STATE OF OKLAHOMA

2nd Session of the 45th Legislature (1996)

HOUSE BILL NO. 3021 By: Boyd (Betty)

AS INTRODUCED

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 policies; 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. Beginning November 1, 1996, every individual and group health insurance policy providing coverage on an expense-incurred

basis, all individual or group service or indemnity type contracts issued by nonprofit corporations, health maintenance organizations, preferred provider organizations and health services corporations, and all self-insurers which provide medical coverage that includes coverage for physician services in a physician's office and every policy which provides medical, major medical or similar comprehensive type coverage, group or blanket accident and health, medical expense, surgical, medical equipment, medical supplies, drug prescription benefits, medical expense indemnity corporation and health services corporation (all referred to as private third-party payors) shall include coverage for the following equipment, supplies and related services for the treatment of Type I, Type II, and gestational diabetes, if recommended or prescribed by a physician or other licensed health care provider legally authorized to prescribe under law:

1. Blood glucose monitors;

2. Blood glucose monitors to the legally blind;

3. Data management systems;

4. Test strips for glucose monitors;

5. Visual reading and urine testing strips;

6. Insulin;

7. Injection aids;

8. Cartridges for the legally blind;

9. Syringes;

10. Insulin pumps and appurtenances thereto;

11. Insulin infusion devices;

12. Oral agents for controlling blood sugar; and

13. Podiatric appliances for prevention of complications associated with diabetes.

The State Department of Health shall provide and annually update, by rule, a list of additional diabetes equipment, related supplies and health care provider services such as are medically

necessary for the treatment of diabetes, for which there shall also be coverage. Such additional diabetes equipment, related supplies and health care provider services shall be determined in consultation with American diabetes associations affiliated with this state.

All policies specified in this section shall also include coverage for podiatric health care provider services as are deemed medically necessary to prevent complications from diabetes.

All policies specified in this section shall also include coverage for diabetes self-management training. As used in this paragraph, "diabetes self-management training" means instruction in an inpatient and outpatient setting which will enable diabetic patients to gain an understanding of the diabetic management process and daily management of diabetic therapy thereby avoiding frequent hospitalizations and complications. Diabetes self-management training shall meet standards developed by the State Department of Health in consultation with American diabetes associations affiliated with this state. Such coverage for self-management training, including medical nutrition therapy relating to diet, caloric intake, and diabetes management, but excluding programs the sole purpose of which is weight reduction, shall be limited to the following:

1. Visits medically necessary upon the diagnosis of diabetes;

2. Visits when a physician diagnoses a significant change in the patient's symptoms or conditions which necessitates changes in the patient's self-management; and

3. Visits when re-education or refresher training is medically necessary.

Provided, payment under the coverage required for self-management training under this act shall be required only upon certification by the health care provider providing the training

that the patient has successfully completed the self-management training.

Self-management training must be supervised by a licensed physician. 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 heath care professionals may be provided in group settings where practicable. Coverage for 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.

B. Such coverage may be subject to the same annual deductibles or coinsurance as may be deemed appropriate and as are consistent with those established for other covered benefits within a given policy. Private third-party payors may not reduce or eliminate coverage due to the requirements of this act.

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

D. The provisions of this act do not apply to private third-party payor contracts designed only for issuance to subscribers eligible for coverage under Title XVIII of the Social Security Act or any similar coverage under state or federal government plan.

E. This act shall not apply to a private third-party payor policy which covers persons employed in more than one state where the benefit structure of which was the subject of collective bargaining affecting persons employed in more than one state.

SECTION 2. This act shall become effective November 1, 1996.

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