronic diseases, including diabetes; available funds paid for medications, durable medical equipment and financial assistance (S. Sub. H.B. 2014, signed by the governor 6/12/2011).

Kentucky ☑

The Commonwealth of Kentucky appropriated $1,000 in restricted state funds for diabetes educator certification activities for FY 2012, according to the revised 2012-2014 Operating Budget of the Commonwealth, Volume I-Part A, produced by the Kentucky Office of State Budget Director. The Prevention and Quality Improvement program received $7,490,000 in state general fund dollars and $2,672,700 in federal funds for FY 2012. A portion of this funding goes to the state Chronic Disease Prevention and Control subprogram, which addresses several conditions, including diabetes, and has the goal of bringing about policy and environmental changes that will improve the health status of Kentuckians. Public Health Departments of Kentucky provided individual and group diabetes services to 69,545 people in 2011, according to the revised 2012-2014 Operating Budget of the Commonwealth, Volume I-Part B, produced by the Kentucky Office of State Budget Director.

Louisiana

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The Pennington Biomedical Research Center received $919,644 to continue its work on nutritional research and preventive medicine for chronic diseases such as diabetes (Act Number 11 [H.B. 01]).

Maine

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. For both fiscal years 2011-12 and 2012-13, the state Department of Education appropriated $500,000 to the Obesity and Chronic Disease Fund from 'other special revenue funds' (Public Law No. 380).

Maryland

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012, according to the Maryland Department of Budget and Management, FY 2012 Enacted Operating Budget Detail ("Budget Books").

Massachusetts

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The Commonwealth of Mas-

sachusetts appropriated $5,949,484 for FY 2011 and $3,413,076 for FY 2012 from the General Appropriation Act for the promotion of health and disease prevention, which may include diabetes screening and outreach along with work in other disease areas such as cancer detection (Chapter 68, line item No. 4513-1111[H. 3535, signed by the governor 6/11/2012]).

Michigan ☑

The Michigan Diabetes and Kidney Program received $1,855,700 from the Chronic Disease and Injury Prevention and Health Promotion budget, which totaled $28,246,000 (of which $2,562,600 came from the state general fund, general purpose and state restricted revenues) to fund 8.0 FTE. NCSL is unable to discern exactly how many state dollars went to this program for FY 2012; however, the budget does contain a line item for the Michigan Diabetes and Kidney Program with funding under one umbrella of both federal and state dollars (Michigan Public Acts of 2012, Act No. 200 [H.B. 5365, signed by the governor 6/26/2012]).

Minnesota

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The state appropriated $29,290 for FY 2011 and $39,078 for FY 2012 from the General Fund for Community and Family Health Promotion, which includes some funding for diabetes programs and initiatives (Bill No. 3678).

Mississippi

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The Office of Preventive Health promotes healthy lifestyles, environments and policies through community-based initiatives, worksites and schools. It includes programs aimed specifically at diabetes prevention and control, heart disease and stroke prevention, injury prevention, community health and comprehensive cancer control. For FY 2012, the state allocated $6,863,356 in General Funds and $2,629,663 in State Support Special Funds to the Mississippi Department of Health, which supplies the budget for the Office of Preventive Health to continue these programs, according to the Mississippi Office of Health Administration, 2011 Performance Budget.

Missouri ☑

The Missouri Division of Community and Public Health, located within the Department of Health and Senior Services (DHSS), administers programs for chronic disease prevention and health promotion. The Missouri DHHS spent $72,779 in state General Revenue and $470,322 in federal funds on diabetes initiatives. The entire budget for chronic disease programs is $827,104 in general revenue, $4,356,888 in federal funds and $10,000 in *other* state funding—this program and budget include the funding for diabetes initiatives, according to the Missouri Department of Health and Senior Services, Bureau of Budget Services and Analysis.

Montana

Montana did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2012 (Chapter No. 363 [H.B. 02, signed by the governor 5/12/2011]).

Nebraska

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. Nebraska's two-year state budget for FY 2012-13 appropriates $1,524,470 ($31,713 in General Funds and $1,526,000 in Cash Funds) to minority public health services in certain counties. The state will allocate portions of these funds to implement a minority health initiative, which may target diabetes and other disease categories (L . 374, signed by the governor 5/17/2011).

Nevada

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The state appropriated $2,908 for FY 2011-12 and $6,434 for FY 2012-13 to the Cancer Prevention and Control Program, which includes some activity focused on diabetes control (Chapter 197 [A.B. 480, approved by the governor 6/1/2011]).

New Hampshire

The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The state budget appropriated $250,404 in federal funds to the Division of Public Health for diabetes for FY 2012; in FY 2011, this amount was $322,683 (Chapters 223:6 [H.B

01] and 224:14 [H.B. 02], signed by the governor 6/29/2011).

New Jersey
New Jersey did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2012 (Chapter 35 [S.B. 3000, approved 6/29/2010]).

New Mexico ☑
The state budget allocated $767,100 from the tobacco settlement program to fund diabetes prevention and control services (Chapter 179 [H.B. 0002, signed by the governor 4/8/2011]).

New York ☑
The state allocated $100,000 to the Drive Out Diabetes Research and Education Account from state Special Revenue Funds for FY 2012. The state also appropriated $7,205,000 for services and expenses related to obesity and diabetes programs (Chapter 50 [S.B. 6250-D/A.B. 9050-D, signed by the governor 4/11/2011]).

North Carolina
The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The At-Risk Family Health Benefits (State Health Access Plan [SHAP]) was allocated $55,749 for fiscal years 2010-11, 2011-12 and 2012-13 for health services, including chronic disease management. The state allocated $7,096,142 for FY 2010-11, $6,946,142 for FY 2011-12 and $6,946,142 for FY 2012-13 to the Department of Health for activities that include tobacco use reduction and addressing diabetes at a public health level rather than an individual level. Additional General Fund dollars were appropriated for FY 2012 to fund up to 12 grants-in-aid (up to $300,000) to close the gap in the health status of minorities as compared to the health status of whites. These grants-in-aid must focus on the use of measures to eliminate or reduce health disparities among minorities with respect to chronic diseases, specifically diabetes (Session Law 2011-145 [H.B. 200, passed by veto override 6/15/2011]).

North Dakota
The state did not allocate any funding specifically identified for diabetes programs or initiatives for FY 2012 (Chapters 1-53 [H.B. 1001]).

Ohio
The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The state General Fund appropriated $2,962,361 for Chronic Disease and Injury Prevention for FY 2011 and $2,577,251 for FY 2012 to promote healthy lifestyle choices for the prevention of chronic disease and injury and to increase early identification and improve management of chronic diseases such as diabetes, cancer, heart disease and stroke (Session Law No. 2011-28).

Oklahoma
Oklahoma did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2012 (H.B. 2170, approved by the governor 5/20/2011).

Oregon
Oregon did not appropriate any specific funding for diabetes programs or initiatives for FY 2012, according to the 2011-2013 Legislatively Adopted Budget (LAB) for Public Health, and updates provided by the Oregon Legislative Fiscal Office.

Pennsylvania
The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The Commonwealth of Pennsylvania appropriated $100,000 in state dollars to the Preventive Health Special Projects fund and allocated $9,559,000 in federal dollars to the Collaborative Chronic Disease Program for FY 2011-12 (Act No. 2011-1A, signed by the governor 6/30/2011).

Rhode Island
Rhode Island did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2012 (LCO 2105 [H.B. 5894] signed by the governor 5/30/2011).

South Carolina ☑
The South Carolina state budget included a line item in the amount of $123,470 for operating expenses for the Medical University of South Carolina's Diabetes Center for FY 2011-12 from the General Fund (Act No. 73 [H.B. 3700] Part 1A Section 17A Medical University of South Carolina).

South Dakota
South Dakota did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2012 (H.B. 1251, signed by the governor 3/28/2011).

Tennessee ☑
The Diabetes Prevention and Health Improvement fund received an appropriation of $5,143,500 in-state funds for FY 2011-12. These specific funds provided grants to health care providers for education, treatment and prevention initiatives focused on type 2 diabetes and obesity. The state also made grants available to Tennessee high schools that participate in National Institute of Health clinical trials. The Memphis Research Consortium received $10 million in non-recurring General Fund dollars (specifically the fund for the *improvement of higher education*) to recruit senior scientists from the fields of genomics, population health and regenerative medicine to work on significant health issues in Tennessee, such as diabetes and other chronic conditions (Public Chapter No. 473 [H.B. 2139, signed by the governor 6/21/2011]).

Texas
The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The state budget allocated $500,000 from the End Stage Renal Disease Prevention Program to be directed to outreach for people with diabetes mellitus, hypertension or a family history of kidney disease. The University of Texas Pan-American was allocated $114,434 for FY 2012 from the state General Fund for activities related to the Texas Diabetes Registry. The Center on Obesity, Diabetes and Metabolism Research, located within the University of Texas Southwestern Medical Center at Dallas, received an appropriation of $6,412,492 from the state General Fund for Education (S.B. 01, signed by the governor 7/19/2011).

Utah
The state of Utah did not appropriate any specific funds for diabetes programs or initiatives for FY 2012 (Session Law 4 [H.B. 8 Substitute, signed by the governor 2/16/2011]).

Vermont
The Vermont state budget did not allocate any state funding specifically identified for diabetes programs or initiatives for FY 2012 (Act 63 [H.B. 441]).

Virginia ☑
The Commonwealth of Virginia appropriated funds specifically identified for diabetes through the General Fund for Education. The University of Virginia received an appropriation of at least $156,397 for FY 2011 and $156,397 for FY 2012 to support diabetes education and public services at the Virginia Center for Diabetes Professional Education (Chapter 890 [H.B.1500 and S.B.800, signed by the governor 5/1/2011]).

Washington
The Washington state budget did not allocate any state funding specifically identified for diabetes programs or initiatives for FY 2012 (Ch. 50 [H.B.1087]).

West Virginia ☑
The state allocated line item #873 to Diabetes Education and Prevention in the amount of $105,000 for FY 2012-13 (Act. No. 10 [S.B.160, signed by the governor with vetoes 3/21/2012]).

Wisconsin
The state did not appropriate state funds specifically for diabetes treatment, education or prevention for FY 2012. The Department of Health Services received an appropriation of $268,087 for the Public Health Services Planning, Regulation and Delivery Program, which includes as one of its objectives "to reduce the rate of preventable hospitalizations due to diabetes."

Wyoming
The state appropriated $1,016,479 for the Preventive Health and Safety Division (PHSD), which provides administrative and professional supervision to the Wyoming Diabetes Prevention and Control Program. PHSD coordinates and provides

leadership for programs focused on the prevention of disease and promotion of services that lead to early diagnosis and treatment of diseases such as diabetes, cancer and heart disease. PHSD does not generate revenue and is funded entirely by state General Fund dollars (2011-2012 Wyoming Department of Health Biennium Budget Request).

District of Columbia
The District did not appropriate funds specifically for diabetes treatment, education or prevention for FY 2012. The District allocated $3,996,000 for FY 2011 and $3,697,000 for FY 2012 of both General Fund ($555,000 in dedicated taxes from the General Fund—which can include local funds) and federal fund dollars for the Cancer and Chronic Disease Prevention Program, which seeks to reduce the burden of diabetes mellitus, according to the Office of the Chief Financial Officer, Volume 5 Operating Appendices Part II Schedule 30-PBB.

Guam
Guam did not allocate any funds specifically identified for diabetes programs or initiatives for FY 2012 (Public Law 31-77).

Conclusion

All 50 states, the District of Columbia, Guam, America Samoa, Marshall Islands, Northern Mariana Islands, Palau and the U.S. Virgin Islands operate a State Diabetes Prevention and Control Program, relying primarily on annual grants from the Centers for Disease Control and Prevention. Although these programs maintain their own missions, the general themes throughout are to delay or prevent development of diabetes, to reduce complications related to the disease, to eliminate diabetes-related health disparities and to reduce the disease's financial costs. The programs also promote good nutrition, physical activity, weight loss and smoking cessation, recommended influenza and pneumococcal vaccines, foot exams, eye exams and HbA1c tests. These are key factors to control, prevent, delay, or manage diabetes and help people live longer, healthier lives.[3]

Notes

1. Centers for Disease Control and Prevention, *National Diabetes Fact Sheet: National Estimates and General Information on Diabetes and Prediabetes in the United States, 2011* (Atlanta, Ga.: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011).

2. National Conference of State Legislatures, *A 50-State Survey for Fiscal Year 2011* (Denver: NCSL, May 2011), http://www.ncsl.org/?tabid=21930.

3. Alabama Diabetes Program, www.adph.org/diabetes.

Additional Resources

NCSL Diabetes Overview Page
www.ncsl.org/tabid=14520

NCSL Federal Health Reform Provisions Related to Diabetes
www.ncsl.org/?tabid=23198

NCSL Disparities in Health
www.ncsl.org/?tabid=14494

NCSL States Address Diabetes in Minority Populations
www.ncsl.org/?tabid=24940

NCSL The Chronic Cost of Diabetes
www.ncsl.org/?tabid=24523

CDC Diabetes Public Health Resource
www.cdc.idc.gov/diabetes

U.S. Department of Health and Human Services
National Diabetes Information Clearinghouse
diabetes.niddk.nih.gov

American Diabetes Association
www.diabetes.org

This publication is available on the NCSL website at www.ncsl.org/?TabId=25271.

About This NCSL Project

This report was researched and written by Kara Hinkley. NCSL's Diabetes Project is housed at the NCSL Health Program in Denver, Colorado. It is led by Richard Cauchi (program director) and Kara Hinkley (research analyst II). NCSL gratefully acknowledges the financial support of Novo Nordisk for this work.

Table 2. CDC Funding for Diabetes Prevention and Control Programs (DPCPs) by State

State/Jurisdiction	FY 2011 Actual Grants to DCPCs	FY 2010 Actual Grants to DCPCs	Percent Change FY 2010 to FY 2011	FY 2009 Actual Grants to DCPCs	FY 2008 Actual Grants to DCPCs
Alabama	$262,407	$291,564	10.00%	$291,564	$304,833
Alaska	$350,052	$424,661	17.57%	$424,661	$477,405
Arizona	$220,332	$250,017	11.87%	$250,017	$256,270
Arkansas	$404,759	$464,177	12.80%	$464,177	$500,311
California	$922,026	$1,043,922	11.68%	$1,043,922	$1,020,030
Colorado	$456,623	$507,359	10.00%	$507,359	$530,450
Connecticut	$214,344	$252,782	15.21%	$252,782	$272,460
Delaware	$347,337	$386,912	10.23%	$386,912	$434,968
Florida	$581,695	$694,394	16.23%	$701,337	$666,596
Georgia	$202,618	$369,150	45.11%	$369,150	$364,105
Hawaii	$295,998	$328,887	10.00%	$328,887	$369,737
Idaho	$276,946	$330,219	16.13%	$565,344	$371,315
Illinois	$614,958	$850,153	27.67%	$850,153	$888,845
Indiana	$237,258	$312,007	23.96%	$312,007	$316,705
Iowa	$189,288	$229,862	17.65%	$229,862	$252,971
Kansas	$644,470	$716,078	10.00%	$716,078	$748,667
Kentucky	$613,528	$681,698	10.00%	$681,698	$678,785
Louisiana	$133,148	$202,000	34.09%	$202,000	$170,271
Maine	$295,731	$340,473	13.14%	$340,473	$370,800
Maryland	$271,429	$301,588	10.00%	$301,588	$306,130
Massachusetts	$769,485	$854,983	10.00%	$854,983	$893,894
Michigan	$850,232	$947,905	10.30%	$947,905	$917,635
Minnesota	$819,133	$913,246	10.31%	$913,246	$954,809
Mississippi	$256,578	$292,533	12.29%	$292,533	$305,847
Missouri	$421,537	$470,314	10.37%	$470,322	$477,404
Montana	$537,840	$599,533	10.29%	$599,533	$652,936
Nebraska	$244,259	$271,399	10.00%	$271,399	$315,279
Nevada	$265,952	$344,404	22.78%	$344,405	$371,215
New Hampshire	$258,697	$294,478	12.15%	$294,478	$324,083
New Jersey	$352,355	$478,533	26.37%	$478,533	$500,312
New Mexico	$390,413	$433,792	10.00%	$433,792	$477,404
New York	$887,027	$986,305	10.07%	$986,305	$954,809
North Carolina	$798,486	$887,207	10.00%	$887,207	$866,902
North Dakota	$219,835	$244,261	10.00%	$244,261	$277,585
Ohio	$661,168	$734,631	10.00%	$734,631	$717,817
Oklahoma	$220,403	$244,892	10.00%	$244,892	$256,037
Oregon	$717,980	$797,756	10.00%	$797,756	$834,062
Pennsylvania	$426,819	$522,169	18.26%	$522,169	$545,933
Rhode Island	$675,997	$758,986	10.93%	$758,986	$835,292
South Carolina	$599,547	$666,163	10.00%	$666,163	$689,585
South Dakota	$229,249	$257,525	10.98%	$257,525	$299,162
Tennessee	$221,788	$268,653	17.44%	$268,653	$280,880
Texas	$879,132	$976,813	10.00%	$976,813	$945,620
Utah	$737,643	$888,327	16.96%	$888,327	$928,756
Vermont	$218,022	$242,247	10.00%	$242,247	$272,336
Virginia	$321,678	$372,906	13.74%	$372,906	$371,312
Washington	$874,392	$974,690	10.29%	$974,690	$970,524
West Virginia	$819,155	$916,152	10.59%	$916,152	$912,235
Wisconsin	$767,595	$852,883	10.00%	$852,883	$891,699
Wyoming	$195,874	$259,499	24.52%	$259,503	$291,735
District of Columbia	$235,725	$261,917	10.00%	$261,917	$273,837
Puerto Rico	$215,058	$238,953	10.00%	$238,953	$249,828
U.S. Virgin Islands	$180,952	$202,000	10.42%	$202,000	$212,180
Total	$23,804,953	$27,433,958	14.01%	$27,676,039	$28,370,598

Source: Centers for Disease Control and Prevention, 2012. Compiled by the National Conference of State Legislatures Health Program, June 2012.

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William T. Pound, Executive Director

7700 East First Place
Denver, Colorado 80230
(303) 364-7700

444 North Capitol Street, N.W., #515
Washington, D.C. 20001
(202) 624-5400

www.ncsl.org

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States Address the Costs of Diabetes

A 50-State Budget Survey for Fiscal Year 2013

National Conference of State Legislatures

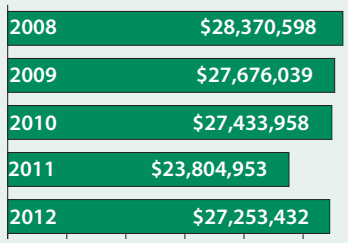
July 2013

State governments spend millions of dollars each year to treat, educate people about and prevent all forms of diabetes (e.g., type 1, type 2, gestational and pre-diabetes) and its complications. Many of these activities are paid for through state budget appropriations. Documenting the financial impact of the diabetes epidemic, the *Economic Costs of Diabetes in the U.S.*[1] estimates that, in 2012, national spending on direct medical costs for diagnosed diabetes totaled $176 billion. The Centers for Disease Control and Prevention (CDC) completed this analysis in 2007, determining that direct medical costs were $116 billion; the new number represents a $60 billion increase in annual spending to treat diabetes in just five years.[2]

Generally, state budget trends for fiscal year (FY) 2013 reflected slow and steady revenue growth, but states remained cautious.[3] As of April 2013, the National Conference of State Legislatures' (NCSL) *State Budget Update* reported 37 states and the District of Columbia expected revenues to meet earlier estimates, eight states indicated revenues could exceed estimates and four reported revenues as unlikely to meet forecasts.[4] Within this broad context, for FY 2013, some states increased general fund spending on diabetes, aided in part by higher revenues from taxes, fees and other typical state sources.

For 2012, actual federal grants to state diabetes prevention and control programs (DPCPs) were 17.26 percent (or $3.433,479 million) above the grants for FY 2011.

Total State CDC Funding for Diabetes Prevention and Control Programs



Source: NCSL, July 2013.

Starting in federal fiscal year 2013, the CDC has rolled diabetes funding into the announcement for the "State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health." More information about this funding can be found in Table 1 on page 3 or at www.ncsl.org/default.aspx?tabid=14520.

To assess how states are responding to the diabetes epidemic, NCSL conducted a 50-state analysis of appropriations for FY 2013. The analysis included a review of state budgets and related state budget documents that explicitly identified appropriations for diabetes programs. In addition, the methodology used included discussions with state fiscal offices, legislative services and state departments of health. This survey follows 50-state analyses of FY 2011 and FY 2012 state budgets dedicated to spending and appropriations on diabetes activities, published by the NCSL Health Program.

Table 1 provides diabetes spending information in four categories, defined and labeled as follows.

