

An Act

ENROLLED HOUSE
BILL NO. 1019

By: Worthen, Bennett, Fugate,
Bell, Roe, Brewer and Grego
of the House

and

Simpson and Hicks of the
Senate

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 copayments for insulin at a certain amount; authorizing insurers to reduce copayments below cap; authorizing Insurance Commissioner to enforce cap on copayments; authorizing Insurance Commissioner to promulgate rules; and providing an effective date.

SUBJECT: Health insurance

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 (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. 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 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, 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 supervising physician of the patient when medically necessary.

6. 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.

7. Any carrier that provides coverage for insulin pursuant to this section shall cap the total amount that a covered person is required to pay for insulin at an amount not to exceed Thirty Dollars (\$30.00) per thirty-day supply or Ninety Dollars (\$90.00) per ninety-day supply of insulin for each covered insulin prescription, regardless of the amount or type of insulin needed to fill the prescription or prescriptions of the covered person.

- a. Nothing in this paragraph shall prevent a carrier from reducing the cost-sharing of a covered person to an amount less than Thirty Dollars (\$30.00) per thirty-day supply or Ninety Dollars (\$90.00) per ninety-day supply.
- b. The Insurance Commissioner shall ensure all carriers comply with the requirements of this paragraph.
- c. The Commissioner may promulgate rules as necessary to implement and administer the requirements of this paragraph and to align with federal requirements.

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.

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

SECTION 2. This act shall become effective November 1, 2021.

Passed the House of Representatives the 9th day of March, 2021.

Presiding Officer of the House
of Representatives

Passed the Senate the 13th day of April, 2021.

Presiding Officer of the Senate

OFFICE OF THE GOVERNOR

Received by the Office of the Governor this _____

day of _____, 20_____, at _____ o'clock _____ M.

By: _____

Approved by the Governor of the State of Oklahoma this _____

day of _____, 20_____, at _____ o'clock _____ M.

Governor of the State of Oklahoma

OFFICE OF THE SECRETARY OF STATE

Received by the Office of the Secretary of State this _____

day of _____, 20_____, at _____ o'clock _____ M.

By: _____