

1 STATE OF OKLAHOMA

2 2nd Session of the 58th Legislature (2022)

3 HOUSE BILL 3979

By: Bell

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5
6 AS INTRODUCED

7 An Act relating to health insurance; amending 36 O.S.
8 2011, Section 6060.2, which relates to treatment of
9 diabetes; requiring private high deductible health
10 plans to allow insureds to set aside certain monies
11 for certain purpose; and providing an effective date.

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

13 SECTION 1. AMENDATORY 36 O.S. 2021, Section 6060.2, is
14 amended to read as follows:

15 Section 6060.2 A. 1. Every health benefit plan issued or
16 renewed on or after November 1, 1996, shall, subject to the terms of
17 the policy contract or agreement, include coverage for the following
18 equipment, supplies and related services for the treatment of Type
19 I, Type II, and gestational diabetes, when medically necessary and
20 when recommended or prescribed by a physician or other licensed
21 health care provider legally authorized to prescribe under the laws
22 of this state:

23 a. blood glucose monitors,

24 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.

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

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

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

23 (1) visits medically necessary upon the diagnosis of
24 diabetes,

- 1 (2) a physician diagnosis which represents a
2 significant change in the symptoms or condition
3 of the patient making medically necessary changes
4 in the self-management of the patient, and
5 (3) visits when reeducation or refresher training is
6 medically necessary;

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

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

21 5. Coverage for diabetes self-management training and training
22 related to medical nutrition therapy, when provided by a registered,
23 certified, or licensed health care professional, shall also include
24 home visits when medically necessary and shall include instruction

1 in medical nutrition therapy only by a licensed registered dietician
2 or licensed certified nutritionist when authorized by the
3 supervising physician of the patient when medically necessary.

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

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

14 a. Nothing in this paragraph shall prevent a carrier from
15 reducing the cost-sharing of a covered person to an
16 amount less than Thirty Dollars (\$30.00) per thirty-
17 day supply or Ninety Dollars (\$90.00) per ninety-day
18 supply.

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

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

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1 8. Beginning on or after the effective date of this act, all
2 high deductible health plans, as defined in Section 6060.15 of this
3 title, issued, renewed or delivered in this state by a private
4 insurer providing coverage pursuant to this section shall allow an
5 insured to set aside funds on a tax-free basis, up to the
6 contribution limit provided in Section 223 of the Internal Revenue
7 Code, as amended, to pay for certain out-of-pocket medical expenses.

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

10 2. Enforcement of the provisions of this ~~act~~ section shall be
11 performed by the Insurance Department and the State Department of
12 Health.

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

16 SECTION 2. This act shall become effective November 1, 2022.

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