1. **State dollars specifically for diabetes.** A total of 11 states appropriated a total of $1,719,315 general fund dollars specifically for diabetes treatment, education and/or prevention-focused activities. Although the amounts dedicated vary substantially by state, those that specifically dedicated funds for diabetes include Alabama, Alaska, Florida, Kentucky, Massachusetts, Montana, Pennsylvania, South Carolina, Virginia, West Virginia and Wisconsin. These states are coded as ☑ in the state narratives below.

2. **State, federal and other dollars appropriated by state legislatures specifically for diabetes.** Across all states and territories, this amount totaled $14,788,772 among 17 states in

FY 2013 (figure does not include CDC diabetes prevention and control program [DPCP] grants).

3. **State, federal, special and other dollars that are not specifically state general fund dollars.** These funds—or funds that could, in part, go toward diabetes-related activity, but also go toward chronic disease, prevention, health promotion and numerous diabetes-related co-morbidities—across all states and territories totaled $13,069,457 for FY 2013.

4. **FY 2012 actual federal grants to state diabetes prevention and control programs.** A total of $27,253,432 went to such programs, compared to the FY 2011 total of $23,370,598, representing an increase of 16.6 percent**.** Table 2 provides a five-year comparison of these CDC grants.[5]

Notes on State Budget Processes

In 46 states, the budget fiscal year begins July 1, 2012, and ends June 30, 2013. The exceptions are New York (April 1), Texas (September 1) and Alabama and Michigan (October 1). In some cases, state agencies or grantees are permitted to carry over or continue spending into the following fiscal year. Figures reported in this publication are taken from the enacted or final approved budgets at the start of the fiscal year. Many states include and adopt appropriations of both federal and state money. Table 1 separates the source of diabetes funds wherever possible.

Connecticut, Hawaii, Indiana, Maine, Minnesota, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Oregon, Texas, Washington and Wisconsin passed their FY 2013 budgets during the 2011 legislative sessions (www.ncsl.org).

Notes on Table 1

The category *State, federal and other dollars spent on diabetes, chronic disease and prevention in each state for FY 2013*, as noted in Table 1, is specific to money appropriated through the state budget. These funds often can include a mixture of federal, special, state and, in some cases, local funds, including grants and gifts. An important note: the data provided should not be interpreted as a comprehensive spending reference for the state as a whole, since data presented includes only funds specifically designated in the state budget via the legislature for diabetes-focused actions.

Note on Important Terms

Other: This designation of expenditures or revenues is applied in a broad and purposefully non-specific manner in many state budgets. The Tennessee state budget, for example, uses the term "Other Revenues" to identify funding sources that generally come from local governments, current services and interdepartmental activities. This term also can include grants, gifts and donations. For the purposes of this publication, *State, Federal and Other Dollars* is the preferred vernacular to describe funds appropriated by the legislature where the origins of a revenue source were not apparent in the budget.

Budget Appropriations and Other Legislation

All bill, act and chapter numbers refer to 2012 legislative sessions unless otherwise noted.

Alabama ☑
The state appropriated $140,000 to UAB-Huntsville for implementation of a comprehensive screening and health outreach program, including screening for diabetes. These funds come from the state's Children First Trust Fund (Act No. 600 [HB 25]).

Alaska
The Alaska state budget appropriated $140,000 in general fund dollars for Chronic Disease Prevention and Health Promotion (H 307, Chapter 2012-5, 3/26/2012).

Arizona
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013 (Chapter 294, 2012).

Table 1. 2012-2013 State and Federal Funding for Diabetes-Related Activities

State/Jurisdiction	State Dollars Appropriated by State Legislature Specifically for Diabetes	State, Federal, Special and Other Dollars Appropriated by State Legislature Specifically for Diabetes	FY 2012 Actual Federal Grants to State DPCPs	Totals: State, Federal and Other Funds Appropriated by State Legislature Specifically for Diabetes-related Activity +CDC Grants to DPCPs	2013 CDC Funding-New Funding*
Alabama	$140,000		$291,564	$431,564	$596,217
Alaska	$140,000	$140,000	$423,568	$703,568	$503,091
Arizona	$0		$248,934	$248,934	$624,405
Arkansas	$0		$464,177	$464,177	$601,480
California	$0		$1,042,839	$1,042,839	$744,997
Colorado	$0		$506,276	$506,276	$522,169
Connecticut	$0		$252,782	$252,782	$515,514
Delaware	$0	$357	$386,912	$387,269	$503,930
Florida	$294,071		$694,394	$988,465	$582,208
Georgia	$0		$306,689	$306,689	$635,818
Hawaii	$0	$250,000	$327,804	$577,804	$505,956
Idaho	$0		$330,219	$330,219	$506,867
Illinois	$0		$849,070	$849,070	$555,757
Indiana	$0		$312,007	$312,007	$528,234
Iowa	$0		$229,862	$229,862	$513,268
Kansas	$0		$716,078	$716,078	$512,434
Kentucky	$1,000	$10,000	$681,698	$692,698	$604,155
Louisiana	$0		$202,000	$202,000	$615,132
Maine	$0		$340,473	$340,473	$505,754
Maryland	$0		$301,587	$301,587	$525,251
Massachusetts	$35,000		$800,443	$835,443	$528,540
Michigan	$0	$1,716,100	$947,905	$2,664,005	$542,789
Minnesota	$0		$912,163	$912,163	$523,157
Mississippi	$0		$292,533	$292,533	$618,805
Missouri	$0		$470,322	$470,322	$526,042
Montana	$600,877		$598,450	$1,199,327	$504,325
Nebraska	$0		$271,399	$271,399	$507,983
Nevada	$0		$344,404	$344,404	$511,799
New Hampshire	$0		$294,478	$294,478	$505,711
New Jersey	$0		$478,533	$478,533	$538,218
New Mexico	$0	$748,000	$433,792	$1,181,792	$609,375
New York	$0	$7,205,000	$986,305	$8,191,305	$584,334
North Carolina	$0		$887,207	$887,207	$625,549
North Dakota	$0		$244,261	$244,261	$502,963
Ohio	$0		$734,631	$734,631	$550,019
Oklahoma	$0		$244,892	$244,892	$516,427
Oregon	$0		$797,756	$797,756	$516,775
Pennsylvania	$100,000		$521,086	$621,086	$555,209
Rhode Island	$0		$757,903	$757,903	$504,555
South Carolina	$123,470		$662,914	$786,384	$603,983
South Dakota	$0		$256,442	$256,442	$503,570
Tennessee	$0	$3,000,000	$268,653	$3,268,653	$610,952
Texas	$0		$975,730	$975,730	$700,496
Utah	$0		$888,327	$888,327	$512,204
Vermont	$0		$241,164	$241,164	$502,714
Virginia	$157,397		$372,906	$530,303	$535,079
Washington	$0		$974,690	$974,690	$529,590
West Virginia	$105,000		$915,069	$1,020,069	$592,255
Wisconsin	$22,500		$851,800	$874,300	$524,746
Wyoming	$0		$217,638	$217,638	$502,460
Districts and Territories					
District of Columbia	$0		$260,834	$260,834	$598,939
Puerto Rico	$0		$237,869	$237,869	
U.S. Virgin Islands	$0		$202,000	$202,000	
Total	$1,719,315	$13,069,457	$27,253,432	$42,042,204	

**CDC State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health. New funding announcement as of 2013.*

Arkansas
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

California
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013 (Chapter 575 [SB 1028] 06/27/2012).

Colorado
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Connecticut
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013 (LCO No. 8413 [Bill No. 6653]).

Delaware ☑
The state appropriated $357.40 in Special Fund dollars from the Master Settlement Agreement on Tobacco Funds for diabetes-related activity for the Department of Public Health *(line item 35-05-00)* (S 260, Chapter 290, 7/1/2012).

Florida ☑
The state allocated $244,071 from the general fund *(55D Special Categories: Grants and Aids)* to the Regional Diabetes Center at the University of Miami. An additional $50,000 in nonrecurring funds from the general fund was provided to the Diabetes Advisory Council *(established pursuant to S. 385.203, Florida Statutes)* (H 5001, Chapter 2012-18, 4/17/2012).

Georgia
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013 (Act No. 775, 5/7/2012 and amendments [HB 105], Act. No. 11, 3/27/2013).

Hawaii ☑
The Hawaii Committee on Conference provided $250,000 in tobacco settlement special funds to support establishment of a childhood obesity and diabetes program. The program will increase the level of obesity and diabetes-related services, promote awareness, enhance research and data collection, and create a task force to develop long-term solutions to this growing problem (Conference Committee Report no. 131-12, page 11 [HB 2012]).

Idaho
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Illinois
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Indiana
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Iowa
The state appropriated $3,905,429 for chronic conditions to serve individuals identified as having chronic conditions or special health care needs, and not more than four FTEs from the Division II, Department of Public Health budget *(Sec 2. 2011 Iowa Acts, Chapter 124 Section 114)* (S 2336, Chapter 1133, 7/16/2012]).

Kansas
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Kentucky ☑
The Commonwealth appropriated $1,000 in restricted funds *(includes rentals, admittances, sales, bond processes, licenses collected by law, gifts, subventions, contributions, income from investments, and miscellaneous receipts produced or received by budget unit)* for licensed diabetes educators. In addition, the City of West Liberty was allocated $10,000 in restricted funds for the West Liberty Walking Trail–Sidewalks Diabetes Coalition *(001)* (H 262, Chapter 144, 4/13/2012).

Louisiana
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Maine
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Maryland
The state added $100,000 to the general fund by eliminating coverage for certain diabetic supplies when purchased in medical stores *(Medical Care-Payments to Providers 0147 Initiative)* (H 1339, Chapter 447, 2/23/2012).

Massachusetts ☑
The Massachusetts Department of Health was allocated $35,000 in state general fund dollars for diabetes education through its Health Promotion and Disease Prevention Program funded in the state budget account (4513-1111).

Michigan
The state appropriated $1,777,600 to the Diabetes and Kidney Program within the Chronic Disease and Injury Prevention and Health Promotion Program within the Department of Community Health *(Section 112).* These funds were paid in part from $1,716,100 in state general fund dollars; $649,700 from other state restricted funds; $61,600 from total private revenues; or $23,884,200 from total federal revenues. It is not possible to determine whether the money appropriated specifically to the Diabetes and Kidney Program is comprised of state, federal or other dollars (H 5365, Public Act 200, 7/18/2012).

Minnesota
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Mississippi
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Missouri
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Montana ☑
The state appropriated $600,877 for diabetes prevention for FY 2013 (HB 2, the General Appropriations Act).

Nebraska
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Nevada
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

New Hampshire
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

New Jersey
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013 (Chapter 18, 05/18/2012).

New Mexico ☑
The state allocated $748,000 from the Tobacco Settlement Program Fund for diabetes prevention and control services *(to the Department of Health from Public Health Programs)* (H 2, Chapter 19, 3/02/2012).

New York ☑
The state allocated $7,205,000 for services and expenses related to obesity and diabetes programs. A portion of this appropriation may be transferred to the state operations appropriation for administration of this program (A 9053, Chapter 53, 4/11/2012).

North Carolina
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013 (Session Law 2012-142 [HB 950]).

North Dakota
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Ohio
The state appropriated $2,447,251 *(line item 440468)* to the Department of Health *(Section 291.10)* for chronic disease and injury prevention from the general fund (H 487, Chapter 127, 6/11/2012).

Oklahoma
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Oregon
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Pennsylvania ☑
The state allocated $100,000 in general fund dollars to diabetes programs (Act 9 A [SB 1466], 06/30/2012).

Rhode Island
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013 (Chapter 241 [H 7323 Sub A], 05/15/2012).

South Carolina ☑
The state appropriated $123,470 in general fund dollars to the Diabetes Center of the Medical University of South Carolina *(Section 17A H51)* (H 4813, Public Act No. 288, 8/03/2012).

South Dakota
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Tennessee ☑
The Tennessee Department of Health allocated $3,000,000 of general fund money to the Community Health Services Program, which includes diabetes prevention and health improvement activities (Title 111-16).

Texas
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013 (SB 1, 07/19/2011).

Utah
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Vermont
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Virginia ☑
The Commonwealth allocated $157,397 in general fund dollars for the support of diabetes education and public service at the Virginia Center for Diabetes and Professional Education at the University of Virginia *(§ 1-61. 207)* (H 1301, Acts of Assembly, Chapter No. 3, 6/11/2012).

Washington
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013 (Chapter 50 [HB 2087, 2011).

West Virginia ☑
The state allocated $105,000 *(line item 873)* to diabetes education and prevention from the Division of Health Fund *(No. 63, Fund 0407 FY 2013 Org 0506)* (S 160, Act No. 10, 4/12/2012).

Wisconsin ☑
The state's 2013-2015 Department of Health Services biennium budget allocated $22,500 from the general fund for American Indian diabetes prevention and control.

Wyoming
The state did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013 (Enrolled Act No. 29).

District of Columbia
The District did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Guam
Guam did not appropriate any funds specifically identified for diabetes programs or initiatives for FY 2013.

Table 2. 2008-2012 CDC Funding for Diabetes Prevention and Control Programs (DPCPs) by State

State/Jurisdiction	FY 2012 Actual Grants to DPCPs	FY 2011 Actual Grants to DCPCs	Percent Change FY 2011 to FY 2012	FY 2010 Actual Grants to DCPCs	FY 2009 Actual Grants to DCPCs	FY 2008 Actual Grants to DCPCs
Alabama	$291,564	$262,407	+11.11%	$291,564	$291,564	$304,833
Alaska	$423,568	$350,052	+21.00%	$424,661	$424,661	$477,405
Arizona	$248,934	$220,332	+13.47%	$250,017	$250,017	$256,270
Arkansas	$464,177	$404,759	+14.68%	$464,177	$464,177	$500,311
California	$1,042,839	$922,026	+13.22%	$1,043,922	$1,043,922	$1,020,030
Colorado	$506,276	$456,623	+11.11%	$507,359	$507,359	$530,450
Connecticut	$252,782	$214,344	+17.93%	$252,782	$252,782	$272,460
Delaware	$386,912	$347,337	+11.39%	$386,912	$386,912	$434,968
Florida	$694,394	$581,695	+19.37%	$694,394	$701,337	$666,596
Georgia	$306,689	$202,618	+82.19%	$369,150	$369,150	$364,105
Hawaii	$327,804	$295,998	+11.11%	$328,887	$328,887	$369,737
Idaho	$330,219	$276,946	+19.24%	$330,219	$565,344	$371,315
Illinois	$849,070	$614,958	+38.25%	$850,153	$850,153	$888,845
Indiana	$312,007	$237,258	+31.51%	$312,007	$312,007	$316,705
Iowa	$229,862	$189,288	+21.44%	$229,862	$229,862	$252,971
Kansas	$716,078	$644,470	+11.11%	$716,078	$716,078	$748,667
Kentucky	$681,698	$613,528	+11.11%	$681,698	$681,698	$678,785
Louisiana	$202,000	$133,148	+51.71%	$202,000	$202,000	$170,271
Maine	$340,473	$295,731	+15.13%	$340,473	$340,473	$370,800
Maryland	$301,587	$271,429	+11.11%	$301,588	$301,588	$306,130
Massachusetts	$800,443	$769,485	+11.11%	$854,983	$854,983	$893,894
Michigan	$947,905	$850,232	+11.49%	$947,905	$947,905	$917,635
Minnesota	$912,163	$819,133	+11.49%	$913,246	$913,246	$954,809
Mississippi	$292,533	$256,578	+14.01%	$292,533	$292,533	$305,847
Missouri	$470,322	$421,537	+11.57%	$470,314	$470,322	$477,404
Montana	$598,450	$537,840	+11.47%	$599,533	$599,533	$652,936
Nebraska	$271,399	$244,259	+11.11%	$271,399	$271,399	$315,279
Nevada	$344,404	$265,952	+29.50%	$344,404	$344,405	$371,215
New Hampshire	$294,478	$258,697	+13.83%	$294,478	$294,478	$324,083
New Jersey	$478,533	$352,355	+35.81%	$478,533	$478,533	$500,312
New Mexico	$433,792	$390,413	+11.11%	$433,792	$433,792	$477,404
New York	$986,305	$887,027	+11.19%	$986,305	$986,305	$954,809
North Carolina	$887,207	$798,486	+11.11%	$887,207	$887,207	$866,902
North Dakota	$244,261	$219,835	+11.11%	$244,261	$244,261	$277,585
Ohio	$734,631	$661,168	+11.11%	$734,631	$734,631	$717,817
Oklahoma	$244,892	$220,403	+11.11%	$244,892	$244,892	$256,037
Oregon	$797,756	$717,980	+11.11%	$797,756	$797,756	$834,062
Pennsylvania	$521,086	$426,819	+22.34%	$522,169	$522,169	$545,933
Rhode Island	$757,903	$675,997	+12.28%	$758,986	$758,986	$835,292
South Carolina	$662,914	$599,547	+11.11%	$666,163	$666,163	$689,585
South Dakota	$256,442	$229,249	+12.33%	$257,525	$257,525	$299,162
Tennessee	$268,653	$221,788	+21.13%	$268,653	$268,653	$280,880
Texas	$975,730	$879,132	+11.11%	$976,813	$976,813	$945,620
Utah	$888,327	$737,643	+20.43%	$888,327	$888,327	$928,756
Vermont	$241,164	$218,022	+11.11%	$242,247	$242,247	$272,336
Virginia	$372,906	$321,678	+15.93%	$372,906	$372,906	$371,312
Washington	$974,690	$874,392	+11.47%	$974,690	$974,690	$970,524
West Virginia	$915,069	$819,155	+11.84%	$916,152	$916,152	$912,235
Wisconsin	$851,800	$767,595	+11.11%	$852,883	$852,883	$891,699
Wyoming	$217,638	$195,874	+32.48%	$259,499	$259,503	$291,735
District of Columbia	$260,834	$235,725	+11.11%	$261,917	$261,917	$273,837
Puerto Rico	$237,869	$215,058	+11.11%	$238,953	$238,953	$249,828
U.S. Virgin Islands	$202,000	$180,952	+11.63%	$202,000	$202,000	$212,180
Total	$27,253,432	$23,804,953	+17.26%	$27,433,958	$27,676,039	$28,370,598

Source: Centers for Disease Control and Prevention (CDC); relayed to the National Conference of State Legislatures, April 23, 2013.

Conclusion

All 50 states, American Samoa, the District of Columbia, Guam, the Marshall Islands, the Northern Mariana Islands, Palau, Puerto Rico and the U.S. Virgin Islands operate a State Diabetes Prevention and Control Program, relying primarily on annual grants from the Centers for Disease Control and Prevention. Although these programs maintain their own missions, the general themes throughout are to delay or prevent development of diabetes, reduce complications related to the disease, eliminate diabetes-related health disparities and reduce the disease's financial cost. The programs also promote good nutrition, physical activity, weight loss and smoking cessation, recommended influenza and pneumococcal vaccines, foot and eye exams, and HbA1c tests. These are key factors to control, prevent, delay or manage diabetes and help people live longer, healthier lives.[6]

Notes

1. American Diabetes Association, *Economic Costs of Diabetes in the U.S., 2012*. These figures are the newest estimates released since the Centers for Disease Control and Prevention (CDC) released national estimates in 2007.

2. Centers for Disease Control and Prevention, *National Diabetes Fact Sheet: National Estimates and General Information on Diabetes and Prediabetes in the United States, 2011* (Atlanta, Ga.: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011), www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf.

3. National Governors Association and the National Association of State Budget Officers, The Fiscal Survey of States, Spring 2012 (Washington, D.C.: NASBO, 2012), www.nasbo.org/sites/default/files/Fall 2012 Fiscal Survey.pdf.

4. National Conference of State Legislatures, *State Budget Update: Spring 2013* (Denver: NCSL, May 2013), www.ncsl.org?tabid=26519.

5. The "Actual Federal Grants" to fund state Diabetes Prevention and Control Programs (DPCP), in tables 1 and 2 are accurate as provided by CDC as of April 23, 2013. This NCSL Budget Survey does not include any subsequent actions affected by the federal budget sequestration process and/or state executive branch responses to budget sequestration announcements or estimates during 2013-2014.

6. Alabama Diabetes Program, www.adph.org/diabetes.

About This NCSL Project

This report was researched and authored by Kara Nett Hinkley. NCSL's Diabetes Project is housed at the NCSL Health Program in Denver, Colorado. It is led by Richard Cauchi (Program Director) and Kara Nett Hinkley (former Policy Associate). NCSL gratefully acknowledges the financial support of Novo Nordisk for this work. The contents of this publication are solely the responsibility of NCSL and do not necessarily represent the official views of Novo Nordisk.

