

1 STATE OF OKLAHOMA

2 1st Session of the 59th Legislature (2023)

3 SENATE BILL 142

By: Hicks

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5
6 AS INTRODUCED

7 An Act relating to health insurance; amending 36 O.S.
8 2021, Section 6060.2, as amended by Section 1,
9 Chapter 199, O.S.L. 2022 (36 O.S. Supp. 2022, Section
10 6060.2), which relates to treatment of diabetes;
11 modifying copayment cap of certain insulin supply;
12 requiring cap on copayment for certain diabetes
13 equipment and supplies; requiring reduction in cost-
14 sharing amount for certain insulin supply or diabetes
15 equipment or supply that is less than copayment cap;
16 conforming language; and providing an effective date.

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

18 SECTION 1. AMENDATORY 36 O.S. 2021, Section 6060.2, as
19 amended by Section 1, Chapter 199, O.S.L. 2022 (36 O.S. Supp. 2022,
20 Section 6060.2), is amended to read as follows:

21 Section 6060.2. A. 1. Every health benefit plan issued or
22 renewed on or after November 1, 1996, shall, subject to the terms of
23 the policy contract or agreement, include coverage for the following
24 equipment, supplies and related services for the treatment of Type
25 I, Type II, and gestational diabetes, when medically necessary and
26 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 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 Except as provided in paragraph 7 of this
9 subsection, coverage may be subject to the same annual deductibles
10 or coinsurance as may be deemed appropriate and as are is consistent
11 with those established for other covered benefits within a given
12 policy.

13 7. Any health benefit plan, as defined pursuant to Section
14 6060.4 of this title, that provides coverage for insulin pursuant to
15 this section shall cap the total amount that a covered person is
16 required to pay for insulin at an amount not to exceed ~~Thirty~~
17 ~~Dollars (\$30.00)~~ Twenty-five Dollars (\$25.00) per thirty-day supply
18 or Ninety Dollars (\$90.00) per ninety-day supply of insulin for each
19 covered insulin prescription, regardless of the amount or type of
20 insulin needed to fill the prescription or prescriptions of the
21 covered person. If an FDA-approved diabetes equipment or supply
22 product cost exceeds Thirty-five Dollars (\$35.00), the health
23 benefit plan shall cap the total amount that an insured is required
24 to pay for a thirty-day supply at an amount not to exceed Thirty-

1 five Dollars (\$35.00). Provided, however, in the event that the
2 cost of the thirty-day supply, ninety-day supply, or FDA-approved
3 diabetes equipment or supply product is less than the copayment cap
4 pursuant to this paragraph, a health benefit plan shall reduce the
5 cost-sharing amount of an insured to the lesser assigned copayment
6 of the supply or product to the insured.

7 ~~a. Nothing in this paragraph shall prevent a health~~
8 ~~benefit plan from reducing the cost-sharing of a~~
9 ~~covered person to an amount less than Thirty Dollars~~
10 ~~(\$30.00) per thirty-day supply or Ninety Dollars~~
11 ~~(\$90.00) per ninety-day supply.~~

12 ~~b.~~ The Insurance Commissioner shall ensure all health
13 benefit plans comply with the requirements of this
14 paragraph.

15 ~~e.~~ b. The Commissioner may promulgate rules as necessary to
16 implement and administer the requirements of this
17 paragraph and to align with federal requirements.

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

20 2. Enforcement of the provisions of this ~~act~~ section shall be
21 performed by the Insurance Department and the State Department of
22 Health.

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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, 2023.

59-1-1197 RD 1/4/2023 3:35:13 PM