

ENGROSSED SENATE AMENDMENT
TO
ENGROSSED HOUSE BILL NO. 3021

By: Boyd (Betty), Steidley,
Mitchell and Cox of the
House

and

Brown of the Senate

An Act relating to insurance; requiring certain health insurance policies to provide coverage for equipment, services and supplies for treatment of diabetes; requiring coverage if recommended or prescribed by certain persons; specifying certain equipment, services and supplies; providing for updates to list of diabetes equipment and supplies; requiring coverage for diabetes self-management training; specifying coverage limitations for self-management training; defining term; specifying the providers for such training; providing for deductibles and co-insurance for coverage; excluding certain agreements, contracts and policies; providing for codification; and providing an effective date.

AUTHOR: Add the following Senate Coauthor: Mickle

AMENDMENT NO. 1. Page 1, line 8, strike the title, enacting clause and entire bill and insert

"An Act relating to insurance; requiring certain health insurance policies to provide coverage for certain equipment, supplies and services for treatment of certain diabetes under certain conditions; specifying equipment, supplies and services; providing for development and annual update of list of certain diabetes equipment, supplies and

services; requiring coverage for diabetes self-management training; specifying coverage limitations for self-management training; defining term; specifying providers for such training; providing for certain deductibles and co-insurance for coverage; excluding certain plans, agreements, contracts and policies; requiring the State and Education Employees Group Insurance Board to provide certain coverage; providing for codification; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6060.1 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. 1. For policies, contracts or agreements issued or renewed on and after November 1, 1996, any individual or group health insurance policy, contract or agreement providing coverage on an expense-incurred basis; any policy, contract or agreement issued for individual or group coverage by a not-for-profit hospital service and indemnity and medical service and indemnity corporation; contracts issued by health benefit plans including, but not limited to, health maintenance organizations, preferred provider organizations, health services corporations, physician sponsored networks, or physician hospital organizations; medical coverage provided by self-insureds that includes coverage for physician services in a physician's office, including coverage through private third-party payors; coverage provided through the State and Education Employees Group Insurance Board; and every policy, contract, or agreement which provides medical, major medical or similar comprehensive type coverage, group or blanket accident and health coverage, or medical expense, surgical, medical equipment, medical supplies, or drug prescription benefits shall, subject to the terms of the policy contract or agreement, include coverage for the following equipment, supplies and related services for the treatment of 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:

- a. blood glucose monitors,
- b. blood glucose monitors to the legally blind,
- c. test strips for glucose monitors,
- d. visual reading and urine testing strips,
- e. insulin,
- f. injection aids,
- g. cartridges for the legally blind,
- h. syringes,
- i. insulin pumps and appurtenances thereto,
- j. insulin infusion devices,
- k. oral agents for controlling blood sugar, and
- l. podiatric appliances for prevention of complications associated with diabetes.

2. The State Board of Health shall develop and annually update, by rule, a list of additional diabetes equipment, related supplies and health care provider services that are medically necessary for the treatment of diabetes, for which coverage shall also be included, subject to the terms of the policy, contract, or agreement, if such equipment and supplies have been approved by the federal Food and Drug Administration (FDA). Such additional FDA-approved diabetes equipment and related supplies, and health care provider services shall be determined in consultation with a national diabetes association affiliated with this state, and at least three (3) medical directors of health benefit plans, to be selected by the State Department of Health.

3. All policies specified in this section shall also include coverage for:

- a. podiatric health care provider services as are deemed medically necessary to prevent complications from diabetes, and
- b. diabetes self-management training. As used in this subparagraph, "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 this state and at least three (3) medical directors of health benefit plans selected by the State Department of 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:
 - (1) visits medically necessary upon the diagnosis of diabetes,
 - (2) 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
 - (3) visits when re-education 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.

4. 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.

5. 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.

6. Such coverage may be subject to the same annual deductibles or co-insurance as may be deemed appropriate and as are consistent with those established for other covered benefits within a given policy.

B. 1. Health benefit plans shall not reduce or eliminate coverage due to the requirements of this section.

2. Enforcement of the provisions of this act shall be performed by the Insurance Department and the State Department of Health.

3. The provisions of this section shall not apply to:

- a. health benefit plans designed only for issuance to subscribers eligible for coverage under Title XVIII of the Social Security Act or any similar coverage under a state or federal government plan,

- b. a health benefit plan which covers persons employed in more than one state where the benefit structure was the subject of collective bargaining affecting persons employed in more than one state, and
- c. agreements, contracts, or policies that provide coverage for a specified disease or other limited benefit coverage.

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1307.2 of Title 74, unless there is created a duplication in numbering, reads as follows:

On and after November 1, 1996, the State and Education Employees Group Insurance Board shall include coverage for equipment, supplies and related services for the treatment of Type I, Type II, and gestational diabetes as provided by and pursuant to the provisions of Section 1 of this act.

SECTION 3. This act shall become effective November 1, 1996."
Passed the Senate the 3rd day of April, 1996.

President of the Senate

Passed the House of Representatives the ____ day of _____, 1996.

Speaker of the House of Representatives