National Conference of State Legislatures
The Forum for America's Ideas

William T. Pound, Executive Director

7700 East First Place
Denver, Colorado 80230
(303) 364-7700

444 North Capitol Street, N.W., #515
Washington, D.C. 20001
(202) 624-5400

www.ncsl.org

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Federal Health Reform Provisions Related to Diabetes

National Conference of State Legislatures

May 2011

Nearly 26 million Americans live with diabetes. That number more than doubled during the past two decades, and researchers expect diabetes to become even more prevalent in coming years. A recently published study, for example, forecasts that if current trends continue, by 2020 52 percent of American adults will have either diabetes or pre-diabetes.[1] People with chronic diseases, such as diabetes, often encounter uncoordinated care, inadequate information and high health care costs. Diabetes costs in the United States grew swiftly between 2002 and 2007 to more than $174 billion. Of this amount, $116 billion was for direct treatment costs, and an estimated $58 billion was due to lost productivity.

The federal Affordable Care Act (ACA) of 2010 contains provisions that may be of particular interest to people with diabetes and to policymakers who are concerned with diabetes (and other chronic diseases). These provisions include insurance components, diabetes prevention, chronic disease management and standards. Some provisions, such as creating temporary high-risk pools, required immediate federal and state action; other provisions will become effective in 2014 and beyond.

Certain provisions in the law intend to improve the quality of care, increase and improve delivery of preventive services, and ensure that patients receive care that is more efficient. According to health care finance experts, people with diabetes should expect lower health care costs under health reform due to capped annual out-of-pocket spending, no discrimination for preexisting conditions and health status, health insurance exchanges where people select the most appropriate plans, coverage for preventive screenings, and better coordinated care and reduced health disparities.

The State Role: While provisions of the ACA are federal law, most sections described below include or even emphasize the role of state government. In the coming months and years, state legislatures and executive branch agencies can choose to administer or implement certain provisions themselves and apply for grants to fund designated new programs or activities. States also can decide to defer to the federal government to administer certain provisions.

Insurance Components

Preexisting Conditions: Preexisting health conditions are those for which an individual has been diagnosed, received treatment in the past or is currently receiving treatment. Insurance companies consider diabetes a preexisting condition. Each insurer has its own rules and regulations to determine criteria for covering services related to preexisting conditions. Some insurance plans and companies allow complete coverage after a waiting period, while others deny coverage outright. Those with diabetes and other chronic conditions who try to buy insurance in the individual market often are not able to obtain health coverage or are offered coverage at a high cost.

Preexisting condition denials change significantly under the Affordable Care Act. Beginning Sept. 23, 2010, provisions within the law restrict denying coverage to children with preexisting conditions such as diabetes. The act also created a federally funded Pre-Existing Condition Insurance Plan (PCIP). Adults can enroll in high-risk insurance pools that offer insurance to those who have been uninsured for at least the past six months and have had difficulty obtaining coverage because of a preexisting condition. These federally subsidized preexisting condition insurance plans provide an immediate, additional option for those with diagnosed diabetes if they have been refused coverage or cannot afford traditional individual (non-group) health coverage. Policies are sold at not more than 100 percent of standard market rates within each state. Effective Jan. 1, 2011, the federal Department of Health and Human Services (HHS) made available a new category within the federally administered Pre-Existing Condition Insurance Plans to allow families to enroll eligible children at a generally lower child-only premium rate for PCIP beneficiaries from birth to age 18.[2]

In 2014, insurance companies no longer will be able to deny coverage to adults because of preexisting conditions. People with diabetes will be able to obtain coverage through Health Benefit Exchanges. In addition, insurers cannot drop coverage for individuals who are diagnosed with a new condition or illness.

Lifetime Limits: As of Sept. 23, 2010, insurance plans no longer can set lifetime limits—a dollar limit on what health plans will spend for a person's covered benefits during the entire time he or she is enrolled in that plan—on policy benefits. The law prohibits insurers in both the individual and group markets from setting lifetime limits and restricts annual limits on essential benefits.[3] This provision may apply to some people with diabetes because the "average medical expenditures among people with diagnosed diabetes were 2.3 times higher than what expenditures would be in the absence of diabetes."[4]

Annual Limits on Coverage: The average total annual health care costs for a person with diabetes as of 2007 were $11,744,[5] more than $4,100 above a typical person's costs.[6]

Under HHS regulations, plans offered between September 2010 and September 2011 may not limit annual coverage of essential benefits such as hospital, physician and pharmacy benefits to less than $750,000. The restricted annual limit will be $1.25 million for plan years starting on or after Sept. 23, 2011, and $2 million for plan years starting between Sept. 23, 2012, and January 1, 2014.

In February, it was announced that Florida, Massachusetts, New Jersey, Ohio and Tennessee received waivers allowing health insurance companies to continue offering less generous annual limits on benefits. In these cases, existing state law already mandates that policies with lower annual limits on coverage be offered. The Center for Consumer Information and Insurance Oversight (CCIIO), explained that because "limited benefit plans, or mini-med plans, are often the only type of insurance offered to some workers," the one-year waivers allow continuity.

Beginning Jan. 1, 2014, there no longer will be annual limits on standard health insurance coverage—a dollar limit health plans put on yearly spending for a person's covered benefits. This will apply to the cost of what the law defines as "essential health benefits," which include services that each health insurance plan must cover.

Rescission: Beginning Sept. 23, 2010, under the Affordable Care Act, insurers no longer can cancel medical coverage after a policyholder has become sick or injured.[7] Therefore, coverage for people diagnosed with diabetes or who need treatment for a diabetes-related complication will not be cancelled because they have the disease or related complications.

Increased Costs Based on Health Status: Health insurance companies currently can charge higher premi-

ums for people who have a chronic condition such as diabetes. Under the ACA, beginning in 2014, insurance companies will not be able to charge higher premium rates for those who have diabetes or any other chronic condition.

Preventive Care: As of Sept. 23, 2010, private insurers must guarantee coverage, without requiring copayments or deductibles, for certain health screenings and immunizations. Group health plans and health insurance issuers in the group and individual markets specifically must provide coverage under new or renewed policies that are not grandfathered for preventive health services that are evidence-based items or services that have a rating of "A" or "B" from the U.S. Preventive Services Task Force (USPSTF).[8] The USPSTF recommends screening for type 2 diabetes in certain circumstances.[9] Starting Jan. 1, 2011, Medicare also must reimburse for some preventive coverage services. Diabetes screening tests and outpatient self-management training are specifically covered preventive services under Medicare.[10] "This is expected to help curb the increase in type 2 diabetes (79 million Americans have pre-diabetes), thereby reducing health care costs. Currently, about $116 billion a year is spent in the United States on diabetes treatment."[11]

The ACA covers preventive services based on ratings by the U.S. Preventive Services Task Force:

- Preventive services such as diabetes screening are covered only if they have an "A" or "B" recommendation from the USPSTF.
- The USPSTF currently recommends screening for type 2 diabetes only in asymptomatic adults with diagnosed high blood pressure.
- The ACA requirement does not apply to adults with other risk factors such as obesity or a family history of diabetes because USPSTF determined that current evidence is insufficient to recommend it. Medicare has covered this more broadly for the past five years.

Essential Health Benefits Package: Effective beginning in 2014, Qualified Health Plans will be required to cover "essential health benefits" specified by the secretary of HHS. Essential health benefits will include at least the following general categories:

- ambulatory patient services;
- emergency services;
- hospitalization;
- maternity and newborn care;
- mental health and substance use disorder services, including behavioral health treatment;
- prescription drugs;
- rehabilitative and habilitative services and devices;
- laboratory services;
- preventive and wellness and chronic disease management; and
- pediatric services, including oral and vision care.

A number of these general categories apply to diabetes coverage and treatment. The plans will offer essential health benefits packages at bronze, silver, gold or platinum coverage levels, which differ by cost-sharing requirements. Plans cannot impose annual cost-sharing limits that exceed the thresholds applicable to health savings account-qualified high deductible health plans. Small group health plans that provide the essential health benefits package will not be allowed to impose a deductible greater than $2,000 for self-only coverage or $4,000 for any other coverage in 2014 (adjusted annually thereafter). Plans that provide the essential health benefits package will not be allowed to apply a deductible to preventive health services, as described earlier.

The ACA requires the secretary of HHS to define and periodically update coverage that provides essential health benefits. The secretary will ensure that the scope of essential health benefits is equal to that of benefits under a typical employer-provided health plan (as certified by the chief actuary of the Centers for Medicare and Medicaid Services). A health plan can provide benefits beyond the essential health benefits defined by the secretary.

Existing State Law Coverage Mandates: As of 2010, laws in 42 states already required most state-regulated insurance to cover treatment for diabetes, including self-management training, supplies and equipment (such as insulin pumps, test strips and meters). Although federal law does not preempt these laws, a new provision—"standard benefit packages" that include policies sold through health benefit exchanges beginning in 2014—may lead to reexamination of or proposed changes in these laws, if any are determined to be beyond the standard package. The definitions have not yet been established by HHS.

Diabetes Prevention

Incentives for Prevention of Chronic Diseases in Medicaid: The secretary of HHS will award state grants for primary prevention activity initiatives to provide incentives to Medicaid beneficiaries who participate in tobacco cessation programs; control or reduce weight; lower cholesterol; lower blood pressure; avoid the onset of diabetes or, in the case of people with diabetes, improve disease management; and address co-morbidities.[12] The act allocated $100 million to the program for a five-year period.

The secretary will award three-year grants to states beginning Aug. 1, 2011. States that receive grants must conduct outreach and education campaigns to make Medicaid beneficiaries and providers aware of state initiatives under the program. States that receive grants must meet a number of requirements, such as tracking beneficiary participation; evaluating changes in risks, results and overall effectiveness; and establishing standards and targets. To implement the program, states may create partnerships with Medicaid providers, community-based or faith-based organizations, Indian tribes or other entities.[13]

The Prevention and Public Health Fund: The ACA established the Prevention and Public Health Fund to provide $15 billion to wellness initiatives over the next 10 years. The fund is designed to invest in proven strategies that prevent people from becoming sick, thereby potentially reducing short- and long-term state budget pressures and costs. The fund will support community-based prevention programs, initiatives to reduce the effects of chronic diseases such as diabetes, and support screenings and other evidence-based health programs. It also will support state, local and community efforts to focus on preventive health initiatives.

Beginning in 2010, for example, states received money from the Prevention and Public Health Fund to support strategies that address current and projected workforce shortages. Twenty-six states received funding to begin comprehensive health care workforce planning or implementation. Six states received funding to develop and evaluate curriculum to train qualified personal and home care aides. Thirty-two entities in 23 states received Health Profession Opportunity Grants to train low-income people in a variety of health care professions.

The ACA also authorized the following initiatives but did not appropriate funding for them.

Healthy Aging, Living Well Grants: Healthy Aging, Living Well grants will be awarded to states, local health departments and Indian tribes to carry out pilot programs. Each five-year pilot program must provide public health community interventions. In addition to community-wide public health interventions, grantees must conduct ongoing health screening to identify risk factors for cardiovascular disease, cancer, stroke and diabetes among residents in both urban and rural areas who are between the ages of 55 and 64. Clinical referrals for individuals who are between the ages of 55 and 64 also are required. [14] Funding amounts are not specified for fiscal years 2010-2014.

National Diabetes Prevention Program: The law also establishes a national diabetes prevention program for adults who are at high risk for diabetes. The secretary of HHS and the director of the Centers for Disease Control and Prevention are authorized to establish this program to help eliminate the preventable burden of diabetes. It would include grants to community or-

ganizations for lifestyle intervention programs to prevent type 2 diabetes. The community-based diabetes prevention program model sites, a program within the CDC, would determine applicant eligibility to deliver community-based diabetes prevention services; training and outreach programs; and evaluation, monitoring and technical assistance. Model site pilot programs have shown promising results, among them reducing the risk of diabetes by 58 percent.[15, 16] The funding amount is not specified for fiscal years 2010-2014.

Chronic Disease Management

Health Homes for Enrollees with Chronic Conditions: Several diabetes studies focus on the need for coordinated care and care management. Most people with diabetes initially are able to manage their disease. As it progresses, however, they may develop other diseases or conditions, which increase the need for both coordinated care from several physicians and effective disease management. Many states are adopting the "patient-centered medical home" or "health home" model to help patients manage complications or multiple chronic diseases. The model includes a multidisciplinary team, coordinated by a primary care physician or specialist who coordinates and directs appropriate and timely services. The models attempt to reduce overuse and misuse of services so the patient receives better results at a reduced cost.[17] The health reform law requires the secretary of HHS to establish standards that designate providers as eligible health homes.

Independence at Home Demonstration Program: The ACA created a demonstration program to test a payment incentive and service model that uses physician- or nurse practitioner-directed home-based primary care teams to provide continuous, coordinated and accessible care to high-need groups. The design is expected to reduce expenditures and improve health results by reducing preventable hospitalizations, hospital readmissions and emergency room visits; providing more efficient care; reducing the cost of health care services; and satisfying beneficiaries and family caregivers. Diabetes is included as a chronic illness for which applicable beneficiaries may receive treatment. These beneficiaries must be served through a qualifying independence at home medical practice, must be entitled to such benefits, must not be enrolled in Medicare Advantage Plan Part C or a PACE program, and must have two or more chronic illnesses. The act allocated $5 million for each fiscal year from 2010 to 2015.

Standards and Reporting

Catalyst to Better Diabetes Care Act of 2009: The Catalyst to Better Diabetes Care Act of 2009, a section of the ACA, requires the secretary of HHS to prepare a biennial national diabetes report card for each state. The report cards must be publicly available on the Internet. States must include aggregate health results related to those diagnosed with diabetes and pre-diabetes, including preventive care practices and quality of care, risk factors and results. The federal government must conduct a national trend analysis to track progress, and inform policy and program development. "The secretary will promote education and training of physicians on the importance of birth and death certificate data, encourage state adoption of the latest standard revisions of birth and death certificates, and work with states to re-engineer their vital statistics systems."[18] Improved death certificate reporting could help track information about diabetes-related deaths.

The secretary also must consider the appropriate level of diabetes medical education. In collaboration with numerous organizations and federal agencies, the secretary will conduct a study of the effect of diabetes on the practice of medicine in the United States. The group also must study the appropriate level of diabetes medical education that should be required before licensure and board certification and recertification.

Ensuring Quality of Care: The ACA requires the secretary of HHS, in consultation with experts in health care quality, to develop national priorities on quality, standardize quality measurement and reporting, invest in patient safety, and reward providers for high-quality care. These provisions may help provide better infor-

mation to those with diabetes to support their health care choices and give physicians incentives to provide all patients with high-quality, effective and efficient care.

Notes

1. UnitedHealth: Center for Health Reform and Modernization, *United States of Diabetes: Challenges and Opportunities in the Decade Ahead (*Minneapolis, Minn.: UH, November 2010); http://www.unitedhealthgroup.com/hrm/UNH_WorkingPaper5.pdf.

2. U.S. Department of Health and Human Services, *New Plan Options for Federally Administered Pre-Existing Condition Insurance Plan in 2011* (Washington, D.C.: USDHHS, Nov. 5, 2010); http://www.healthcare.gov/news/factsheets/new_plan_options_2011.html.

3. Congressional Research Service, *Private Health Insurance Provisions in PPACA (P.L.111-148)* (Washington, D.C.: CRS, Feb. 15, 2010); http://bingaman.senate.gov/policy/crs_privhins.pdf.

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6. California HealthCare Foundation, *U.S. Health Care Spending: Quick Reference Guide*, 2010 (Oakland, Calif.: CHCF, Apr. 2010); http://www.chcf.org/publications/2010/04/health-care-costs-101#ixzz12A7NrXB3.

7. Congressional Research Service, *Private Health Insurance Provisions.*

8. Ibid.

9. The USPSTF recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg. B.

10. George Washington University School of Public Health and Health Services, *Summary of Provisions: Patient Protection and Affordable Care Act* (Washington, D.C.: GWUMC, n.d.); http://www.gwumc.edu/sphhs/departments/healthpolicy/healthReform/propSummaries/Combined_Senate_Summary.pdf.

11. Katie Bunker, "Health Care Reform Promises Coverage for All with Diabetes," *Diabetes Forecast: A Health Living Magazine* (March 22, 2010).

12. George Washington University, *Summary of Provisions.*

13. Ibid.

14. Ibid.

15. Ibid.

16. American Diabetes Association, *Health Care Reform and People with and At-risk for Diabetes (*Alexandria, Va: ADA, n.d); http://main.diabetes.org/site/DocServer/HCR_People_with_Diabetes.pdf?docID=49641.

17. Richard Kahn and John Anderson, "Improving Diabetes Care: The Model for Health Care Reform," *Diabetes Care 32,* no. 6 (June 2009).

18. George Washington University, *Summary of Provisions.*

About This NCSL Project

This report was researched and written by Katie Mason. NCSL's Diabetes Project is housed at the NCSL Health Program in Denver, Colorado. It is led by Richard Cauchi (program director) and Katie Mason (policy associate). NCSL gratefully acknowledges the financial support of Novo Nordisk for this work.

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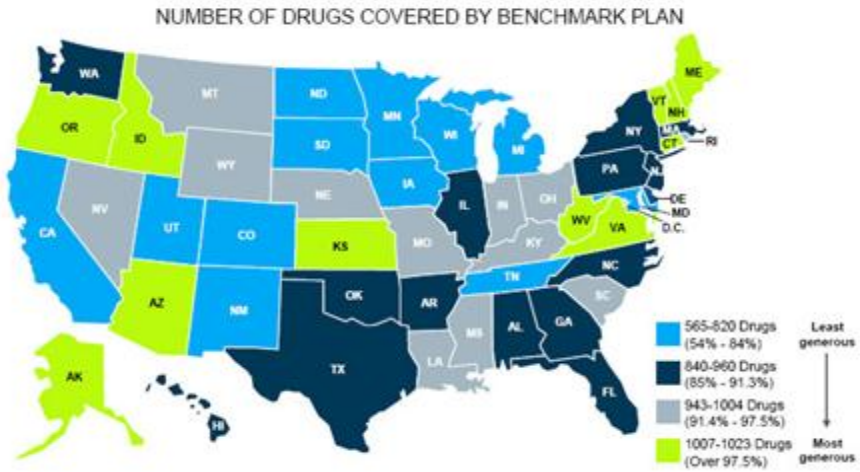

Trends in Detail: Public Health Legislation
Compiled by Amy Winterfeld, NCSL

Clinical Preventive Services

- Clinical services with a U.S. Preventive Services Task Force grade of "A" or "B" brought into the Affordable Care Act's minimum benefits package for most health insurance and Medicare coverage.
- No cost to the consumer.
- Includes diabetes screening & healthy diet counseling.

Source: http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm

Trends in Detail: Public Health Legislation
by Amy Winterfeld

Access to Healthy Foods

- Six states and D.C. have state-legislated grocery retail development incentives.
- Federal fresh food financing initiative also offers incentive funds to states.
- Public funds provide incentives for private investment in grocery retail development in underserved communities as well.

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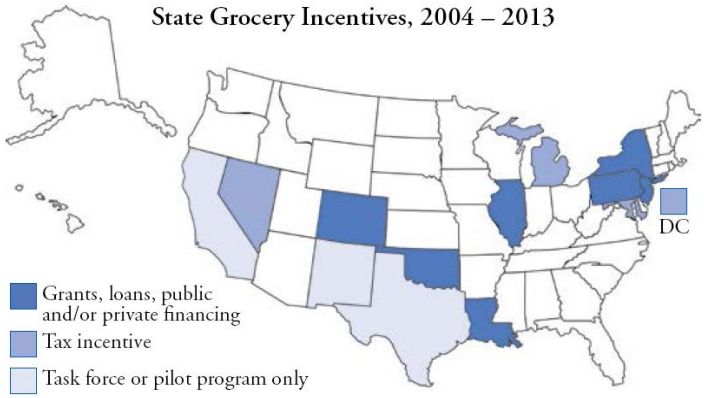
Access to Healthy Foods - Grocery Financing Initiatives



Source: NCSL and CDC, 2013.

