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**CORRECTED**

STATE OF OKLAHOMA

2nd Session of the 57th Legislature (2020)

SENATE BILL NO. 1158

By: Coleman

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; updating statutory language; 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

1 health care provider legally authorized to prescribe under the laws  
2 of this state:

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

16 2. The State Board of Health shall develop and annually update,  
17 by rule, a list of additional diabetes equipment, related supplies  
18 and health care provider services that are medically necessary for  
19 the treatment of diabetes, for which coverage shall also be  
20 included, subject to the terms of the policy, contract, or  
21 agreement, if the equipment and supplies have been approved by the  
22 federal Food and Drug Administration (FDA). Additional FDA-approved  
23 diabetes equipment and related supplies, and health care provider  
24 services shall be determined in consultation with a national

1 diabetes association affiliated with this state, and at least three  
2 (3) medical directors of health benefit plans, to be selected by the  
3 State Department of Health.

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

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

1 excluding programs the only purpose of which are  
2 weight reduction, shall be limited to the following:

3 (1) visits medically necessary upon the diagnosis of  
4 diabetes,

5 (2) a physician diagnosis which represents a  
6 significant change in the symptoms or condition  
7 of the patient making medically necessary changes  
8 in the self-management of the patient, and

9 (3) visits when reeducation or refresher training is  
10 medically necessary;

11 provided, however, payment for the coverage required for diabetes  
12 self-management training pursuant to the provisions of this section  
13 shall be required only upon certification by the health care  
14 provider providing the training that the patient has successfully  
15 completed diabetes self-management training.

16 4. Diabetes self-management training shall be supervised by a  
17 licensed physician or other licensed health care provider legally  
18 authorized to prescribe under the laws of this state. Diabetes  
19 self-management training may be provided by the physician or other  
20 appropriately registered, certified, or licensed health care  
21 professional as part of an office visit for diabetes diagnosis or  
22 treatment. Training provided by appropriately registered,  
23 certified, or licensed health care professionals may be provided in  
24 group settings where practicable.

1 5. Coverage for diabetes self-management training and training  
2 related to medical nutrition therapy, when provided by a registered,  
3 certified, or licensed health care professional, shall also include  
4 home visits when medically necessary and shall include instruction  
5 in medical nutrition therapy only by a licensed registered dietician  
6 or licensed certified nutritionist when authorized by the  
7 supervising physician of the patient when medically necessary.

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

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

17 a. Nothing in this paragraph prevents a carrier from  
18 reducing a cost sharing of a covered person by an  
19 amount greater than the amount specified in this  
20 paragraph.

21 b. The Insurance Commissioner may use any enforcement  
22 powers available to the Commissioner to ensure all  
23 carriers comply with the requirements of this  
24 paragraph.

1           c. The Commissioner may promulgate rules as necessary to  
2           implement and administer the requirements of this  
3           paragraph and to align with federal requirements as  
4           amended.

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

7           2. Enforcement of the provisions of this ~~act~~ section shall be  
8 performed by the Insurance Department and the State Department of  
9 Health.

10          C. As used in this section, "health benefit plan" means any  
11 plan or arrangement as defined in subsection C of Section 6060.4 of  
12 this title.

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

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