

# ***SB 64*** (Chapter 540, Statutes of 1999) **California Health Plans Provide Coverage for Diabetes Equipment, Supplies & Education**



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## **SUMMARY:**

Sponsored by the American Diabetes Association, California Senate Bill 64 was signed into law in September 1999 and took effect on January 1, 2000. SB 64 requires health plans in California to provide coverage for equipment, supplies and outpatient education for the management and treatment of insulin-using diabetes, non-insulin using diabetes and gestational diabetes as deemed medically necessary by a prescribing physician, even if the items are available without a prescription.

## **WHAT EQUIPMENT & SUPPLIES ARE COVERED?**

SB 64 requires health plans to provide the following equipment and supplies in quantities specified by the treating physician:

- Insulin pumps and all related necessary supplies
- Ketone urine testing strips
- Lancets and lancet puncture devices
- Pen delivery systems and all necessary supplies for the administration of insulin
- Podiatric devices to prevent or treat diabetes-related complications
- Insulin syringes
- Blood glucose monitors and all related necessary supplies
- Blood glucose monitors designed for the visually impaired
- Visual aids, excluding eyewear, to assist the visually impaired with the proper dosing and administration of insulin

## **WHAT SERVICES ARE PROVIDED?**

### ***Self-Management Training, Outpatient Education and Medical Nutrition Therapy:***

- Every plan shall provide coverage for outpatient diabetes self-management training, education and medical nutrition therapy necessary to enable a patient to properly use equipment, supplies and medications for the treatment of diabetes. Additional self-management training, education and medical nutrition therapy may be provided upon the direction or prescription of the patient's physician.
- Outpatient diabetes self-management training, education and medical nutrition therapy must be provided by appropriately licensed or registered health care professionals.

### **Coverage for Medications:**

If a plan includes *benefit prescription coverage*, the following medications must be covered by health plans when deemed medically necessary by the treating physician:

- Insulin
- Prescriptive medications for the treatment of diabetes
- Glucagon

### **ADDITIONAL IMPORTANT INFORMATION:**

#### ***Participating Physician:***

- Prescriptions for supplies, equipment, and outpatient education **must** come from a physician participating in the patient's health care plan.

#### ***Co-Payment and Deductibles:***

- Co-payments and deductibles for the benefits specified above shall not exceed those established for similar benefits within the given health plan.
- The health plan may still require co-payments, but they should be the same as those paid for other services in the plan (i.e., a \$10 drug co-payment for all drugs, not just diabetes-related drugs or a \$5 doctor co-payment for all appointments, not just non-diabetes related visits).

#### ***Disclosure, Coverage, Complaints and More Information***

- Health plans must disclose benefits mandated by SB 64 in the plan's evidence of coverage or disclosure forms.
- SB 64 does not cover patients with self-insured employer plans (ERISA) or Medicare beneficiaries.
- Individuals in California who have been denied coverage should file complaints within their individual health plan's benefits section, and if not resolved with the health plan, the Department of Managed Health Care in California:

#### ***Department of Managed Health Care - Consumer Help Line***

(888) HMO-2219  
(800) 400-0815  
(877) 688-9891 – TDD  
[www.dmhc.ca.gov](http://www.dmhc.ca.gov)

- The American Diabetes Association is available to answer questions about Senate Bill 64. For more information, please contact the American Diabetes Association at 1-800-DIABETES.