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Healthy Eating at School

- **School Nutrition & Beverage Standards**
  - **2013 Texas Beverage Standards Legislation - Vetoed**
- **School Breakfast Programs**
  - **2013 West Virginia Feed to Achieve Act - Enacted**
- **Competitive Food Standards**
  - **2013 federal regulations authorized by Healthy, Hunger-Free Kids Act of 2010 build on state policy innovations**
  - **Some state requirements remain stricter than federal standards**
- **Drinking Water in Schools**
- **Farm to School Programs**

Preschool Obesity Prevention

Recently enacted preschool childhood obesity prevention legislation:

- California - Preschool beverage standards. (2010)
- Colorado - Farm to school promotion program includes preschool. (2010)
- Kentucky - Includes early childhood interventions and addressing healthy eating and physical activity in childcare among topics for obesity task force consideration. (2011)
- Nevada - Child care licensing standards amended to include worker training regarding childhood obesity, nutrition and physical activity. (2011)

School Physical Activity

- Physical Education Standards - Vary Widely
  - Time Requirements, Quality Instruction
- Physical Activity Standards
  - Colorado - the 50th to enact in 2011
- School Recess
  - 11 states have some type of recess requirement - Arkansas, Connecticut, Illinois, Indiana, Massachusetts, Minnesota, New Jersey , Oklahoma, South Carolina, Texas, Washington
- Safe Routes to School

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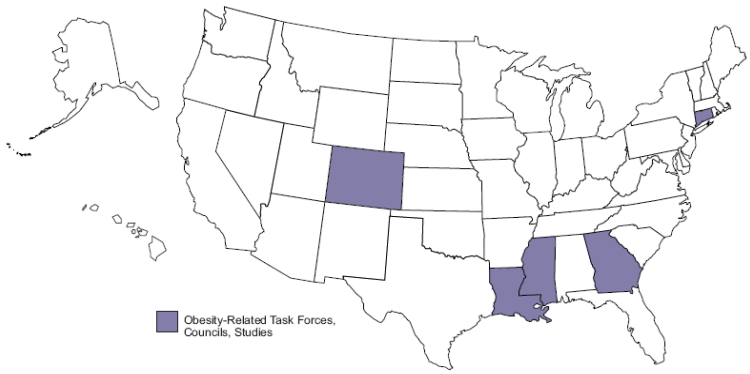
Obesity-Related Task Forces, Councils, Studies -Enacted in 2013



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Shared (Joint) Use Agreements

- **A formal agreement between two separate entities—often a school district and a city or county government—defining roles, responsibilities, terms and conditions for the shared use of public property.**

Many schools close facilities after school hours because of concerns about liability, costs, security or maintenance. Joint use agreements can reduce these concerns.

State-level facilitating factors:

- **Governmental immunity laws in all 50 states.**
- **Some states have recreational user statutes providing additional protection for landowners to encourage opening property for public use.**
- **No state has more onerous liability rules for property use after school.**
- **Many states have more favorable liability rules for property use after school.**

Source: NPLAN, *A Look at State Rules Affecting Joint Use Agreements* accessed 11/12/10 at: http://www.nplanonline.org/nplan/products/community-use-charts

Clinical Preventive Services

- **Clinical services with a U.S. Preventive Services Task Force grade of "A" or "B" brought into the Affordable Care Act's minimum benefits package for most health insurance and Medicare coverage.**
- **No cost to the consumer.**
- **Includes diabetes screening & healthy diet counseling.**

Source: http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm

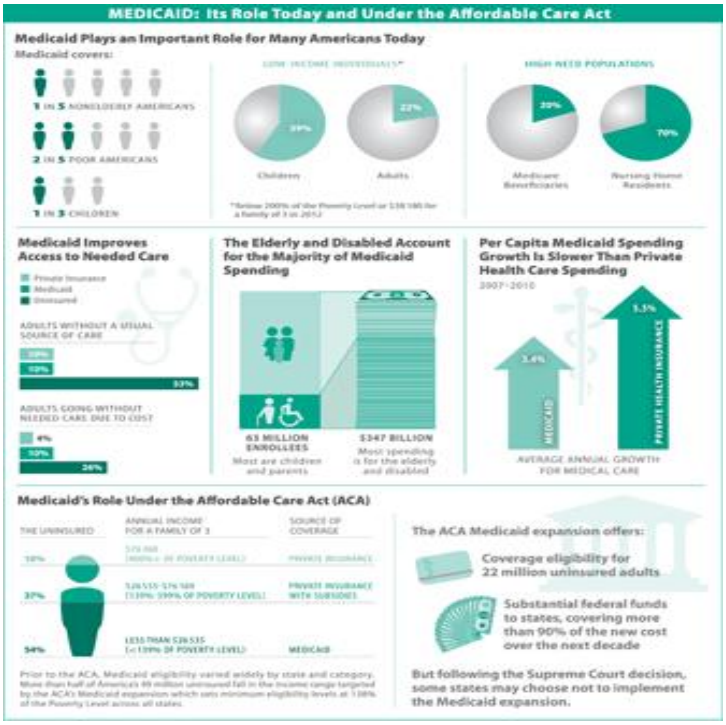
Public Health Accreditation

- **Accreditation application prerequisites:**

1. **Assess health status and community needs;**
2. **Develop health improvement plan;**
3. **Develop strategic plan, identity priorities & roadmap to achieve goals.**

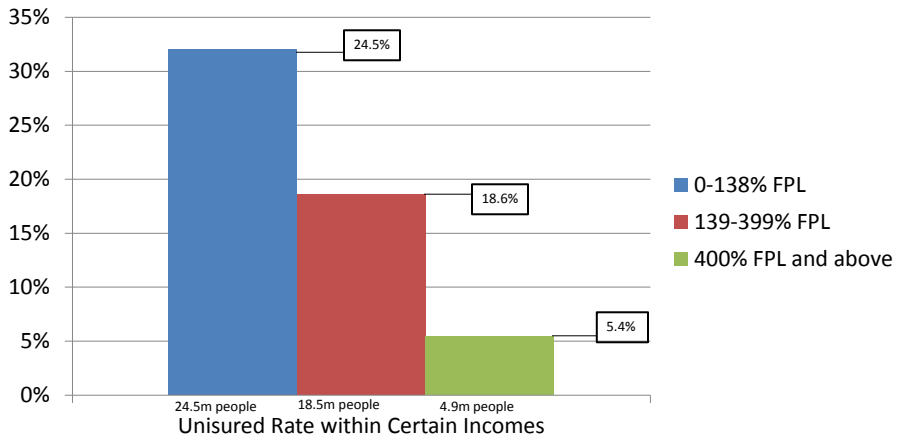
Currently:

- **24 states require the state health department to achieve one of more of the prerequisites. (AK, CO, CT, FL, ID, IL, IN, MD, MI, MN, MT, NH, NJ, NM, NY, NC, OK, OR, TX, VA, WA, WV, WI, WY).**
- **At least fifteen states have a strategic planning requirement: AK, FL, ID, MT, NM, NC, OK, OR, TX, VA, WA, WV, WI, WY.**
- **At least sixteen states mandate health assessments or health improvement plans: CO, CT, FL, IL, IN, MD, MI, MN, NH, NJ, NY, NC, OK, WA, WV, WI.**



JAMA

Uninsured Rates, by Income
(context: Medicaid and the ACA)



Source: Cindy Mann, Director, Medicaid, CMS; adopted from kff.org NCSL meeting, August 2013

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NCSL
NATIONAL CONFERENCE of STATE LEGISLATURES
The Forum for America's Ideas

"Where Poor and Uninsured Americans Live"

An analysis by the NY Times 10/2/2013

The 26 Republican states not participating in an expansion of Medicaid are home to a disproportionate share of the nation's poorest uninsured residents. Eight million will be stranded without insurance.

- All States = 8.0% poor and uninsured
- Not Expanding Medicaid = 9.1% poor and uninsured
- Expanding Medicaid = 6.8% poor and uninsured

http://www.nytimes.com/interactive/2013/10/02/us/uninsured-americans-map.html?ref=health

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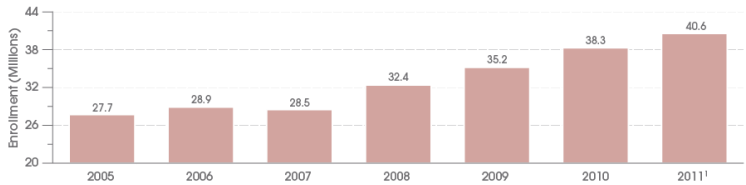
MEDICAID

DEMOGRAPHICS

Medicaid MCO Enrollment Climbs by 6%, Tops 40 Million

LONG-TERM TREND

MEDICAID MCO ENROLLMENT, 2005–2011



Data source: IMS Health © 2012

[1] National estimates were calculated based on previous years of national Medicaid enrollment growth and the shifting of Medicaid recipients to managed care in a number of largely populated states in 2010.

US.NMH.12.09.009

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PHARMACY

CHRONIC DISEASE

Out-of-Pocket Costs Decline Sharply for Medicaid

AVERAGE OUT-OF-POCKET COSTS PER MEDICAID RETAIL RX[1] AND TOTAL MEDICAID RX SPENDING[2]

	Out-of-Pocket Costs			Medicaid Retail Rx Spending (in millions)		
DRUG CLASS	2010	2011	% Change	2010	2011	% Change
Allergies	$5.30	$3.40	–35.9%	$333.7	$348.2	4.4%
Antiplatelets	7.74	4.48	–42.1	303.0	346.6	14.4
Arthritis	2.94	2.04	–30.6	319.8	362.5	13.4
Asthma	6.50	3.58	–44.9	2,014.1	2,218.8	10.2
Cholesterol	4.96	3.45	–30.4	567.2	630.1	11.1
Depression	3.90	2.59	–33.6	926.4	971.0	4.8
Diabetes	5.35	3.30	–38.3	1,360.7	1,551.3	14.0
Gastrointestinal	4.52	2.89	–36.1	86.1	100.1	16.3
Hypertension	3.12	2.33	–25.3	639.8	649.5	1.5
Oncology	61.91	4.62	–92.5	251.4	210.0	–16.5
Osteoporosis	5.92	3.99	–32.6	56.1	52.7	–6.1
Sleep Disorder	3.61	2.37	–34.4	115.5	111.7	–3.3

Data source: IMS Health © 2012

[1] Data are as of midyear 2011, and represent the numbers/percentages of prescriptions dispensed, by drug class, to all patients.
[2] The total full price the pharmacy charges the patient for the product, regardless of the copayment situation.
NOTE: "Out-of-pocket cost" is the actual amount paid by the patient for the individual prescription. This cost mainly includes copayments, but can also include tax, deductibles and cost differentials where applicable.

US.NMH.12.09.009

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Diabetes 2, Average Professional Charges, Nation, 2010-2011

Gender	Ambulatory Surgery	Emergency Room	Hosp Inpatient	Hosp Outpatient	Office/Clinic	Other	Skilled Nursing Facility/ICF
2010							
Male	$2,189	$774	$2,802	$1,147	$1,803	$1,362	$860
Female	$2,275	$797	$2,609	$1,007	$1,851	$1,312	$892
2011							
Male	$2,349	$843	$2,902	$1,176	$1,828	$1,589	$933
Female	$2,462	$878	$2,677	$1,030	$1,875	$1,550	$952

Data source: IMS Health © 2013
US.NMH.12.11.017

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Program Description

- Outcome of diabetes treatment highly dependent on self-care
- Non-adherence to recommended regimens an obstacle to improved health status
- Medicaid population tends to exhibit higher utilization & costs, as well as poorer health outcomes
- CareSmart Diabetes Disease Management (DM) Program – developed internally by BCBST for TennCare population
  - For Type 1 and Type 2 diabetics
- Program: behavior change & health education, self-management, personalized telephone coaching, compliance with ADA clinical practice guidelines, and PCP support
- Member consent obtained for enrollment in program

DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

Alert: Before you begin the training and/or enrollment processes, please take some time to review the Computer Based Training modules. **

INTERNAL LINKS

- Become a Provider
- Provider Correspondence
- Provider Forms
- Provider Manuals
- Cost Reports

PROVIDERS

Provider Information

Diabetes Self-Management Education

The South Dakota Medical Assistance Program has a coverage policy for Diabetes Self-Management Education. This service is reimbursable when delivered to an eligible Medical Assistance recipient by a program certified by the American Diabetes Association or recognized by the South Dakota Department of Health.

The coverage guidelines are not intended to exclude individuals who have not received any prior diabetes education. Provider questions may be directed to 1-800-452-7691 or 605-773-3495.

Enroll in the Program

Medical providers must complete an application and agreement form in order to enroll in the Diabetes Management Education Program. The agreement establishes contractual relations with the provider to ensure the provider adheres to rules and regulations established by South Dakota administrative rule and codified law.

The following forms must be completed:

- Diabetes Management Education Program Application
- Provider Agreement
- W-9 Form
- Direct Deposit Form
- Ownership Disclosure Form

Coverage Guidelines

Outpatient diabetes self-management education is a covered service when one of the following conditions are met:

1. The individual is a newly diagnosed diabetic, gestational diabetic, or has received no previous diabetes education.
2. The individual demonstrates poor glycemic control as evidenced by glycated hemoglobin level greater than 2 percent above the upper limit of normal for the assay used.
3. There is a change in the treatment regimen.
4. There is documentation of acute episodes of severe hypoglycemia or hyperglycemia occurring in the past year.

5. The individual is high risk based on the presence of at least one of the following: extremity, renal, or cardiac complications or diabetic retinopathy.
6. Outpatient diabetes self-management education is limited to ten hours of comprehensive education and follow-up education sessions of two hours per year based upon assessment of need and documented physician order.

The provider of outpatient self-management education must maintain the following documentation:

1. A copy of the physician order.
2. A comprehensive plan of care documented in the medical record.
3. Assessment of the individual education needs.
4. Individual education plan.
5. Evaluation of achievement of self-management goals.

Outpatient diabetes self-management education will be reimbursable when delivered by an American Diabetes Association or South Dakota Department of Health recognized program and a claim is submitted by an enrolled provider such as a hospital or clinic.

Diabetes self-management education is not separately reimbursable when:

1. The individual is institutionalized and the training is not delivered in an out-patient setting.
2. The individual has already received the maximum hours of comprehensive diabetes education.
3. The individual receives this service in a Federally Qualified Health Center or a Rural Health Clinic.

Diabetes self-management education is also covered for individuals under the age of 21 when prescribed by a physician and referred by the primary care provider.

Claim Requirements

A claim for diabetes self-management education may be submitted by an enrolled Diabetes Education program that has been certified by the American Diabetes Association or the South Dakota Department of Health.

The claim must be submitted on a CMS 1500 form and must contain the following information:

1. The recipient's full name as it appears on the medical assistance identification card.
2. The recipient's medical assistance identification number from the recipient's medical assistance identification card.
3. Third-party liability information required under Administrative Rules of South Dakota (ARSD) 67:16:26.
4. Date of service.
5. Place of service.
6. Type of service (9).
7. The provider's usual and customary charge. The provider may not subtract other third-party or cost-sharing payments from this charge.
8. Units of service, ARSD 67:16:46:05.
9. Diagnosis codes as contained in the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) adopted in ARSD 67:16:01:26.
10. The provider's name, address, telephone number and Diabetes Education Program provider number.
11. The signature of the provider or provider's representative and the date of signature.
12. A separate claim form must be used for each recipient.
13. Applicable South Dakota Medical Assistance procedure codes ARSD 67:16:46:05:

Payment for services covered under the provisions of this chapter is limited to the following:

- G0108 Diabetes Education, Individual, each 30-minute unit - $18.00
- G0109 Diabetes Education, Group, each 30-minute unit - $13.00
- S9455 Diabetes Education, Follow-up, Group, each 60-minute unit - $25.00
- S9460 Diabetes Education, Follow-up, Individual, each 60-minute unit - $35.00

Cost Sharing

Cost sharing for diabetes education services is $3 for each unit of service billed. Eligible Medical Assistance recipients under the age of 19 years or under the Home and Community Based Services program are not required to participate in the cost of medical care.

HEALTH CARE

MANDATED BENEFITS

MANDATED COVERAGE FOR DIABETES SUPPLIES, EDUCATION, AND SELF-MANAGEMENT (STATUTES)

Thomson Reuters/West October 2012

The legislatures of many jurisdictions find that diabetes imposes a significant health risk and tremendous financial burden on the citizens and government of the jurisdiction. Access to the medically-accepted standards of care for diabetes (i.e., treatment, supplies, self-management training, and education) is crucial to prevent or delay the short- and long-term complications of diabetes and its attendant costs.

Statutory provisions typically describe the types of diabetes covered; specify the items, services, and equipment included within the statutory coverage; describe the elements of "self-management" programs; note the types of insurance policies required to have such coverage for diabetes supplies, education, and self-management; and describe those policies in which such coverage is exempted or not required. Provisions of the federal Patient Protection and Affordable Care Act, PL 111-148, 2010 HR 3590, and its implementing regulations also impact coverage of persons with diabetes. For example, either now or by the year 2014 most insurers may not deny coverage to children with pre-existing conditions such as diabetes, may not limit lifetime or annual benefits due to diabetes, and are required to provide some preventive services.

The focus of this table is laws that directly address insurance coverage for diabetes, and laws indirectly affecting coverage are not exhaustively included. This table includes private insurance policies, including Medicare supplement policies, and generally excludes state Medicaid plans and plans that cover solely state employees.

Table 1: Mandated Coverage for Diabetes Supplies, Education, and Self-Management

State	Types of diabetes covered	Items and equipment included within coverage	"Self-management" elements; limitations as to coverage	Insurance policies in which coverage required; policies in which coverage exempted or not required
Alabama	None	None	None	None
Alaska	Insulin dependent diabetes, insulin using diabetes, gestational diabetes, and noninsulin using diabetes AK ST § 21.42.390	Medication, equipment, and supplies, if health care insurance plan includes coverage for pharmacy services. Specific medications equipment and supplies not specified. Outpatient self-management training or education, and medical nutrition therapy. AK ST § 21.42.390	Coverage for the cost of diabetes outpatient self-management training and education and for the cost of medical nutrition therapy is only required if provided by a health care provider with training in the treatment of diabetes. AK ST § 21.42.390	All health care insurance plans must include coverage for outpatient self-management training and education, and medical nutrition therapy; a health care insurance plan that includes coverage for pharmacy services must provide coverage for the cost of treating diabetes, including medication, equipment and supplies. AK ST § 21.42.390
Arizona	The statutes reference diabetes generally without further specification of types. AZ ST § 20-826 AZ ST § 20-1057 AZ ST § 20-1342 AZ ST § 20-1402	Blood glucose monitors; blood glucose monitors for the legally blind; test strips for glucose monitors and visual reading and urine testing strips; insulin preparations and	None	Hospital, medical, dental and optometric service corporation contracts; health care services organizations; disability insurance group and blanket disability insurance.

	AZ ST § 20-1404 AZ ST § 20-2325	glucagon; insulin cartridges; drawing up devices and monitors for the visually impaired; injection aids; insulin cartridges for the legally blind; syringes and lancets including automatic lancing devices; prescribed oral agents for controlling blood sugar that are included on the plan formulary; to the extent coverage is required under Medicare, podiatric appliances for prevention of complications associated with diabetes; and, any other device, medication, equipment or supply for which coverage is required under Medicare from and after January 1, 1999. The coverage required in this paragraph is effective six months after the coverage is required under Medicare.		AZ ST § 20-826 AZ ST § 20-1057 AZ ST § 20-1402 AZ ST § 20-1404

		AZ ST § 20-826 AZ ST § 20-1057 AZ ST § 20-1342 AZ ST § 20-2325		
Arkansas	Type I, Type II, and gestational diabetes AR ST § 23-79-603	Every health insurance policy shall include medical coverage for medically necessary equipment, supplies, and services. Specific types of equipment, supplies, and services are not listed in the statute. AR ST § 23-79-603 AR ST § 23-79-604	"Diabetes self-management training" means instruction in an inpatient or outpatient setting including medical nutrition therapy relating to diet, caloric intake and diabetes management, excluding programs the primary purposes of which are weight reduction, which enables diabetic patients to understand the diabetic management process and daily management of diabetic therapy as a method of avoiding frequent hospitalizations and complications when the instruction is provided in accordance with a program in compliance with the National Standards for Diabetes	"Health insurance policy" means a group insurance policy, contract, or plan or an individual policy, contract, or plan which provides medical coverage on an expense incurred, service, or prepaid risk-sharing basis. This subchapter shall not apply to: long-term care plans; disability income plans; short-term nonrenewable individual health insurance policies that expire after six months; medical payments under homeowner or automobile insurance policies; and workers' compensation insurance. AR ST § 23-79-601 AR ST § 23-79-606 AR ST § 23-79-607

