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CORRECTED

STATE OF OKLAHOMA

2nd Session of the 57th Legislature (2020)

SENATE BILL 1082

By: Hicks

AS INTRODUCED

An Act relating to health insurance; amending 36 O.S. 2011, Section 6060.2, which relates to treatment of diabetes; requiring health insurers to cap co-payments for insulin at certain cost; authorizing insurers to reduce co-payments beyond cap; authorizing Insurance Commissioner to enforce cap on co-payments; authorizing Commissioner to promulgate rules; and providing an effective date.

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

SECTION 1. AMENDATORY 36 O.S. 2011, Section 6060.2, is amended to read as follows:

Section 6060.2. A. 1. Every health benefit plan issued or renewed on or after November 1, 1996, 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 the equipment and supplies have been approved by the federal Food and Drug Administration (FDA). 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

1 (3) medical directors of health benefit plans, to be selected by the
2 State Department of Health.

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

5 a. podiatric health care provider services as are deemed
6 medically necessary to prevent complications from
7 diabetes, and

8 b. diabetes self-management training. As used in this
9 subparagraph, "diabetes self-management training"
10 means instruction in an inpatient or outpatient
11 setting which enables diabetic patients to understand
12 the diabetic management process and daily management
13 of diabetic therapy as a method of avoiding frequent
14 hospitalizations and complications. Diabetes self-
15 management training shall comply with standards
16 developed by the State Board of Health in consultation
17 with a national diabetes association affiliated with
18 this state and at least three (3) medical directors of
19 health benefit plans selected by the State Department
20 of Health. Coverage for diabetes self-management
21 training, including medical nutrition therapy relating
22 to diet, caloric intake, and diabetes management, but
23 excluding programs the only purpose of which are
24 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 symptoms or condition of the patient making medically necessary changes in the self-management of the patient, and
- (3) visits when reeducation 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,

1 certified, or licensed health care professional, shall also include
2 home visits when medically necessary and shall include instruction
3 in medical nutrition therapy only by a licensed registered dietitian
4 or licensed certified nutritionist when authorized by the
5 supervising physician of the patient when medically necessary.

6 6. Coverage may be subject to the same annual deductibles or
7 coinsurance as may be deemed appropriate and as are consistent with
8 those established for other covered benefits within a given policy.

9 7. Any carrier that provides coverage for insulin pursuant to
10 this section shall cap the total amount that a covered person is
11 required to pay for insulin at an amount not to exceed One Hundred
12 Dollars (\$100.00) per thirty-day supply of insulin, regardless of
13 the amount or type of insulin needed to fill the prescription or
14 prescriptions of the covered person.

15 a. Nothing in this subsection prevents a carrier from
16 reducing a cost sharing of a covered person to an
17 amount less than One Hundred Dollars (\$100.00).

18 b. The Insurance Commissioner shall ensure all carriers
19 comply with the requirements of this section.

20 c. The Commissioner may promulgate rules as necessary to
21 implement and administer the requirements of this
22 section and to align with federal requirements as
23 amended.

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

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

5 C. As used in this section, "health benefit plan" means any
6 plan or arrangement as defined in subsection C of Section 6060.4 of
7 this title.

8 SECTION 2. This act shall become effective November 1, 2020.

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