

**DISTRICT OF COLUMBIA**  
**OFFICIAL CODE**

**TITLE 31.**  
**INSURANCE AND SECURITIES.**

**CHAPTER 30.**  
**DIABETES HEALTH INSURANCE COVERAGE.**

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**DISTRICT OF COLUMBIA OFFICIAL CODE**  
**CHAPTER 30. DIABETES HEALTH INSURANCE**  
**COVERAGE.**

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# CHAPTER 30. DIABETES HEALTH INSURANCE COVERAGE.

## § 31-3001. DEFINITIONS.

For the purposes of this chapter, the term:

(1) "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.

(2) "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.

(3) "Insured" means a person covered by a health benefit plan.

(Oct. 21, 2000, D.C. Law 13-175, § 2, 47 DCR 6832; June 11, 2004, D.C. Law 15-166, § 4(q), 51 DCR 2817.)

### *HISTORICAL AND STATUTORY NOTES*

#### *Effect of Amendments*

D.C. Law 15-166, in par. (2), substituted "Department of Insurance, Securities, and Banking" for "Department of Insurance and Securities Regulation".

#### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 4(q) of Consolidation of Financial Services Emergency Amendment Act of 2004 (D.C. Act 15-381, February 27, 2004, 51 DCR 2653).

#### *Legislative History of Laws*

Law 13-175, the "Diabetes Health Insurance Coverage Expansion Act of 2000," was introduced in Council and assigned Bill No. 13-403, which was referred to the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second readings on June 6, 2000, and July 11, 2000, respectively. Signed by the Mayor on July 26, 2000, it was assigned Act No. 13-386 and transmitted to both Houses of Congress for its review. D.C. Law 13-175 became effective on October 21, 2000.

For Law 15-166, see notes following § 31-1004.

## § 31-3002. PAYABLE BENEFITS.

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 insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin using diabetes if prescribed by a health care professional legally authorized to prescribe such item.

(Oct. 21, 2000, D.C. Law 13-175, § 3, 47 DCR 6832.)

For Law 13-175, see notes following § 31-3001.

### **§ 31-3003. NONDISCRIMINATION.**

No health insurer shall:

- (1) Require an insured to pay a higher deductible, copayment, or coinsurance; require a longer waiting period; or impose any other condition for coverage of any of the benefits set forth in this chapter other than is required for other benefits covered by the insured's health benefit plan;
- (2) Refuse to issue a health benefit plan solely because an applicant may use any of the benefits covered by this chapter;
- (3) Cancel a health benefit plan solely because an insured has used any of the benefits covered by this chapter;
- (4) Offer to pay any type of material inducement or financial incentive to an insured to discourage the insured from using any of the benefits covered by this chapter; or
- (5) Offer to pay any type of financial or other material incentive to a health care provider to deny, reduce, withhold, limit, or delay to an insured any of the benefits covered by this chapter.

(Oct. 21, 2000, D.C. Law 13-175, § 4, 47 DCR 6832.)

For Law 13-175, see notes following § 31-3001.

### **§ 31-3004. APPLICABILITY.**

- (a) 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.
- (b) All health benefit plans other than the health benefit plans specified in subsection (a) of this section shall comply with the requirements of this chapter within 180 days after the date specified in subsection (a) of this section.

(Oct. 21, 2000, D.C. Law 13-175, § 5, 47 DCR 6832.)

For Law 13-175, see notes following § 31-3001.