			Self-management Education Program as developed by the American Diabetes Association AR ST § 23-79-602	
California	Insulin using diabetes, noninsulin using diabetes, and gestational diabetes. CA HLTH & S § 1367.51 CA INS §10176.61 CA INS § 10176.6 CA INS § 10177.7 Diabetes. CA INS § 10123.141	Coverage for the following equipment and supplies for the management and treatment of diabetes as medically necessary, even if the items are available without a prescription: (1) Blood glucose monitors and blood glucose testing strips. (2) Blood glucose monitors designed to assist the visually impaired. (3) Insulin pumps and all related necessary supplies. (4) Ketone urine testing strips. (5) Lancets and lancet puncture devices. (6) Pen delivery systems for the administration of insulin. (7) Podiatric devices to prevent or	Every plan shall provide coverage for diabetes outpatient self-management training, education, and medical nutrition therapy necessary to enable an enrollee to properly use the equipment, supplies, and medications set forth in the code provision, and additional diabetes outpatient self-management training, education, and medical nutrition therapy upon the direction or prescription of those services by the enrollee's participating physician. If a plan delegates outpatient self-management training to contracting	Every Health Care Service Plan contract, except a specialized Health Care Service Plan contract, that is issued, amended, delivered, or renewed on or after January 1, 2000, and that covers hospital, medical, or surgical expenses. On and after January 1, 1982, every policy of disability insurance which is issued, amended, delivered, or renewed that covers hospital, medical, or surgical expenses on a group basis. Every insurer issuing, amending, delivering, or renewing a disability insurance policy on or after January 1, 2000, that covers

		treat diabetes related complications. (8) Insulin syringes. (9) Visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin. Every Health Care Service Plan contract, except a specialized Health Care Service Plan contract, that is issued, amended, delivered, or renewed on or after January 1, 2000, that covers prescription benefits shall include coverage for the following prescription items if the items are determined to be medically necessary: (1) Insulin. (2) Prescriptive medications for the treatment of Diabetes. (3) Glucagon. CA HLTH & S § 1367.51 CA INS § 10176.61 Coverage as an option for special footwear needed by persons who	providers, the plan shall require contracting providers to ensure that diabetes outpatient self-management training, education, and medical nutrition therapy are provided by appropriately licensed or registered Health Care professionals. The Diabetes outpatient self-management training, education, and medical nutrition therapy services identified shall be provided by appropriately licensed or registered Health Care professionals as prescribed by a participating Health Care professional legally authorized to prescribe the service. These benefits shall include, but not be limited to, instruction that will enable diabetic patients and their families to gain	hospital, medical, or surgical expenses. On and after January 1, 1982, every self-insured employee welfare benefit plan which is issued, amended, delivered, or renewed that covers hospital, medical, or surgical expenses on a group basis. CA HLTH & S § 1367.51 CA INS § 10176.61 CA INS § 10176.6 CA INS § 10177.7 Every policy of expense incurred hospital, medical, or surgical insurance issued, amended, or renewed on or after January 1, 1991, on a group basis, except for policies that only provide coverage for specified diseases or other limited benefit coverage. CA INS § 10123.141

		suffer from foot disfigurement under the terms and conditions agreed upon between the group contract holder and the insurer. CA INS § 10123.141	an understanding of the diabetic disease process, and the daily management of diabetic therapy, in order to thereby avoid frequent hospitalizations and complications. With respect to disability policies and *self-insured employee welfare benefit plans*, said plans and policies shall offer coverage for diabetic daycare self-management education programs, under such terms and conditions as may be agreed upon between the insurer and the group policyholder, subject to utilization controls. Coverage shall only apply to programs directed and supervised by a licensed physician who is board certified in internal medicine or pediatrics. Diabetic daycare self-	

			management and education programs shall be provided by Health Care professionals including, but not limited to, physicians, registered nurses, registered pharmacists, and registered dieticians who are knowledgeable about the disease process of diabetes and the treatment of diabetic patients. As used in this section, diabetic daycare self-management education programs means instruction which will enable diabetic patients and their families to gain an understanding of the diabetic disease process, and the daily management of diabetic therapy thereby avoiding frequent hospitalizations and complications. CA INS § 10176.6	

			CA INS § 10177.7 CA INS § 10123.141	
Colorado	The statute references diabetes generally without further specification of types. CO ST § 10-16-104	Coverage shall include equipment, supplies, and outpatient self-management training and education, including medical nutrition therapy if prescribed by a Health Care provider licensed to prescribe such items pursuant to Colorado law, and, if coverage is provided through a managed care plan, such qualified provider shall be a participating provider in such managed care plan. CO ST § 10-16-104	Diabetes outpatient self-management training and education when prescribed shall be provided by a certified, registered, or licensed Health Care professional with expertise in diabetes. CO ST § 10-16-104	Any health benefit plan, except supplemental policies covering a specified disease or other limited benefit, that provides hospital, surgical, or medical expense insurance shall provide coverage for diabetes. CO ST § 10-16-104 A small employer purchasing any health benefit plan other than a basic plan must comply with mandatory coverage provisions in § 10-16-104. CO ST § 10-16-105 Optional benefit: A carrier offering an individual health coverage plan or a small group plan may offer incentives or rewards to encourage covered persons under

				the plan to participate in wellness and prevention programs, which may include diabetes care programs. CO ST § 10-16-136
Connecticut	Insulin dependent diabetes, insulin using diabetes, gestational diabetes and noninsulin using diabetes. CT ST § 38a-492d CT ST § 38a-492e CT ST § 38a-518d CT ST § 38a-518e	Such coverage shall include medically necessary equipment, in accordance with the insured person's treatment plan, drugs and supplies prescribed by a prescribing practitioner. CT ST § 38a-492d CT ST § 38a-492e CT ST § 38a-518d CT ST § 38a-518e	Coverage for outpatient self-management training for the treatment of insulin dependent diabetes, insulin using diabetes, gestational diabetes and noninsulin using diabetes if the training is prescribed by a licensed Health Care professional who has appropriate state licensing authority to prescribe such training. As used in this section, "outpatient self-management training" includes, but is not limited to, education and medical nutrition therapy. Diabetes self-management training shall be provided by a certified, registered or	Each individual health insurance policy and each group health insurance policy providing coverage delivered, issued for delivery or renewed in this state on or after October 1, 1997, shall provide coverage for laboratory and diagnostic tests for all types of diabetes, and each individual health insurance policy and each group health insurance policy providing coverage delivered, issued for delivery or renewed in this state on or after January 1, 2000, shall provide coverage for outpatient self-

			licensed Health Care professional trained in the care and management of Diabetes and authorized to provide such care within the scope of the professional's practice. Benefits shall cover: (1) Initial training visits provided to an individual after the individual is initially diagnosed with diabetes that is medically necessary for the care and management of diabetes, including, but not limited to, counseling in nutrition and the proper use of equipment and supplies for the treatment of diabetes, totaling a maximum of ten hours; (2) training and education that is medically necessary as a result of a subsequent diagnosis by a physician of a significant change in	management training. CT ST § 38a-492d CT ST § 38a-492e CT ST § 38a-518d CT ST § 38a-518e

			the individual's symptoms or condition which requires modification of the individual's program of self-management of diabetes, totaling a maximum of four hours; and (3) training and education that is medically necessary because of the development of new techniques and treatment for diabetes totaling a maximum of four hours. CT ST § 38a-492d CT ST § 38a-492e CT ST § 38a-518d CT ST § 38a-518e	
Delaware	The statute references diabetes generally without further specification of types. DE ST TI 18 § 3344 DE ST TI 18 § 3560	The following equipment and supplies for the treatment of diabetes, if recommended in writing or prescribed by a physician: insulin pumps, blood glucose meters and strips, urine testing strips, insulin, syringes,	The elements of the self-management training and education are not specifically addressed by the statute. DE ST TI 18 § 3344 DE ST TI 18 § 3560	Every individual or group and blanket hospital service corporation contract, individual or group medical service corporation contract, individual or group health service corporation contract, individual health

		and pharmacological agents for controlling blood sugar. DE ST TI 18 § 3344 DE ST TI 18 § 3560		insurance policy, group health insurance policy and contract for Health Care services that provides hospital services, outpatient services or medical expense benefits, provides coverage for prescription drugs; and is delivered, issued, executed or renewed in the state or is approved for issuance or renewal in the state by the Insurance Commissioner shall provide benefits to any subscriber or other person covered thereunder for expenses incurred for equipment and supplies for the treatment of diabetes, if recommended in writing or prescribed by a physician. Nothing in the statute shall apply to accident only, specified disease, hospital indemnity, Medicare

				supplement long-term care, disability income or other limited benefit health insurance policies. DE ST TI 18 § 3344 DE ST TI 18 § 3560
District of Columbia	Insulin dependent diabetes, insulin using diabetes, gestational diabetes, and non-insulin using diabetes DC CODE § 31-3002	A health benefit plan shall provide coverage for the equipment, supplies, and other outpatient self-management training and education, including medical nutritional therapy, for the treatment of diabetes if prescribed by a Health Care professional legally authorized to prescribe such item. DC CODE § 31-3001 DC CODE § 31-3002 DC CODE § 31-3003 DC CODE § 31-3004	The elements of the self-management training and education are not specifically addressed by the statute. DC CODE § 31-3001 DC CODE § 31-3002 DC CODE § 31-3003 DC CODE § 31-3004	"Health benefit plan" means an accident and health insurance policy or certificate, hospital and medical services corporation contract, health maintenance organization subscriber contract, plan provided by a multiple employer welfare arrangement, or plan provided by another benefit arrangement. The term "health benefit plan" shall not mean accident only, credit, or disability insurance; coverage of Medicare services or federal employee health plans under contracts with the United States Government; Medicare supplement or long-term care insurance; specified

				disease insurance; hospital confinement indemnity coverage; limited benefit health coverage; coverage issued as a supplement to liability insurance; insurance arising out of a workers' compensation or similar law; automobile medical payment insurance; medical expense and loss of income benefits; or insurance under which benefits are payable with or without regard to fault and which is statutorily required to be contained in a liability insurance policy or equivalent self-insurance. "Health insurer" means a person that provides one or more health benefit plans or insurance in the District of Columbia, including an insurer, a hospital and medical services corporation, a fraternal

				benefit society, a health maintenance organization, a multiple employer welfare arrangement, or any other person providing a plan of health insurance subject to the authority of the Commissioner of the Department of Insurance, Securities, and Banking. The requirements of this chapter shall apply to all health benefit plans issued, delivered, renewed, or reissued on the 91st day after October 21, 2000. DC CODE § 31-3001
Florida	The statute references diabetes generally without further specification of types. FL ST § 627.6408 FL ST § 627.65745 FL ST § 641.31 Diabetic supplies. FL ST § 408.9091	Coverage for all medically appropriate and necessary equipment, supplies, and diabetes outpatient self-management training and educational services used to treat diabetes, if the patient's treating physician or a physician who specializes in the	The policy may require that diabetes outpatient self-management training and educational services be provided under the direct supervision of a certified diabetes educator or a board-certified endocrinologist. The policy may further	A health insurance policy or group, blanket, and franchise health insurance policy, and each health maintenance organization and prepaid health plan. FL ST § 627.6408 FL ST § 627.65745 FL ST § 641.31

		treatment of diabetes certifies that such services are necessary. FL ST § 627.6408 FL ST § 627.65745 FL ST § 641.31	require that nutrition counseling be provided by a licensed dietitian. FL ST § 627.6408 FL ST § 627.65745 FL ST § 641.31	The “Cover Florida plan,” a consumer choice benefit plan which guarantees payment or coverage for specified benefits provided to an enrollee. FL ST § 408.9091
Georgia	Insulin dependent diabetes, insulin using diabetes, gestational diabetes, and noninsulin using diabetes. GA ST § 33-24-59.2	Coverage for medically necessary equipment, supplies, pharmacologic agents, and outpatient self-management training and education, including medical nutrition therapy, for individuals with diabetes who adhere to the prognosis and treatment regimen prescribed by a physician licensed to practice medicine pursuant to Title 43. GA ST § 33-24-59.2	Diabetes outpatient self-management training and education as provided for in this statute shall be provided by a certified, registered, or licensed Health Care professional with expertise in Diabetes. The office of the Commissioner of Insurance shall promulgate rules and regulations after consultation with the Division of Public Health which conform to the current standards for diabetes outpatient self-management training and educational services established by the	On or after July 1, 2002, every individual major medical and group health insurance policy, group health insurance plan or policy, and any other form of managed or capitated care plans or policies. GA ST § 33-24-59.2

			American Diabetes Association for purposes of this code section. GA ST § 33-24-59.2	
Hawaii	The statute references diabetes generally without further specification of types. HI ST § 431:10A-121 HI ST § 432:1-612	Coverage for outpatient diabetes self-management training, education, equipment, and supplies, if: (1) The equipment, supplies, training, and education are medically necessary; and (2) The equipment, supplies, training, and education are prescribed by a Health Care professional authorized to prescribe. HI ST § 431:10A-121 HI ST § 432:1-612	The elements of the self-management training and education are not specifically addressed by the statute. HI ST § 431:10A-121 HI ST § 432:1-612	Each policy of accident and health or sickness insurance providing coverage for Health Care, other than an accident only, specified disease, hospital indemnity, Medicare supplement, long-term care, or other limited benefit health insurance policy, that is issued or renewed in this State, shall provide coverage. All group Health Care contracts pursuant to Mutual Benefit Societies. HI ST § 431:10A-121 HI ST § 432:1-612
Idaho	None	None	None	None
Illinois	Type 1 diabetes, type 2 diabetes and gestational diabetes mellitus IL ST CH 215 § 5/356w	Outpatient self-management training and education, equipment, and supplies. Coverage shall be provided for the following equipment	"Diabetes self-management training" means instruction in an outpatient setting which enables a diabetic patient to understand	A group policy of accident and health insurance amended, issued or renewed after the effective date of the amendatory Act of 1998

		when medically necessary and prescribed by a physician licensed to practice medicine in all of its branches, and coverage for the following items shall be subject to deductible, co-payment and co-insurance provisions provided for under the policy or a durable medical equipment rider to the policy: blood glucose monitors; blood glucose monitors for the legally blind; cartridges for the legally blind; and lancets and lancing devices. Coverage shall be provided for the following pharmaceuticals and supplies when medically necessary and prescribed by a physician licensed to practice medicine in all of its branches, and coverage for the following items	the diabetic management process and daily management of diabetic therapy as a means of avoiding frequent hospitalization and complications. Diabetes self-management training shall include the content areas listed in the National Standards for Diabetes Self-management Education Programs as published by the American Diabetes Association, including medical nutrition therapy and education programs, as defined by the contract of insurance, that allow the patient to maintain an A1c level within the range identified in nationally recognized standards of care. Coverage for diabetes self-management training, including	is required to have diabetes coverage. The Article does not apply to policies of accident and health insurance issued in compliance with article XIX B – Small Employer Group Health Insurance Law. IL ST CH 215 § 5/356w

		shall be subject to the same coverage, deductible, co-payment, and co-insurance provisions under the policy or a drug rider to the policy: insulin; syringes and needles; test strips for glucose monitors; FDA approved oral agents used to control blood sugar; and glucagon emergency kits. IL ST CH 215 § 5/356w	medical nutrition education, shall be limited to the following: up to 3 medically necessary visits to a qualified provider upon initial diagnosis of diabetes by the patient's physician; up to 2 medically necessary visits to a qualified provider upon a determination by a patient's physician that a significant change in the patient's symptoms or medical condition has occurred. Coverage for diabetes self-management training shall be subject to the same deductible, co-payment, and co-insurance provisions that apply to coverage under the policy for other services provided by the same type of provider. If authorized by a physician, diabetes	

			self-management training may be provided as part of an office visit, group setting or home visit. IL ST CH 215 § 5/356w	
Indiana	"Insured" refers to an individual with: (1) insulin using diabetes; (2) non-insulin using diabetes; or (3) elevated blood glucose levels induced by pregnancy or another medical condition; who is covered by a health insurance plan issued by an insurer. IN ST 27-8-14.5-2	A health insurance plan issued by an insurer must provide coverage to the insured for the medically necessary treatment for diabetes, including medically necessary supplies and equipment as ordered in writing by a physician licensed under IC 25-22.5 or a podiatrist licensed under IC 25-29, subject to the general provisions of the health insurance plan. IN ST 27-8-14.5-4	A health insurance plan issued by an insurer must provide coverage for diabetes self-management training that is: (1) medically necessary; (2) ordered in writing by a physician licensed under IC 25-22.5 or a podiatrist licensed under IC 25-29; and (3) provided by a Health Care professional who: (A) is licensed, registered, or certified under IC 25; and (B) has specialized training in the management of diabetes. Coverage for diabetes self-management training may be limited to the following: (1) One (1) or more visits after	"Insurer" means any person who provides health insurance and issues health insurance plans in Indiana. The term includes the following: (1) A licensed insurance company. (2) A prepaid hospital or medical service plan. (3) A health maintenance organization. (4) A state employee health benefit plan. (5) The state Medicaid plan. (6) Any person providing a plan of health insurance subject to state insurance law. "Health insurance plan" means any: (1) hospital or medical expense incurred policy or certificate; (2) hospital or medical service plan

			receiving a diagnosis of diabetes. (2) One (1) or more visits after receiving a diagnosis by a physician licensed under IC 25-22.5 or a podiatrist licensed under IC 25-29 that: (A) represents a significant change in the insured's symptoms or condition; and (B) makes changes in the insured's self-management medically necessary. (3) One (1) or more visits for reeducation or refresher training. Coverage for diabetes self-management training is subject to the requirements of the health insurance plan regarding the use of participating providers. IN ST 27-8-14.5-4 IN ST 27-8-14.5-6	contract; or (3) health maintenance organization subscriber contract; provided to an insured. The term does not include the following: (1) Accident only, credit, dental, vision, Medicare supplement, long term care, or disability income insurance. (2) Coverage issued as a supplement to liability insurance. (3) Worker's compensation or similar insurance. (4) Automobile medical payment insurance. (5) A specified disease policy issued as an individual policy. (6) A limited benefit health insurance policy issued as an individual policy. (7) A short term insurance plan that: (A) may not be renewed; and (B) has a duration of not more than six (6) months. (8) A policy that provides a stipulated daily, weekly,

				or monthly payment to an insured during hospital confinement, without regard to the actual expense of the confinement. IN ST 27-8-14.5-1 IN ST 27-8-14.5-2 IN ST 27-8-14.5-3
Iowa	All types of diabetes mellitus. IA ST § 514C.18	Benefits for the cost associated with equipment, supplies, and self-management training and education. Coverage benefits shall include coverage for the cost associated with all of the following: equipment and supplies; and payment for diabetes self-management training and education. IA ST § 514C.18	Payment for diabetes self-management training and education only under all of the following conditions: (1) The physician managing the individual's diabetic condition certifies that such services are needed under a comprehensive plan of care related to the individual's diabetic condition to ensure therapy compliance or to provide the individual with necessary skills and knowledge to participate in the management of the individual's condition; (2) the	Policies or contracts providing for third-party payment or prepayment of health or medical expenses. This section applies to the following classes of third-party payment provider contracts or policies delivered, issued for delivery, continued, or renewed in this state on or after July 1, 1999: (1) Individual or group accident and sickness insurance providing coverage on an expense incurred basis. (2) An individual or group hospital or medical service contract issued

			diabetes self-management training and education program is certified by the Iowa department of public health. The department shall consult with the American diabetes association, Iowa affiliate, in developing the standards for certification of diabetes education programs as follows: (a) shall cover at least ten hours of initial outpatient diabetes self-management training within a continuous twelve-month period and up to two hours of follow-up training for each subsequent year for each individual diagnosed by a physician with any type of diabetes mellitus. IA ST § 514C.18	pursuant to chapter 509, 514, or 514A. (3) An individual or group health maintenance organization contract regulated under chapter 514B. (4) Any other entity engaged in the business of insurance, risk transfer, or risk retention, which is subject to the jurisdiction of the commissioner. (5) A plan established pursuant to chapter 509A for public employees. (6) An organized delivery system licensed by the director of public health. This section shall not apply to accident only, specified disease, short-term hospital or medical, hospital confinement indemnity, credit, dental, vision, Medicare supplement, long-term care, basic hospital and medical-surgical expense

				coverage as defined by the commissioner, disability income insurance coverage, coverage issued as a supplement to liability insurance, workers' compensation or similar insurance, or automobile medical payment insurance. IA ST § 514C.18
Kansas	Insulin dependent diabetes, insulin-using diabetes, gestational diabetes and noninsulin using diabetes KS ST 40-2,163	Coverage for equipment, and supplies, limited to hypodermic needles and supplies used exclusively with diabetes management and outpatient self-management training and education, including medical nutrition therapy, for the treatment of insulin dependent diabetes, insulin-using diabetes, gestational diabetes and noninsulin using diabetes if prescribed by a Health Care professional legally	Diabetes outpatient self-management training and education shall be provided by a certified, registered or licensed Health Care professional with expertise in diabetes. The coverage for outpatient self-management training and education shall be required pursuant to this section only if ordered by a Health Care professional legally authorized to prescribe such services and the diabetic (1) is treated at	Any individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society or Health Maintenance Organization which provides coverage for accident and health services and which is delivered, issued for delivery, amended or renewed on or after January 1, 1999. The

		authorized to prescribe such services and supplies under the law. Such coverage shall include coverage for insulin only if such coverage also includes coverage of prescription drugs. KS ST 40-2,163	a program approved by the American Diabetes Association; (2) is treated by a person certified by the national certification board for diabetes educators; or (3) is, as to nutritional education, treated by a licensed dietitian pursuant to a treatment plan authorized by such healthcare professional. KS ST 40-2,163	provisions of this act shall not apply to any Medicare supplement policy of insurance, as defined by the commissioner of insurance by rule and regulation, any policy of long-term care insurance, as defined by K.S.A. 40-2227, and amendments thereto, any specified disease or specified accident coverage or any accident only coverage as defined by the commissioner of insurance by rule and regulation, whether written on a group, blanket, or individual basis. KS ST 40-2,163
Kentucky	Insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and noninsulin-using diabetes. KY ST § 304.17A-148	Coverage for equipment, supplies, outpatient self-management training and education, including medical nutrition therapy, and all medications necessary for the	Diabetes outpatient self-management training and education shall be provided by a certified, registered, or licensed Health Care professional with expertise in	All health benefit plans issued or renewed on or after July 15, 1998. Insurers in the individual, small group, or employer-organized association markets that offers a

