

1 HOUSE BILL NO. 610  
2 AMENDMENT IN THE NATURE OF A SUBSTITUTE  
3 (Proposed by the House Committee on Labor and Commerce  
4 on \_\_\_\_\_)  
5 (Patron Prior to Substitute--Delegate Price)

6 A BILL to amend and reenact § 38.2-3418.10 of the Code of Virginia, relating to health insurance;  
7 coverage for diabetes.

8 **Be it enacted by the General Assembly of Virginia:**

9 **1. That § 38.2-3418.10 of the Code of Virginia is amended and reenacted as follows:**

10 **§ 38.2-3418.10. Coverage for diabetes.**

11 A. Each insurer proposing to issue an individual or group hospital policy or major medical policy  
12 in this Commonwealth, each corporation proposing to issue an individual or group hospital, medical or  
13 major medical subscription contract, and each health maintenance organization providing a health care  
14 plan for health care services shall provide coverage for diabetes as provided in this section.

15 B. Such coverage shall include benefits for (i) FDA-approved insulin, if prescribed by a licensed  
16 practitioner and such policy, plan, or contract includes a prescription drug benefit; (ii) equipment,  
17 including blood glucose monitors, accessible blood glucose monitors for individuals who are legally blind,  
18 cartridges for the legally blind, and lancets and lancing devices; (iii) supplies, including syringes and  
19 needles, FDA-approved agents used to control blood sugar, and glucagon emergency kits; (iv) continuous  
20 blood glucose monitoring for individuals who are using insulin; (v) regular foot care and eye care exams  
21 provided by a certified, registered, or licensed health care professional; and ~~in-person outpatient~~ (vi) self-  
22 management training and education, either in-person outpatient or through telemedicine, including  
23 medical nutrition therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes,  
24 gestational diabetes, and noninsulin-using diabetes if prescribed by a health care professional legally  
25 authorized to prescribe such items under law. As used herein, the terms "equipment" and "supplies" shall  
26 not be considered durable medical equipment.

27           C. Such coverage for self-management training and education, including medical nutrition therapy,  
28 shall include (i) up to three outpatient visits upon an individual receiving an initial diagnosis of diabetes,  
29 or if the individual was diagnosed in the year immediately preceding January 1, 2025, then up to three  
30 medically necessary visits to a qualified provider before January 1, 2026, and (ii) up to two medically  
31 necessary visits to a qualified provider upon a determination that a significant change in the patient's  
32 symptoms or medical condition has occurred. A "significant change in condition" means symptomatic  
33 hyperglycemia, greater than 250 mg/dl on repeated occasions, severe hypoglycemia requiring the  
34 assistance of another person, progression of diabetes, or a significant change in medical condition that  
35 would require a significantly different treatment regimen.

36           D. To qualify for coverage under this section, diabetes in-person outpatient self-management  
37 training and education shall be provided by a certified, registered or licensed health care professional. A  
38 managed care health insurance plan, as defined in Chapter 58 (§ 38.2-5800 et seq.) of this title, may require  
39 such health care professional to be a member of the plan's provider network; provided that such network  
40 includes sufficient health care professionals who are qualified by specific education, experience, and  
41 credentials to provide the covered benefits described in this section.

42           ~~D.~~ E. No insurer, corporation, or health maintenance organization shall impose upon any person  
43 receiving benefits pursuant to this section any copayment, fee, or condition that is not equally imposed  
44 upon all individuals in the same benefit category, nor shall any insurer, corporation, or health maintenance  
45 organization impose any policy-year or calendar-year dollar or durational benefit limitations or maximums  
46 for benefits or services provided under this section.

47           ~~E.~~ F. Benefits and services provided under this section shall be exempt from any deductible  
48 requirement. Such exemption shall be expressly stated on the policy, contract, or plan providing such  
49 coverage.

50           G. The requirements of this section shall apply to all insurance policies, contracts, and plans  
51 delivered, issued for delivery, reissued, or extended on and after July 1, 2000, or at any time thereafter  
52 when any term of the policy, contract, or plan is changed or any premium adjustment is made.

