



# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

**BULLETIN NO. HC-129  
APRIL 7, 2021**

**TO: ALL INSURANCE COMPANIES, FRATERNAL BENEFIT SOCIETIES, HOSPITAL SERVICE CORPORATIONS, MEDICAL SERVICE CORPORATIONS AND HEALTH CARE CENTERS THAT DELIVER OR ISSUE INDIVIDUAL AND GROUP HEALTH INSURANCE POLICIES IN CONNECTICUT**

**RE: HEALTH INSURANCE COVERAGE FOR DIABETES TESTING AND TREATMENT REVISED UNDER JULY SPECIAL SESSION PUBLIC ACT NO. 20-04**

This Bulletin of the Connecticut Insurance Department (Department) is intended to clarify Connecticut's mandated coverage for diabetes testing and treatment under Conn. Gen. Stat. §§ 38a-492d and 38a-518d in relation to the passage of July Special Session Public Act 20-04. The requirements under this Public Act become effective January 1, 2022. This Public Act impacts both individual and group health insurance policies delivered or issued for delivery in Connecticut.

Conn. Gen. Stat. §§ 38a-492d and 38a-518d, requires that each health insurance policy shall provide coverage for laboratory and diagnostic tests for all types of diabetes. Such insurance policy is required to provide medically necessary coverage for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, or non-insulin-using diabetes. Such coverage shall also include medically necessary equipment, in accordance with the insured person's treatment plan, drugs and supplies prescribed by a prescribing practitioner.

Public Act 20-04<sup>1</sup> expands this coverage and requires that no such health insurance policy shall impose coinsurance, copayments, deductible and other out-of-pocket expenses on an insured that exceed:

- (1) Twenty-five dollars for each thirty-day supply of a medically necessary covered insulin drug (A) prescribed to the insured by a prescribing practitioner, or (B) prescribed and dispensed pursuant to subsection (d) of section 20-616 once during a policy year;
- (2) Twenty-five dollars for each thirty-day supply of a medically necessary covered noninsulin drug (A) prescribed to the insured by a prescribing practitioner, or (B) prescribed and dispensed pursuant to subsection (d) of section 20-616 once during a policy year if such noninsulin drug is a glucagon drug;

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<sup>1</sup> PA20-04, Sections 13 and 14, July Special Session  
<https://www.cga.ct.gov/2020/ACT/PA/PDF/2020PA-00004-R00HB-06003SS1-PA.PDF>

- (3) One hundred dollars for a thirty-day supply of all medically necessary covered diabetes devices and diabetic ketoacidosis devices for such insured that are in accordance with such insured's diabetes treatment plan, including, but not limited to, diabetes devices and diabetic ketoacidosis devices prescribed and dispensed pursuant to subsection (d) of section 20-616 once during a policy year.

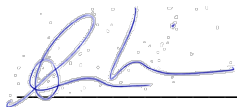
The Department has reviewed the amendments to Conn. Gen. Stat. §§ 38a-492d and 38a-518d pursuant to the Public Act and interprets that the one hundred dollar cap set forth in subdivision (3) is to be applied only to those diabetic devices and diabetic ketoacidosis devices that can be prescribed and dispensed in a thirty-day supply. In addition, such one-hundred dollar cap for applicable diabetic devices or ketoacidosis devices is to be applied as a thirty-day supply cumulative cap for all such devices.

Public Act 20-4<sup>2</sup> provides in relevant part: "Diabetes device" means a device, including, but not limited to, a blood glucose test strip, glucometer, continuous glucometer, lancet, lancing device or insulin syringe, that is (A) a legend device or nonlegend device, and (B) used to cure, diagnose, mitigate, prevent or treat diabetes or low blood sugar. "Diabetic ketoacidosis device" means a device that is (A) a legend or nonlegend device, and (B) used to screen for or prevent diabetic ketoacidosis.

Accordingly, coverage shall be provided for all devices used to cure, diagnose, mitigate, prevent or treat diabetes or low blood sugar. The coverage is not limited only to the devices, specifically listed in the above definition.

### **Questions**

Please contact the Insurance Department Life and Health Division at [cid.lh@ct.gov](mailto:cid.lh@ct.gov) with any questions.



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Andrew N. Mais  
Insurance Commissioner

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<sup>2</sup> PA20-04, Section 3, July Special Session