	KY ST § 304.17A-096	treatment of diabetes if prescribed by a Health Care provider legally authorized to prescribe the items. KY ST § 304.17A-148 KY ST § 304.17A-096	diabetes, as deemed necessary by a Health Care provider. KY ST § 304.17A-148 KY ST § 304.17A-096	basic health benefit plan. KY ST § 304.17A-096
Louisiana	Insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin using diabetes LA R.S. 22:1034	Coverage for the equipment, supplies, and outpatient self-management training and education, including medical nutrition therapy, for the treatment of diabetes if prescribed by a physician or, if applicable, the patient's primary care physician. LA R.S. 22:1034	Every health insurance policy shall include coverage for a one time evaluation and training program per policy for diabetes self-management when medically necessary as determined by a physician and when provided by an appropriately licensed Health Care professional upon certification by the Health Care professional providing the training that the insured patient has successfully completed the training. Such programs shall be provided by a Health Care professional in compliance with the	Any hospital, health, or medical expense insurance policy, hospital or medical service contract, health and accident insurance policy, or any other contract of this type providing comprehensive major medical benefits, including a group insurance plan, or any policy of family group, blanket, or association health and accident insurance, a self-insurance plan, an employee welfare benefit plan, or a Health Maintenance Organization subscriber agreement which is issued or renewed in this

			National Standards for Diabetes Self-management Education Program as developed by the American Diabetes Association. The coverage afforded shall not exceed five hundred dollars. In addition to the evaluation and training program provided in this statute, coverage for additional diabetes self-management training shall be provided if a physician prescribes such additional training based upon its medical necessity because of a significant change in the insured's symptoms or conditions. This additional coverage shall be limited to one hundred dollars per year and a lifetime limit of two thousand dollars per insured. The diabetes self-management	state on or after January 1, 1998, or the Office of Group Benefits programs. The provisions of the statute shall not apply to limited benefit health insurance policies or contracts authorized to be issued in this state. The provisions of this statute shall not apply to limited benefit health insurance policies or contracts authorized to be issued in this state or medical benefit plans that are established under and regulated by the Employee Retirement Income Security Act (ERISA) of 1974. LA R.S. 22:1034 No group, individual, family group, or blanket health insurer shall unilaterally cancel a policy after the insurer has received any covered claim or notice of any

			training provided shall be provided by a Health Care professional within his or her scope of practice after having demonstrated expertise in diabetes care and treatment and after having completed an educational program required by his or her licensing board when that program is in compliance with the National Standards for Diabetes Self-management Education Program as developed by the American Diabetes Association. LA R.S. 22:1034	covered claim for diabetes. LA R.S. 22:1012
Maine	The statute references diabetes generally without further specification of types. ME ST T. 24 § 2332-F ME ST T. 24-A § 2754 ME ST T. 24-A § 2847-E ME ST T. 24-A § 4240	Must provide coverage for the medically appropriate and necessary equipment, limited to insulin, oral hypoglycemic agents, monitors, test strips, syringes and lancets, and the out-patient self-	The elements of the self-management training and education are not specifically addressed by the statute. ME ST T. 24 § 2332-F ME ST T. 24-A § 2754 ME ST T. 24-A § 2847-E ME ST T. 24-A § 4240	All individual and group nonprofit hospital and medical services plan policies, contracts and certificates and all nonprofit Health Care plan policies, contracts and certificates; all individual health policies

		management training and educational services used to treat diabetes, if: the subscriber's treating physician or a physician who specializes in the treatment of diabetes certifies that the equipment and services are necessary; and the diabetes out-patient self-management training and educational services are provided through ambulatory diabetes education facilities authorized by the State's Diabetes Control Project within the Bureau of Health. ME ST T. 24 § 2332-F ME ST T. 24-A § 2754 ME ST T. 24-A § 2847-E ME ST T. 24-A § 4240		and contracts, except accidental injury, specified disease, hospital indemnity, Medicare supplement, long-term care and other limited benefit health insurance policies and contracts; all group insurance policies, contracts and certificates; and, all health maintenance organization individual and group health contracts and certificates. ME ST T. 24 § 2332-F ME ST T. 24-A § 2754 ME ST T. 24-A § 2847-E ME ST T. 24-A § 4240
Maryland	Insulin-using diabetes; noninsulin-using diabetes; or elevated blood glucose levels induced by pregnancy. MD INSURANCE § 15-	An entity subject to this section shall provide coverage for all medically appropriate and necessary diabetes equipment, diabetes	The diabetes outpatient self-management training and educational services, including medical nutrition therapy, to be provided	This statute applies to: (1) insurers and nonprofit health service plans that provide hospital, medical, or surgical benefits to individuals or groups on

	822	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 diabetes. A policy, contract, or certificate described in § 15-701(a) (entitled “Licensed health care providers” and dealing with individual or group health insurance policies, contracts, or certificates) may provide for reimbursement under § 150-701(a) for usual, customary, and reasonable charges for services rendered by a dietitian or nutritionist	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. MD INSURANCE § 15-822	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. MD INSURANCE § 15-706 MD INSURANCE § 15-822

		licensed under the Health Occupations Article if a licensed physician determines that the services are medically necessary for the treatment of, inter alia, diabetes. MD INSURANCE § 15-706 MD INSURANCE § 15-822		
Massachusetts	Insulin-dependent, insulin-using, gestational and non-insulin-dependent diabetes. MA ST 118E § 10C MA ST 175 § 47N MA ST 176A § 8P MA ST 176B § 4S MA ST 176G § 4H	Blood glucose monitors; blood glucose monitoring strips for home use; voice-synthesizers for blood glucose monitors for use by the legally blind; visual magnifying aids for use by the legally blind; urine glucose strips; ketone strips; lancets; insulin; insulin syringes; prescribed oral diabetes medications that influence blood sugar levels; laboratory tests, including glycosylated hemoglobin, or HbAlc, tests; urinary protein/	When coverage is provided through a nonprofit hospital service corporation or a nonprofit medical corporation, outpatient self-management training and education shall be provided by a certified diabetes Health Care provider participating with the hospital service plan or medical service agreement or affiliated with a provider participating with the hospital service plan or	Contributory group general or blanket insurance for persons in the service of the Commonwealth. An individual policy of accident and sickness insurance issued pursuant to section 108 which provides hospital expense and surgical expense insurance. Any group blanket policy of accident and sickness insurance issued pursuant to section 110 which provides hospital expense and surgical

		microalbumin and lipid profiles; insulin pumps and insulin pump supplies; insulin pens, so-called; therapeutic/ molded shoes and shoe inserts for people who have severe diabetic foot disease when the need for therapeutic shoes and inserts has been certified by the treating doctor and prescribed by a podiatrist or other qualified doctor and furnished by a podiatrist, orthotist, prosthetist or pedorthist; supplies and equipment approved by the Federal Drug Administration for the purposes for which they have been prescribed and diabetes outpatient self-management training and education, including medical nutrition therapy, when provided by a certified diabetes Health Care provider	medical service agreement. When coverage is provided through a health maintenance contract, outpatient self-management training and education, including medical nutrition therapy, shall be provided by a certified diabetes Health Care provider participating with the health maintenance contract or affiliated with a provider participating with the health maintenance contract. MA ST 118E § 10C MA ST 175 § 47N MA ST 176A § 8P MA ST 176B § 4S MA ST 176G § 4H	expense insurance. A contract between a subscriber and the corporation under an individual or group hospital service plan which provides hospital expense and surgical expense insurance. A subscription certificate under an individual or group medical service agreement which provides hospital expense and surgical expense insurance. Any individual or group health maintenance contract. The following exceptions apply: contracts providing supplemental coverage to Medicare or other governmental programs, delivered, issued or renewed by agreement between the insurer and the policyholder, within or without the commonwealth.

		participating with the insurance contract or affiliated with a provider participating with the insurance contract. As used in this section, "certified Diabetes Health Care provider" shall mean a licensed Health Care professional with expertise in diabetes, a registered dietician or a Health Care provider certified by the National Certification Board of Diabetes Educators as a certified diabetes educator. MA ST 118E § 10C MA ST 175 § 47N MA ST 176A § 8P MA ST 176B § 4S MA ST 176G § 4H		MA ST 118E § 10C MA ST 175 § 47N MA ST 176A § 8P MA ST 176B § 4S MA ST 176G § 4H
Michigan	Gestational Diabetes, Insulin-dependent Diabetes, and Non-insulin-dependent Diabetes. MI ST 500.3406p MI ST 550.1416b	Equipment, supplies, and educational training for the treatment of diabetes, if determined to be medically necessary and prescribed by an allopathic or osteopathic	Coverage for diabetes self-management training is subject to all of the following: (a) Is limited to completion of a certified diabetes education program upon	A health care corporation certificate shall provide benefits in each group and nongroup certificate for medically necessary medications prescribed by an allopathic,

		physician. This program for participating providers shall emphasize best practice guidelines to prevent the onset of clinical diabetes and to treat diabetes, including, but not limited to, diet, lifestyle, physical exercise and fitness, and early diagnosis and treatment. Specific equipment and training includes: blood glucose monitors and blood glucose monitors for the legally blind; test strips for glucose monitors, visual reading and urine testing strips, lancets, and spring-powered lancet devices; insulin; syringes; insulin pumps and medical supplies required for the use of an insulin pump; nonexperimental medication for controlling blood sugar; and, diabetes self-	occurrence of either of the following: (*i*) If considered medically necessary upon the diagnosis of diabetes by an allopathic or osteopathic physician who is managing the patient's diabetic condition and if the services are needed under a comprehensive plan of care to ensure therapy compliance or to provide necessary skills and knowledge. (*ii*) If an allopathic or osteopathic physician diagnoses a significant change with long-term implications in the patient's symptoms or conditions that necessitates changes in a patient's self-management or a significant change in medical protocol or treatment modalities. (b) Shall be provided by a diabetes outpatient	osteopathic, or podiatric physician and used in the treatment of foot ailments, infections, and other medical conditions of the foot, ankle, or nails associated with diabetes. An insurer providing an expense-incurred hospital, medical, or surgical policy or certificate delivered or issued for delivery in this state and a health maintenance organization shall establish and provide to insureds, enrollees, and participating providers a program to prevent the onset of clinical diabetes. This program for participating providers shall emphasize best practice guidelines to prevent the onset of clinical diabetes and to treat diabetes, including, but not limited to, diet, lifestyle, physical

		management training to ensure that persons with diabetes are trained as to the proper self-management and treatment of their diabetic condition. MI ST 500.3406p MI ST 550.1416b	training program certified to receive Medicare or Medicaid reimbursement or certified by the department of community health. Training provided shall be conducted in group settings whenever practicable. MI ST 500.3406p MI ST 550.1416b	exercise and fitness, and early diagnosis and treatment. MI ST 500.3406p MI ST 550.1416b
Minnesota	Coverage must include persons with gestational, type I or type II diabetes. MN ST § 62A.3093	Coverage for: (1) all physician prescribed medically appropriate and necessary equipment and supplies used in the management and treatment of diabetes; and (2) diabetes outpatient self-management training. MN ST § 62A.3093	Diabetes outpatient self-management training and education, including medical nutrition therapy that is provided by a certified, registered, or licensed Health Care professional working in a program consistent with the national standards of diabetes self-management education as established by the American Diabetes Association. MN ST § 62A.3093	A health plan, including a plan providing the coverage specified in section 62A.011, subdivision 3, clause1 (10) (defining a "health plan" as a policy or certificate of accident and sickness insurance offered by an insurance company licensed under chapter 60A). Medicare Part D exception. A health plan providing the coverage specified in section 62A.011, subdivision 3, clause (10)

				, is not subject to the requirements of subdivision 1, clause (1), with respect to equipment and supplies covered under the Medicare Part D Prescription Drug program, whether or not the covered person is enrolled in a Medicare Part D plan. This exception does not apply to a health plan providing the coverage specified in section 62A.011, subdivision 3, clause (10) , that was in effect on December 31, 2005, if the covered person remains enrolled in the plan and does not enroll in a Medicare Part D plan. MN ST § 62A.316 The basic Medicare supplement plan must have a level of coverage that will provide 80 percent of coverage for

				all physician prescribed medically appropriate and necessary equipment and supplies used in the management and treatment of diabetes not otherwise covered under Part D of the Medicare program. MN ST § 62A.316
Mississippi	All forms of diabetes, including, but not limited to, Type I, Type II, Gestational and all secondary forms of diabetes regardless of mode of treatment if such treatment is prescribed by a Health Care professional legally authorized to prescribe such treatment and regardless of the age of onset or duration of the disease. MS ST § 83-9-46	Equipment and supplies used in connection with the monitoring of blood glucose and insulin administration and self-management training/ education and medical nutrition therapy in an outpatient, inpatient or home health setting. MS ST § 83-9-46	An amount of coverage not to exceed $250.00 shall be offered annually for self-management training/education and medical nutrition therapy under this section. The coverage shall be offered on an optional basis, and each primary insured must accept or reject such coverage in writing and accept responsibility for premium payment. MS ST § 83-9-46	Offer required: All individual and group health insurance policies or plans, pooled risk policies and all other forms of managed/ capitated care plans or policies regulated by the State of Mississippi shall offer coverage for diabetes treatments. Nothing in this statute shall apply to accident-only, specified disease, hospital indemnity, Medicare supplement, long-term care or other limited benefit health insurance policies.

				MS ST § 83-9-46
Missouri	Coverage shall include persons with gestational, type I or type II diabetes. MO ST 376.385	Coverage for all physician-prescribed medically appropriate and necessary equipment, supplies and self-management training used in the management and treatment of diabetes. MO ST 376.385	The elements of the self-management training and education are not specifically addressed by the statute. MO ST 376.385	Offer required: Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a health services corporation, individual and group service contracts issued by a Health Maintenance Organization, all self-insured group arrangements, to the extent not preempted by federal law, and all managed Health Care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed in this state on or after January 1, 1998. Nothing in this statute shall apply to accident-only, specified

				disease, hospital indemnity, Medicare supplement, long-term care, or other limited benefit health insurance policies. MO ST 376.385
Montana	None	Coverage for diabetic equipment and supplies that is limited to insulin, syringes, injection aids, devises for self-monitoring of glucose levels (including those for the visually impaired), test strips, visual reading and urine test strips, one insulin pump for each warranty period, accessories to insulin pumps, one prescriptive oral agent for controlling blood sugar levels for each class of drug approved by the United States food and drug administration, and glucagon emergency kits. A state employee group insurance policy must	Coverage for outpatient self-management training and education for the treatment of diabetes. Any education must be provided by a licensed Health Care professional with expertise in diabetes. Coverage must include a $250.00 benefit for a person each year for medically necessary and prescribed outpatient self-management training and education for the treatment of diabetes. MT ST 2-18-704 MT ST 33–22–129 MT ST 33-22-1521 MT ST 33-31-102	Mandates applicable to disability insurers do not apply to disability income, hospital indemnity, medicare supplement, accident-only, vision, dental, specific disease, or long-term care policies, or to any employee group insurance program of a city, town, county, school district, or other political subdivision of this state that on January 1, 2002, provides substantially equivalent or greater coverage for outpatient self-management training and education for the treatment of diabetes and certain diabetic equipment and supplies

		include substantially equivalent or greater coverage for outpatient self-management training and education for the treatment of diabetes and certain diabetic equipment and supplies as provided in 33-22-129. With respect to Health Maintenance Organizations, "Basic Health Care services" means: preventive health services, including, outpatient self-management training and education for the treatment of Diabetes along with certain diabetic equipment and supplies as provided in 33-22-129. MT ST 2-18-704 MT ST 33-22-1521 MT ST 33-31-102 Each group disability policy, certificate of insurance, and	Each group disability policy, certificate of insurance, and membership contract must provide coverage for outpatient self-management training and education for the treatment of diabetes by a licensed health care professional with expertise in diabetes. Coverage must include a $250 benefit for a person each year for medically necessary and prescribed outpatient self-management training and education. MT ST 33–22–129	MT ST 33–22–129 State Employee Classification Compensation and Benefits—Group Insurance; Group Disability policies; Health Maintenance Organizations. Does not apply to disability income, hospital indemnity, Medicare supplement, accident-only, vision, dental, specific disease, or long-term care policies. MT ST 2-18-704 MT ST 33-22-262 MT ST 33-22-1521 MT ST 33-31-102

		membership contract that is delivered, issued for delivery, renewed, extended, or modified in this state must provide coverage for diabetic equipment and supplies that is limited to insulin, syringes, injection aids, devises for self-monitoring of glucose levels (including those for the visually impaired), test strips, visual reading and urine test strips, one insulin pump for each warranty period, accessories to insulin pumps, one prescriptive oral agent for controlling blood sugar levels for each class of drug approved by the United States food and drug administration, and glucagon emergency kits. MT ST 33–22–129		
Nebraska	Insulin-dependent diabetes, insulin-using diabetes, gestational	Coverage for the equipment, supplies, medication, and	Diabetes self-management training and patient	Any individual or group sickness and accident insurance policy or

	diabetes, and non-insulin-using diabetes NE ST § 44-790	outpatient self-management training and patient management, including medical nutrition therapy, for the treatment of diabetes if prescribed by a Health Care professional legally authorized by law to prescribe such items. The equipment, supplies, medication, and patient management for the use of the equipment, supplies, and medication listed shall be included in the coverage required by this section: blood glucose monitors; blood glucose monitors for the legally blind; test strips for glucose monitors; urine testing strips; insulin; injection aids; lancet and lancet devices; syringes; insulin pumps and all supplies for the pump; insulin infusion devices; oral agents for controlling	management, including medical nutrition therapy, shall be provided by an American Diabetes Association Recognized Diabetes Self-management Education Program or a Health Care professional that is a Diabetes educator certified by the National Certification Board for Diabetes Educators. Physician-prescribed diabetes self-management training and patient management shall be covered at diagnosis, when symptoms or conditions change, and when new medications or treatments are prescribed. Diabetes self-management education must be deemed to be medically necessary by a physician to be eligible	subscriber contract delivered, issued for delivery, or renewed in this state and any hospital, medical, or surgical expense-incurred policy, except for policies that provide coverage for a specified disease or other limited-benefit coverage, and any self-funded employee benefit plan to the extent not preempted by federal law. This statute does not prevent application of outpatient care provisions in policies or health benefit plans that extend coverage primarily in relation to hospital confinement or surgery. This statute does not require that coverage under an individual or group policy or health benefit plan be extended to any other procedures. Private third-party payors may

		blood sugars; glucose agents and glucagon kits; insulin measurement and administration aids for the visually impaired; patient management materials that provide essential diabetes self-management information; and podiatric appliances for the prevention of complications associated with diabetes. NE ST § 44-790	for coverage and such coverage shall not exceed five hundred dollars in a two-year period. NE ST § 44-790	not reduce or eliminate coverage due to this statute. NE ST § 44-790
Nevada	"Diabetes" includes type I, type II and gestational diabetes. NV ST 689A.0427 NV ST 689B.0357 NV ST 695B.1927 NV ST 695C.1727	Coverage for the management and treatment of diabetes, including, without limitation, coverage for the self-management of diabetes. "Coverage for the management and treatment of diabetes" includes coverage for medication, equipment, supplies and appliances that are medically necessary for the treatment of diabetes. NV ST 689A.0427	"Coverage for the self-management of diabetes" includes: (1) The training and education provided to an insured person after he or she is initially diagnosed with diabetes which is medically necessary for the care and management of diabetes, including, without limitation, counseling in nutrition and the proper use of equipment and supplies	Policy of health insurance, group policy of insurance, and contract for hospital or medical service that provides coverage for hospital, medical or surgical expenses, and health maintenance organizations. NV ST 689A.0427 NV ST 689B.0357 NV ST 695B.1927 NV ST 695C.1727

		NV ST 689B.0357 NV ST 695B.1927 NV ST 695C.1727	for the treatment of diabetes; (2) Training and education which is medically necessary as a result of a subsequent diagnosis that indicates a significant change in the symptoms or condition of the insured person and which requires modification of his program of self-management of diabetes; and, (3) Training and education which is medically necessary because of the development of new techniques and treatment for diabetes. NV ST 689A.0427 NV ST 689B.0357 NV ST 695B.1927 NV ST 695C.1727	
New Hampshire	The statute references diabetes generally without further specification of types. NH ST § 415:6-e NH ST § 415:18-f	Each policy providing benefits for medical or hospital expenses which provides a prescription rider shall cover medically appropriate or	The elements of the self-management training and education are not specifically addressed by the statute. NH ST § 415:6-e	Applies to individual policies from insurers, group policies from insurers, group policies from health service corporations, and group

