

1 STATE OF OKLAHOMA

2 1st Session of the 58th Legislature (2021)

3 SENATE BILL 990

By: Hicks

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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. 2011, 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 (3) 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. Beginning on or after the effective date of this act, all  
8 high deductible plans, as defined in Section 6060.15 of this title,  
9 issued, renewed or delivered in this state by a private insurer  
10 providing coverage pursuant to this section shall allow an insured  
11 to set aside funds on a tax-free basis, up to the contribution limit  
12 provided in Section 223 of the Internal Revenue Code, as amended, to  
13 pay for certain out-of-pocket medical expenses.

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

16 2. Enforcement of the provisions of this ~~act~~ section shall be  
17 performed by the Insurance Department and the State Department of  
18 Health.

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

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

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