	NH ST § 420-A:17-a NH ST § 420-B:8-k	necessary insulin, oral agents and equipment used to treat diabetes subject to the terms and conditions of the policy. Each insurer that issues or renews any individual policy, plan, or contract of accident or health insurance providing benefits for medical or hospital expenses which provides for durable medical equipment coverage shall provide coverage for medically appropriate or necessary equipment used to treat diabetes subject to the terms and conditions of the policy. Each insurer that issues or renews any group policy, plan, or contract of accident or health insurance providing benefits for medical or hospital expenses which provides a prescription rider shall cover medically	NH ST § 415:18-f NH ST § 420-A:17-a NH ST § 420-B:8-k	policies from health maintenance organizations NH ST § 415:6-e NH ST § 415:18-f NH ST § 420-A:17-a NH ST § 420-B:8-k

		appropriate or necessary insulin, oral agents and equipment used to treat diabetes subject to the terms and conditions of the policy. NH ST § 415:6-e NH ST § 415:18-f NH ST § 420-A:17-a NH ST § 420-B:8-k		
New Jersey	The statutes reference diabetes generally without further specification of types. NJ ST 17:48-6n NJ ST 17:48A-7l NJ ST 17:48E-35.11 NJ ST 17B:26-2.1l NJ ST 17B:27-46.1m NJ ST 26:2J-4.11	Shall provide benefits to any subscriber or other person covered thereunder for expenses incurred for the following equipment and supplies for the treatment of diabetes, if recommended or prescribed by a physician or nurse practitioner/ clinical nurse specialist: blood glucose monitors and blood glucose monitors for the legally blind; test strips for glucose monitors and visual reading and urine testing strips; insulin; injection aids; cartridges	Benefits provided for self-management education and education relating to diet shall be limited to visits medically necessary upon the diagnosis of diabetes; upon diagnosis by a physician or nurse practitioner/clinical nurse specialist of a significant change in the subscriber's or other covered person's symptoms or conditions which necessitate changes in that person's self-management; and upon determination of a physician or nurse	Hospital service corporation contracts, medical service corporation contracts, health service corporation contracts, individual health insurance policies, group health insurance policies, and health care services contracts NJ ST 17:48-6n NJ ST 17:48A-7l NJ ST 17:48E-35.11 NJ ST 17B:26-2.1l NJ ST 17B:27-46.1m NJ ST 26:2J-4.11

		for the legally blind; syringes; insulin pumps and appurtenances thereto; insulin infusion devices; and oral agents for controlling blood sugar. NJ ST 17:48-6n NJ ST 17:48A-7l NJ ST 17:48E-35.11 NJ ST 17B:26-2.1l NJ ST 17B:27-46.1m NJ ST 26:2J-4.11	practitioner/clinical nurse specialist that reeducation or refresher education is necessary. Diabetes self-management education shall be provided by a dietitian registered by a nationally recognized professional association of dietitians or a health care professional recognized as a Certified Diabetes Educator by the American Association of Diabetes Educators or a registered pharmacist in the state qualified with regard to management education for diabetes by any institution recognized by the board of pharmacy of the State of New Jersey. NJ ST 17:48-6n NJ ST 17:48A-7l NJ ST 17:48E-35.11 NJ ST 17B:26-2.1l NJ ST 17B:27-46.1m	

			NJ ST 26:2J-4.11	
New Mexico	Insulin-using diabetes, with non-insulin-using diabetes and with elevated blood glucose levels induced by pregnancy. NM ST § 59A-22-41 NM ST § 59A-46-43	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. The following equipment, supplies and appliances to treat diabetes are covered: (1) blood glucose monitors, including those for the legally blind; (2) test strips for blood glucose monitors; (3) visual reading urine and ketone strips; (4) lancets and lancet devices; (5) insulin; (6) injection aids, including those adaptable to meet the needs of the legally blind; (7) syringes; (8) prescriptive oral agents for controlling	When prescribed or diagnosed by a Health Care practitioner with prescribing authority, all individuals with diabetes as described in Subsection A of this section 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: (a) medically necessary visits upon the diagnosis of Diabetes; (b) visits following a physician diagnosis that represents a significant change in the patient's	Each individual and group health insurance policy, Health Care plan, certificate of health insurance and managed Health Care plan delivered or issued for delivery in the state, and each individual and group Health Maintenance Organization contract delivered or issued for delivery in the state. NM ST § 59A-22-41 NM ST § 59A-46-43 Private health insurance cooperatives. NM ST § 59A-23-11

		blood sugar levels; (9) medically necessary podiatric 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) glucagon emergency kits. NM ST § 59A-22-41 NM ST § 59A-46-43 A group health benefit plan provided through a cooperative shall provide coverage for diabetes equipment, supplies and services. NM ST § 59A-23-11	symptoms or condition that warrants changes in the patient's self-management; and (c) 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. NM ST § 59A-22-41 NM ST § 59A-46-43 A group health benefit plan provided through a cooperative shall provide coverage for diabetes equipment, supplies and services. NM ST § 59A-23-11	
New York	The statute references diabetes generally without further specification of types.	Coverage for the following equipment and supplies for the treatment of diabetes, if	Coverage for diabetes self-management education is to ensure that persons with	Individual accident and health insurance policy provisions; group or blanket accident and

	NY INS § 3216 NY INS § 3221 NY INS § 4303 NY INS § 4321 NY INS § 4322 NY INS § 4326	recommended or prescribed by a physician or other licensed Health Care provider legally authorized to prescribe under title eight of the education law: blood glucose monitors and blood glucose monitors for the visually impaired, data management systems, test strips for glucose monitors and visual reading and urine testing strips, insulin, injection aids, cartridges for the visually impaired, syringes, insulin pumps and appurtenances thereto, insulin infusion devices, and oral agents for controlling blood sugar. In addition, the commissioner of the department of health shall provide and periodically update by rule or regulation a list of additional diabetes equipment and related	diabetes are educated as to the proper self-management and treatment of their diabetic condition, including information on proper diets. Such coverage for self-management education and education relating to diet shall be limited to visits medically necessary upon the diagnosis of diabetes, where a physician diagnoses a significant change in the patient's symptoms or conditions which necessitate changes in a patient's self-management, or where reeducation or refresher education is necessary. Such education may be provided by the physician or other licensed Health Care provider legally authorized to prescribe	health insurance policies; medical expense indemnity corporation and health service corporations; Non-Profit Medical and Dental Indemnity, or Health and Hospital Service Corporations; and direct payment contracts offered by Health Maintenance Organizations. NY INS § 3216 NY INS § 3221 NY INS § 4303 NY INS § 4321 NY INS § 4322 NY INS § 4326

		supplies such as are medically necessary for the treatment of diabetes, for which there shall also be coverage. Such policies shall also include coverage for diabetes self-management education. NY INS § 3216 NY INS § 3221 NY INS § 4303 NY INS § 4321 HMOs: Equipment, supplies and self-management education for the treatment of diabetes. NY INS § 4322 NY INS § 4326	under title eight of the education law, or their staff, as part of an office visit for diabetes diagnosis or treatment, or by a certified diabetes nurse educator, certified nutritionist, certified dietitian or registered dietitian upon the referral of a physician or other licensed Health Care provider legally authorized to prescribe under title eight of the education law. Education provided by the certified diabetes nurse educator, certified nutritionist, certified dietitian or registered dietitian may be limited to group settings wherever practicable. Coverage for self-management education and education relating to diet shall also include home visits when medically necessary.	

			NY INS § 3216 NY INS § 3221 NY INS § 4303 NY INS § 4321 HMOs: Equipment, supplies and self-management education for the treatment of diabetes. NY INS § 4322 NY INS § 4326	
North Carolina	The statute references diabetes generally without further specification of types. NC ST § 58-51-61 NC ST § 58-65-91 NC ST § 58-67-74	Coverage for medically appropriate and necessary services, including diabetes outpatient self-management training and educational services, and equipment, supplies, medications, and laboratory procedures used to treat diabetes. Specific types of equipment, supplies, medications and laboratory procedures are not listed in the statute. NC ST § 58-51-61	Diabetes outpatient self-management training and educational services shall be provided by a physician or a Health Care professional designated by the physician. The elements of the outpatient self-management training and educational services are not specifically addressed by the statute. NC ST § 58-51-61 NC ST § 58-65-91 NC ST § 58-67-74	Every policy or contract of accident or health insurance, every preferred provider benefit plan, every insurance certificate or subscriber contract under any hospital service plan or medical service plan, and every health care plan written by a health maintenance organization NC ST § 58-51-61 NC ST § 58-65-91 NC ST § 58-67-74

		NC ST § 58-65-91 NC ST § 58-67-74		
North Dakota	None	None	None	None
Ohio	None	None	None	None
Oklahoma	Type I, Type II, and Gestational Diabetes, when medically necessary and when recommended or prescribed by a physician or other licensed Health Care provider legally authorized to prescribe under the laws of this state OK ST T. 36 § 6060.2	Blood glucose monitors, blood glucose monitors to the legally blind, test strips for glucose monitors, visual reading and urine testing strips, insulin, injection aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances thereto, insulin infusion devices, oral agents for controlling blood sugar, and, podiatric appliances for prevention of complications associated with diabetes. OK ST T. 36 § 6060.2	"Diabetes self-management training" means instruction in an inpatient or outpatient setting which enables diabetic patients to understand the diabetic management process and daily management of diabetic therapy as a method of avoiding frequent hospitalizations and complications. Diabetes self-management training shall comply with standards developed by the State Board of Health in consultation with a national Diabetes association affiliated with the state and at least three medical directors of health benefit plans selected by the State Department of	Every health benefit plan issued or renewed on or after November 1, 1996, shall, subject to the terms of the policy contract or agreement, include coverage for equipment, supplies and related services. “Health benefit plan” means any plan or arrangement as defined in subsection C of Section 6060.4 of this title. OK ST T. 36 § 6060.2

			Health. Such coverage for diabetes self-management training, including medical nutrition therapy relating to diet, caloric intake, and diabetes management, but excluding programs the only purpose of which are weight reduction, shall be limited to the following: visits medically necessary upon the diagnosis of diabetes, a physician diagnosis which represents a significant change in the patient's symptoms or condition making medically necessary changes in the patient's self-management, and visits when reeducation or refresher training is medically necessary; provided, however, payment for the coverage required for	

			diabetes self-management training pursuant to the provisions of this section shall be required only upon certification by the health care provider providing the training that the patient has successfully completed diabetes self-management training. Diabetes self-management training shall be supervised by a licensed physician or other licensed Health Care provider legally authorized to prescribe under the laws of this state. Diabetes self-management training may be provided by the physician or other appropriately registered, certified, or licensed Health Care professional as part of an office visit for Diabetes diagnosis or treatment. Training	

			provided by appropriately registered, certified, or licensed Health Care professionals may be provided in group settings where practicable. Coverage for diabetes self-management training and training related to medical nutrition therapy, when provided by a registered, certified, or licensed Health Care professional, shall also include home visits when medically necessary and shall include instruction in medical nutrition therapy only by a licensed registered dietician or licensed certified nutritionist when authorized by the patient's supervising physician when medically necessary. OK ST T. 36 § 6060.2	

Oregon	Insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin-using diabetes. OR ST § 743A.184	Coverage for supplies, equipment and diabetes self-management programs. OR ST § 743A.184 Telemedical services. OR ST 743A.058	"Diabetes self-management program" means one program of assessment and training after diagnosis and no more than three hours per year of assessment and training upon a material change of condition, medication or treatment that is provided by: an education program credentialed or accredited by a state or national entity accrediting such programs; or a program provided by a licensed physician, a registered nurse, a nurse practitioner, a certified diabetes educator or a licensed dietitian with demonstrated expertise in diabetes. OR ST § 743A.184	Group health benefit plans as described in OR ST § 743.730 (which specifies that a health benefit plan means any hospital expense, medical expense, or hospital or medical expense policy or certificate, health care service contractor or health maintenance organization subscriber contract). OR ST § 743A.184 A health benefit plan, including health care service contractors and Multiple Employer Welfare Arrangements, must provide coverage of a telemedical health service provided in connection with the treatment of diabetes if:(a) The plan provides coverage of the health service when provided in person by the health

				professional; (b) The health service is medically necessary;(c) The telemedical health service relates to a specific patient; and(d) One of the participants in the telemedical health service is a representative of an academic health center. OR ST § 743A.185 OR ST § 743A.058 OR ST § 750.333 OR ST § 750.055
Pennsylvania	Insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and noninsulin-using diabetes. 40 PA ST § 764e	Coverage of the equipment, supplies and outpatient self-management training and education, including medical nutrition therapy for the treatment of diabetes if prescribed by a Health Care professional legally authorized to prescribe such items under law. Equipment and supplies shall include the following: blood glucose	Diabetes outpatient self-management training and education shall be provided under the supervision of a licensed Health Care professional with expertise in diabetes to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetes, including information on proper diets. Coverage for self-	Any individual or group health, sickness and accident insurance policy, group health insurance plans/policies, and all other forms of managed/capitated care plans/policies or subscriber contract or certificate issued by any entity subject to 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations) or 63 (relating to professional

		monitors, monitor supplies, insulin, injection aids, syringes, insulin infusion devices, pharmacological agents for controlling blood sugar and orthotics. 40 PA ST § 764e	management education and education relating to diet and prescribed by a licensed physician shall include: (1) visits medically necessary upon the diagnosis of diabetes; (2) visits under circumstances whereby a physician identifies or diagnoses a significant change in the patient's symptoms or conditions that necessitates changes in a patient's self-management; and (3) where a new medication or therapeutic process relating to the person's treatment and/or management of diabetes has been identified as medically necessary by a licensed physician. 40 PA ST § 764e	health services plan corporations) or the act of December 29, 1972 (P.L. 1701, No. 364), [FN1] known as the "Health Maintenance Organization Act," the act of December 14, 1992 (P.L. 835, No. 134), [FN2] known as the "Fraternal Benefit Societies Code," or this act providing hospital or medical/surgical coverage. This section does not include the following policies: accident only, fixed indemnity, limited benefit, credit, dental, vision, specified disease, Medicare supplement, CHAMPUS (Civilian Health and Medical Program for the Uniform Services) supplement, long-term care, disability income, workers' compensation or automobile medical

				payment. 40 PA ST § 764e
Rhode Island	Insulin treated diabetes, non-insulin treated diabetes, and gestational diabetes RI ST § 27-18-38 RI ST § 27-19-35 RI ST § 27-20-30 RI ST § 27-41-44	Blood glucose monitors and blood glucose monitors for the legally blind, test strips for glucose monitors and/or visual reading, insulin, injection aids, cartridges for the legally blind, syringes, insulin pumps and appurtenances to the pumps, insulin infusion devices, oral agents for controlling blood sugar and therapeutic-molded shoes for the prevention of amputation. RI ST § 27-18-38 RI ST § 27-19-35 RI ST § 27-20-30 RI ST § 27-41-44	The coverage for self-management education and education relating to medical nutrition therapy shall be limited to medically necessary visits upon the diagnosis of diabetes, where a physician diagnoses a significant change in the patient's symptoms or conditions which necessitate changes in a patient's self-management, or where reeducation or refresher training is necessary. This education when medically necessary and prescribed by a physician, may be provided only by the physician or, upon his or her referral to an appropriately licensed and certified Health Care provider and may be conducted in group	Accident and sickness insurance policies, nonprofit hospital service corporations, nonprofit medical service corporations, and health maintenance organizations RI ST § 27-18-38 RI ST § 27-19-35 RI ST § 27-20-30 RI ST § 27-41-44

			settings. Coverage for self-management education and education relating to medical nutrition therapy shall also include home visits when medically necessary. RI ST § 27-18-38 RI ST § 27-19-35 RI ST § 27-20-30 RI ST § 27-41-44	
South Carolina	Diabetes mellitus. SC ST § 38-71-46	Coverage for the equipment, supplies, Food and Drug Administration-approved medication indicated for the treatment of diabetes, and outpatient self-management training and education for the treatment of people with diabetes mellitus, if medically necessary, and prescribed by a Health Care professional who is legally authorized to prescribe such items and who demonstrates adherence to minimum	Diabetes outpatient self-management training and education shall be provided by a registered or licensed Health Care professional with certification in diabetes by the National Certification Board of Diabetes Educators, or other accredited program approved by the Diabetes Initiative of South Carolina, or by the Diabetes Control Program of the SC Department of Health and Environmental	On or after January 1, 2000, every Health Maintenance Organization, individual and group health insurance policy, or contract issued or renewed in this State must provide coverage. This statute does not prohibit a Health Maintenance Organization or an individual or a group health insurance policy from providing coverage for medication according to formulary or using

		standards of care for diabetes mellitus as adopted and published by the Diabetes Initiative of South Carolina. SC ST § 38-71-46	Control in order to meet the needs of rural communities wherein certified Health Care professionals providing this service are not available. SC ST § 38-71-46	network providers. Coverage must not be denied unless the Health Care professional demonstrates a persistent pattern of failure to adhere to the minimal standards of care and unless the Health Maintenance Organization or insurer has first provided written notice to the Health Care professional that coverage will be denied if the Health Care professional fails to adhere to the minimal standards of care. For purposes of this statute: "Health insurance policy" means a health benefit plan, contract, or evidence of coverage providing health insurance coverage as defined in Section 38-71-670(6) and Section 38-71-840(14). SC ST § 38-71-46

South Dakota	The statutes reference diabetes generally without further specification of types. SD ST § 58-17-1.2 SD ST § 58-17-1.3 SD ST § 58-18-83 SD ST § 58-18-84 SD ST § 58-18B-56 SD ST § 58-18B-57 SD ST § 58-38-42 SD ST § 58-38-43 SD ST § 58-40-39 SD ST § 58-40-40 SD ST § 58-41-117 SD ST § 58-41-118	Coverage for equipment, supplies, and self-management training and education, including medical nutrition therapy, for treatment of persons diagnosed with diabetes if prescribed by a physician or other licensed Health Care provider legally authorized to prescribe such treatment. Medical nutrition therapy does not include any food items or nonprescription drugs. Coverage for medically necessary equipment and supplies shall include blood glucose monitors, blood glucose monitors for the legally blind, test strips for glucose monitors, urine testing strips, insulin, injection aids, lancets, lancet devices, syringes, insulin pumps and all supplies for the pump, insulin infusion devices,	Diabetes self-management training and education shall be covered if: the service is provided by a physician, nurse, dietitian, pharmacist, or other licensed Health Care provider who satisfies the current academic eligibility requirements of the National Certification Board for Diabetic Educators and has completed a course in diabetes education and training or has been certified as a diabetes educator; and the training and education is based upon a diabetes program recognized by the American Diabetes Association or a diabetes program with a curriculum approved by the American Diabetes Association or the South Dakota Department of Health. Coverage of	Health insurance policies, group and blanket health insurance policies, regulation of small businesses' group and blanket health insurance, nonprofit medical and surgical plans, nonprofit hospital service plans, and health maintenance organizations. The provisions do not apply to any plan, policy, or contract that provides coverage only for: (1) Specified disease; (2) Hospital indemnity; (3) Fixed indemnity; (4) Accident-only; (5) Credit; (6) Dental; (7) Vision; (8) Prescription drug; (9) Medicare supplement; (10) Long-term care; (11) Disability income insurance; (12) Coverage issued as a supplement to liability insurance; (13) Workers' compensation or similar insurance; (14) Automobile medical

		prescribed oral agents for controlling blood sugars, glucose agents, glucagon kits, insulin measurement and administration aids for the visually impaired, and other medical devices for treatment of Diabetes. SD ST § 58-17-1.2 SD ST § 58-17-1.3 SD ST § 58-18-83 SD ST § 58-18-84 SD ST § 58-18B-56 SD ST § 58-18B-57 SD ST § 58-38-42 SD ST § 58-38-43 SD ST § 58-40-39 SD ST § 58-40-40 SD ST § 58-41-117 SD ST § 58-41-118	diabetes self-management training is limited to persons who are newly diagnosed with Diabetes or have received no prior diabetes education; persons who require a change in current therapy; persons who have a co-morbid condition such as heart disease or renal failure; or, persons whose diabetes condition is unstable. Under these circumstances, no more than two comprehensive education programs per lifetime and up to eight follow-up visits per year need be covered. Coverage is limited to the closest available qualified education program that provides the necessary management training to accomplish the prescribed treatment.	payment insurance; (15) Individual health benefit plans of six-months duration or less that are not renewable; or (16) Individual nonmajor medical insurance. SD ST § 58-17-1.2 SD ST § 58-17-1.3 SD ST § 58-18-83 SD ST § 58-18-84 SD ST § 58-18B-56 SD ST § 58-18B-57 SD ST § 58-38-42 SD ST § 58-38-43 SD ST § 58-40-39 SD ST § 58-40-40 SD ST § 58-41-117 SD ST § 58-41-118

			SD ST § 58-17-1.2 SD ST § 58-17-1.3 SD ST § 58-18-83 SD ST § 58-18-84 SD ST § 58-18B-56 SD ST § 58-18B-57 SD ST § 58-38-42 SD ST § 58-38-43 SD ST § 58-40-39 SD ST § 58-40-40 SD ST § 58-41-117 SD ST § 58-41-118	
Tennessee	"Patient with Diabetes" means a person with elevated blood glucose levels that has been diagnosed as having diabetes by an appropriately licensed Health Care professional. TN ST § 56-7-2605	Coverage for equipment, supplies, and outpatient self-management training and education, including medical nutrition counseling, when prescribed by a physician as medically necessary for the treatment of diabetes. The following equipment and supplies for the treatment of diabetes must be included in the coverage provided, when prescribed by a physician as medically necessary for the care of an	To ensure that patients with diabetes are educated as to the proper self-management and treatment of their diabetes, diabetes outpatient self-management training and educational services, including medical nutrition counseling, must be included in the coverage, when prescribed by a physician for the care of an individual patient with diabetes. Diabetes	Any individual, franchise, blanket, or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society, Health Maintenance Organization, preferred provider organization or managed care organization which provides hospital, surgical, or medical expense insurance. The

		individual patient with diabetes: (1) Blood glucose monitors and blood glucose monitors for the legally blind; (2) Test strips for blood glucose monitors; (3) Visual reading and urine test strips; (4) Insulin; (5) Injection aids; (6) Syringes; (7) Lancets; (8) Insulin pumps, infusion devices, and appurtenances thereto; (9) Oral hypoglycemic agents; (10) Podiatric appliances for prevention of complications associated with diabetes; and (11) Glucagon emergency kits. When test strips for blood glucose monitors are prescribed by a physician as medically necessary for a non-insulin using patient with diabetes, the coverage required by this part for such test strips for such patient shall be	outpatient self-management training and educational services, including medical nutrition counseling, shall be provided by physicians licensed under title 63, chapter 6 or 9, or, upon referral by a physician, by registered nurses or dietitians licensed under title 63, chapter 7 or 25, pharmacists licensed under title 63, chapter 10, who have completed a diabetes patient management program offered by a provider recognized by the American Council on Pharmaceutical Education and the Tennessee board of pharmacy, or other Health Care professionals licensed in the state of Tennessee that have expertise in diabetes management	provisions of this statute are applicable to all health benefit policies, programs, or contracts which are offered by commercial insurance companies, nonprofit insurance companies, Health Maintenance Organizations, preferred provider organizations, and managed care organizations, and which are entered into, delivered, issued for delivery, amended, or renewed after January 1, 1998. As used hereafter in this section, "health insurance carrier" means a company or other legal entity whose health benefit policies, programs, or contracts are subject to the provisions of this section. A health insurance carrier shall not reduce or eliminate coverage due to the requirements of

		limited, in each calendar year, to 12 bottles of 50 test strips per bottle unless the health insurance carrier approves a larger quantity of test strips based upon a determination by the health insurance carrier that a larger quantity is medically necessary for such patient. TN ST § 56-7-2605	as determined by the health insurance carrier. The coverage required for diabetes outpatient self-management training and education shall be limited to the following: (A) Visits which are certified by a physician to be medically necessary upon the diagnosis of Diabetes in a patient; (B) Visits which are certified by a physician to be medically necessary because of a significant change in a patient's symptoms or condition which necessitates changes in the patient's self-management; and (C) Visits which are certified by a physician to be medically necessary for re-education or refresher training. (2) Diabetes outpatient self-management training	this section. Nothing in this section shall apply to accident-only, specified disease, hospital indemnity, Medicare supplement, long-term care or other limited benefit health insurance policies TN ST § 56-7-2605

			and educational services may be provided in group settings where practicable, and shall include home visits where medically necessary. A health insurance carrier may meet the requirements of this subsection by providing outpatient self-management training and educational services through licensed Health Care professionals with expertise in diabetes management who are employed by or under contract with the health insurance carrier. TN ST § 56-7-2605	
Texas	"Qualified enrollee" means an individual eligible for coverage under a health benefit plan who has been diagnosed with: (A) insulin dependent or noninsulin dependent diabetes; (B) elevated	A health benefit plan that provides coverage for the treatment of diabetes and conditions associated with diabetes must provide to each qualified enrollee coverage for: (1) diabetes equipment; (2) diabetes supplies;	Diabetes self-management training must be provided by a Health Care practitioner or provider who is: (1) licensed, registered, or certified in this state to provide appropriate Health Care services;	This subchapter applies only to a health benefit plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including: (1) an

	blood glucose levels induced by pregnancy; or (C) another medical condition associated with elevated blood glucose levels. TX INS § 1358.001	and (3) diabetes self-management training in accordance with the requirements of Section 1358.055. "Diabetes equipment" means: (A) blood glucose monitors, including noninvasive glucose monitors and glucose monitors designed to be used by blind individuals; (B) insulin pumps and associated appurtenances; (C) insulin infusion devices; and (D) podiatric appliances for the prevention of complications associated with diabetes. "Diabetes supplies" means: (A) test strips for blood glucose monitors; (B) visual reading and urine test strips; (C) lancets and lancet devices; (D) insulin and insulin analogs; (E) injection aids; (F) syringes; (G) prescriptive	and (2) acting within the scope of practice authorized by the license, registration, or certification. For purposes of this subchapter, "self-management training" includes: (1) training provided to a qualified enrollee, after the initial diagnosis of diabetes, in the care and management of that condition, including nutrition counseling and counseling on the proper use of diabetes equipment and supplies; (2) additional training authorized on the diagnosis of a physician or other Health Care practitioner of a significant change in the qualified enrollee's symptoms or condition that requires changes in the qualified enrollee's self-management	individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage that is offered by: an insurance company; a group hospital service corporation operating under Chapter 842; a fraternal benefit society operating under Chapter 885; a stipulated premium company operating under Chapter 884; or a health maintenance organization operating under Chapter 843. To the extent permitted by the Employee Retirement Income Security Act of 1974 (29 U.S.C. Section 1001 et seq.), a health benefit plan that is offered by: a multiple employer welfare arrangement as defined

		and nonprescriptive oral agents for controlling blood sugar levels; and (H) glucagon emergency kits. A health benefit plan must provide coverage for new or improved diabetes equipment or supplies, including improved insulin or another prescription drug, approved by the United States Food and Drug Administration if the equipment or supplies are determined by a physician or other Health Care practitioner to be medically necessary and appropriate. TX INS § 1358.051 TX INS § 1358.054 TX INS § 1358.056	regime; and (3) periodic or episodic continuing education training prescribed by an appropriate Health Care practitioner as warranted by the development of new techniques or treatments for diabetes. If the diabetes self-management training is provided on the written order of a physician or other Health Care practitioner, including a Health Care practitioner practicing under protocols jointly developed with a physician, the training must also include: (1) a Diabetes self-management training program recognized by the American Diabetes Association; (2) Diabetes self-management training provided by a multidisciplinary team:	by Section 3 of that Act; or another analogous benefit arrangement; and health and accident coverage provided by a risk pool created under Chapter 172, Local Government Code, notwithstanding Section 172.014, Local Government Code, or any other law. A health benefit plan provided through a health group cooperative or group benefits program must provide coverage for diabetes equipment, supplies, and services as required by Subchapter B, Chapter 1358. TX INS § 1358.002 This subchapter does not apply to: a plan that provides coverage: only for a specified disease; only for accidental death or dismemberment; for wages or payments in

			(A) the nonphysician members of which are coordinated by: (i) a Diabetes educator who is certified by the National Certification Board for Diabetes Educators; or (ii) an individual who has completed at least 24 hours of continuing education that meets guidelines established by the Texas Board of Health and that includes a combination of diabetes-related educational principles and behavioral strategies; (B) that consists of at least a licensed dietitian and a registered nurse and may include a pharmacist and a social worker; and (C) each member of which, other than a social worker, has recent didactic and experiential preparation	lieu of wages for a period during which an employee is absent from work because of sickness or injury; as a supplement to a liability insurance policy; only for dental or vision care; only for indemnity for hospital confinement; a small employer health benefit plan written under Chapter 1501; a Medicare supplemental policy as defined by Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss); a workers' compensation insurance policy; medical payment insurance coverage provided under a motor vehicle insurance policy; or a long-term care insurance policy, including a nursing home fixed indemnity policy, unless the commissioner determines that the policy provides benefit

			in Diabetes clinical and educational issues as determined by the member's licensing agency, in consultation with the commissioner of public health, unless the member's licensing agency, in consultation with the commissioner of public health, determines that the core educational preparation for the member's license includes the skills the member needs to provide diabetes self-management training; (3) diabetes self-management training provided by a diabetes educator certified by the National Certification Board for Diabetes Educators; or (4) diabetes self-management training that provides one or more of the following components: (A) a	coverage so comprehensive that the policy is a health benefit plan as described by Section 1358.002. TX INS § 1358.003 TX INS § 1501.0581 TX INS § 1551.219 TX INS § 1575.164 TX INS § 1601.110 A health benefit plan that provides coverage for screening medical procedures must provide minimum benefits for testing relating to heart disease and atherosclerosis and abnormal artery structure and function every five years. TX INS § 1376.003

			nutrition counseling component provided by a licensed dietitian, for which the licensed dietitian shall be paid; (B) a pharmaceutical component provided by a pharmacist, for which the pharmacist shall be paid; (C) a component provided by a physician assistant or registered nurse, for which the physician assistant or registered nurse shall be paid, except that the physician assistant or registered nurse may not be paid for providing a nutrition counseling or pharmaceutical component unless a licensed dietitian or pharmacist is unavailable to provide that component; or (D) a component provided by a physician. An individual may not provide a component of	

			diabetes self-management training unless: (1) the subject matter of the component is within the scope of the individual's practice; and (2) the individual meets the education requirements, as determined by the individual's licensing agency in consultation with the commissioner of public health. TX INS § 1358.055 TX INS § 1551.219 TX INS § 1575.164 TX INS § 1601.110	
Utah	Complete insulin deficiency or type 1 diabetes; insulin resistant with partial insulin deficiency or type 2 diabetes; and elevated blood glucose levels induced by pregnancy or gestational diabetes. UT ST § 31A-22-626	Blood glucose monitors, including those for the legally blind; test strips for blood glucose monitors; visual reading urine and ketone strips; lancets and lancet devices; insulin; injection aides, including those adaptable to meet the needs of the legally blind, and infusion delivery	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	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. UT ST § 31A-22-626 The Utah NetCare Plans

		systems; syringes; prescriptive oral agents for controlling blood glucose levels; and glucagon kits. UT ST § 31A-22-626	health plan provisions for self-management education UT ST § 31A-22-626	may exclude unless required by federal law, mandated coverage under § 31A-22-626. UT ST § 31A-22-724
Vermont	Insulin dependent diabetes, insulin using diabetes, gestational diabetes and noninsulin using diabetes VT ST T. 8 § 4089c	Coverage for the equipment, supplies and outpatient self-management training and education, including medical nutrition therapy, for the treatment of diabetes if prescribed by a Health Care professional legally authorized to prescribe such items under law. A health insurer may require that such prescriptions be made, and care be given, by a Health Care professional under contract with the insurer. VT ST T. 8 § 4089c	Diabetes outpatient self-management training and education required to be covered by this section shall be provided by a certified, registered or licensed Health Care professional with specialized training in the education and management of diabetes. VT ST T. 8 § 4089c	"Insurer" means any health insurance company, nonprofit hospital and medical service corporation, and Health Maintenance Organization. The term does not apply to coverage for specified disease or other limited benefit coverage. Catamount Health shall provide coverage for chronic conditions, including diabetes. See VT ST T. 8, § 4089f. VT ST T. 8 § 4080f
Virginia	Insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and	Such coverage shall include benefits for equipment, supplies and in-person outpatient self-	To qualify for coverage, diabetes in-person outpatient self-management training	Each insurer proposing to issue an individual or group hospital policy or major medical policy in

	noninsulin-using diabetes. VA ST § 38.2-3418.10	management training and education, including medical nutrition therapy, for the treatment of diabetes if prescribed by a Health Care professional legally authorized to prescribe such items under law. As used herein, the terms "equipment" and "supplies" shall not be considered durable medical equipment. VA ST § 38.2-3418.10	and education shall be provided by a certified, registered or licensed Health Care professional. A managed care health insurance plan, as defined in Chapter 58 (§ 38.2-5800 et seq.) of this title, may require such Health Care professional to be a member of the plan's provider network; provided that such network includes sufficient Health Care professionals who are qualified by specific education, experience, and credentials to provide the covered benefits described in this statute. VA ST § 38.2-3418.10	this Commonwealth, each corporation proposing to issue an individual or group hospital, medical or major medical subscription contract, and each Health Maintenance Organization providing a Health Care plan for Health Care services shall provide coverage for diabetes as provided in this section. The requirements of this section shall apply to all insurance policies, contracts and plans delivered, issued for delivery, reissued, or extended on and after July 1, 2000, or at any time thereafter when any term of the policy, contract or plan is changed or any premium adjustment is made. This section shall not apply to short-term travel, accident only, limited or

				specified disease, or individual conversion policies or contracts, nor to policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or federal governmental plans. VA ST § 38.2-3418.10
Washington	"Person with Diabetes" means a person diagnosed by a Health Care provider as having insulin using Diabetes, noninsulin using Diabetes, or elevated blood glucose levels induced by pregnancy WA ST 48.20.391 WA ST 48.21.143 WA ST 48.44.315 WA ST 48.46.272	For insurance contracts that include pharmacy services, appropriate and medically necessary equipment and supplies, as prescribed by a Health Care provider, that includes but is not limited to insulin, syringes, injection aids, blood glucose monitors, test strips for blood glucose monitors, visual reading and urine test strips, insulin pumps and accessories to the	For all insurance contracts providing Health Care services, outpatient self-management training and education, including medical nutrition therapy, as ordered by the Health Care provider. WA ST 48.20.391 WA ST 48.21.143 WA ST 48.44.315 WA ST 48.46.272	Disability insurance, group and blanket disability insurance, health care services, and health maintenance organizations. "Health Care provider" means a Health Care provider as defined in RCW 48.43.005. The insurer need not include the coverage required in this section in a group contract offered to an employer or other group that offers to its eligible

		pumps, insulin infusion devices, prescriptive oral agents for controlling blood sugar levels, foot care appliances for prevention of complications associated with diabetes, and glucagon emergency kits. Services required under this section shall be covered when deemed medically necessary by the medical director, or his or her designee, subject to any referral and formulary requirements. WA ST 48.20.391 WA ST 48.21.143 WA ST 48.44.315 WA ST 48.46.272		enrollees a self-insured health plan not subject to mandated benefits status under this title that does not offer coverage similar to that mandated under this section. Does not apply to the health benefit plan that provides benefits identical to the schedule of services covered by the basic health plan, as required by RCW 48.20.028. WA ST 48.20.391 WA ST 48.21.143 WA ST 48.44.315 WA ST 48.46.272
West Virginia	Insulin dependent and noninsulin dependent persons with diabetes and those with gestational diabetes. WV ST § 33-15C-1 WV ST § 33-16-16	Blood glucose monitors, monitor supplies, insulin, injection aids, syringes, insulin infusion devices, pharmacological agents for controlling blood sugar, orthotics and any additional items as	All policies shall also include coverage for diabetes self-management education to ensure that persons with diabetes are educated as to the proper self-management	Any diabetes insurance and group accident or sickness policy which provides major medical or similar comprehensive-type medical coverage. Any health benefits policy that

		promulgated by rule. Each covered person diagnosed with diabetes direct access to an eye care provider of their choice from the insurer's panel of providers independent of, and without referral from, any other provider or entity for one annual diabetic retinal examination. WV ST § 33-15C-1 WV ST § 33-16-16	and treatment of their diabetes, including information on proper diets. Coverage for self-management education and education relating to diet and prescribed by a licensed physician shall be limited to: (1) visits medically necessary upon the diagnosis of diabetes; (2) visits under circumstances whereby a physician identifies or diagnoses a significant change in the patient's symptoms or conditions that necessitates changes in a patient's self-management; and (3) where a new medication or therapeutic process relating to the person's treatment and/or management of diabetes has been identified as medically necessary by a licensed physician. WV ST § 33-15C-1	includes eye care benefits, including a diabetic retinal examination. WV ST § 33-25E-3 WV ST § 33-25E-4

			WV ST § 33-16-16	
Wisconsin	None	coverage for expenses incurred by the installation and use of an insulin infusion pump, coverage for all other equipment and supplies, including insulin or any other prescription medication, used in the treatment of diabetes, and coverage of diabetic self-management education programs. Coverage is subject to the same exclusions, limitations, deductibles, and coinsurance provisions of the policy as other covered expenses, except that insulin infusion pump coverage may be limited to the purchase of one pump per year and the insurer may require the insured to use a pump for 30 days before purchase. WI ST 40.52 WI ST 632.895	Coverage of diabetic self-management education programs. Coverage is subject to the same exclusions, limitations, deductibles, and coinsurance provisions of the policy as other covered expenses, except that insulin infusion pump coverage may be limited to the purchase of one pump per year and the insurer may require the insured to use a pump for 30 days before purchase. WI ST 632.895	Mandated coverage for public employees and in disability insurance policies which provide coverage of expenses incurred for treatment of diabetes. WI ST 40.52 WI ST 632.895

Wyoming	Insulin dependent diabetes, insulin using diabetes, gestational diabetes and noninsulin using diabetes if prescribed by a Health Care professional legally authorized to prescribe such items under law. WY ST § 26-18-103 WY ST § 26-19-107 WY ST § 26-20-201	Equipment, supplies and outpatient self-management training and education, including medical nutrition therapy. WY ST § 26-18-103 WY ST § 26-19-107 WY ST § 26-20-201	Covered diabetes outpatient self-management training and education shall be provided by a certified, registered or licensed Health Care professional with expertise in Diabetes. Required covered outpatient self-management training and education shall be limited to: a one-time evaluation and training program when medically necessary, within one year of diagnosis; additional medically necessary self-management training shall be provided upon a significant change in symptoms, condition or treatment. This additional training shall be limited to three hours per year. WY ST § 26-18-103 WY ST § 26-19-107 WY ST § 26-20-201	All individual and group health insurance policies providing coverage on an expense incurred basis, individual and group service or indemnity type contracts issued by any insurer including any nonprofit corporation and individual and group service contracts issued by a Health Maintenance Organization, which provide coverage. The benefits provided shall be subject to the same annual deductibles or coinsurance established for all other covered benefits within a given policy. Private third-party payers may not reduce or eliminate coverage due to the requirements of this section. Enforcement shall be performed by the commissioner or his designee. WY ST § 26-18-103 WY ST § 26-19-107

				WY ST § 26-20-201
United States	Coverage of preventive services, generally, is required. 42 U.S.C.A. § 300gg-13 Coverage of children or adopted children may not be denied for pre-existing conditions; effective for adults in 2014; does not apply to grandfathered policies. 26 U.S.C.A. § 9801 29 U.S.C.A. § 1169 42 U.S.C.A. § 1181 42 U.S.C.A. § 300gg-3	Coverage of preventive services, generally, is required. 42 U.S.C.A. § 300gg-13 Coverage of children or adopted children may not be denied for pre-existing conditions; effective for adults in 2014; does not apply to grandfathered policies. 26 U.S.C.A. § 9801 29 U.S.C.A. § 1169 42 U.S.C.A. § 1181 42 U.S.C.A. § 300gg-3 In general, a group health plan and a health insurance issuer offering group or individual health insurance coverage may not establish lifetime limits on the dollar value of benefits for any participant or beneficiary, or, with some exceptions, annual limits on the dollar value of benefits for any	Coverage of preventive services, generally, is required. 42 U.S.C.A. § 300gg-13 Coverage of children or adopted children may not be denied for pre-existing conditions; effective for adults in 2014; does not apply to grandfathered policies. 26 U.S.C.A. § 9801 29 U.S.C.A. § 1169 42 U.S.C.A. § 1181 42 U.S.C.A. § 300gg-3	For purposes of Medicaid, beginning January 1, 2011, a State, at its option as a State plan amendment, may provide for medical assistance under this subchapter to eligible individuals with chronic conditions including diabetes, who select a designated provider, a team of health care operating with such a provider, or a health team as the individual's health home for purposes of providing the individual with health home services. 42 U.S.C.A. § 1396w-4 Persons with diabetes may be eligible for the demonstration program to test a payment incentive and service delivery model that utilizes physician and

		participant or beneficiary. Some provisions take effect in 2014. 42 U.S.C.A § 300gg-11		nurse practitioner directed home-based primary care teams designed to reduce expenditures and improve health outcomes in the provision of items and services for the aged or disabled 42 U.S.C.A § 1395cc-5 A group health plan and a health insurance issuer offering group or individual health insurance coverage 42 U.S.C.A. § 300gg-13 Coverage of children or adopted children may not be denied for pre-existing conditions; effective for adults in 2014; does not apply to grandfathered policies. 26 U.S.C.A. § 9801 29 U.S.C.A. § 1169 42 U.S.C.A. § 1181 42 U.S.C.A. § 300gg-3
Guam	None	None	None	None

Puerto Rico	None	None	None	None
Virgin Islands	None	None	None	None