

1 STATE OF OKLAHOMA

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

3 HOUSE BILL 2351

By: Dempsey

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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, Chapter
9 199, O.S.L. 2022 (36 O.S. Supp. 2022, Section
10 6060.2), which relates to the treatment of diabetes;
11 defining terms; directing the Insurance Department
12 and the State Department of Health to purchase
13 insulin at discounted prices; creating a program that
14 allows Oklahomans to purchase discounted insulin;
15 providing for codification; and providing an
16 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
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 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
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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 health benefit plan, as defined pursuant to Section
12 6060.4 of this title, that provides coverage for insulin pursuant to
13 this section shall cap the total amount that a covered person is
14 required to pay for insulin at an amount not to exceed Thirty
15 Dollars (\$30.00) per thirty-day supply or Ninety Dollars (\$90.00)
16 per ninety-day supply of insulin for each covered insulin
17 prescription, regardless of the amount or type of insulin needed to
18 fill the prescription or prescriptions of the covered person.

19 a. Nothing in this paragraph shall prevent a health
20 benefit plan from reducing the cost-sharing of a
21 covered person to an amount less than Thirty Dollars
22 (\$30.00) per thirty-day supply or Ninety Dollars
23 (\$90.00) per ninety-day supply.

1 b. The Insurance Commissioner shall ensure all health
2 benefit plans comply with the requirements of this
3 paragraph.

4 c. The Commissioner may promulgate rules as necessary to
5 implement and administer the requirements of this
6 paragraph and to align with federal requirements.

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

9 2. Enforcement of the provisions of this act shall be performed
10 by the Insurance Department and the State Department of Health.

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

14 SECTION 2. NEW LAW A new section of law to be codified
15 in the Oklahoma Statutes as Section 6060.2a of Title 36, unless
16 there is created a duplication in numbering, reads as follows:

17 A. The State shall direct the creation of a discount program
18 that will allow participants to purchase insulin at a discounted,
19 post-rebate rate.

20 B. As used in this section, unless the context otherwise
21 requires:

22 1. "Participant" means a resident of Oklahoma who:

23 a. uses insulin to treat diabetes,
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- 1 b. does not receive health coverage under the program,
2 and
3 c. enrolls in the discount program;

4 2. "Discount program" means a process developed by the program
5 that allows participants to purchase insulin at a discounted, post-
6 rebate rate;

7 3. "Rebate" means a refund, discount or other price concession
8 that is paid by a pharmaceutical manufacturer to a pharmacy benefit
9 manager based on a prescription drug's utilization or effectiveness.
10 "Rebate" does not include an administrative fee.

11 C. For the purpose of the insulin discount program only, the
12 program shall allow participants to purchase insulin at a
13 discounted, post-rebate rate.

14 D. The discount program described in this section shall:

15 1. Provide a participant with an electronic document that
16 identifies the participant as eligible for the discount;

17 2. Provide a participant with information about pharmacies that
18 will honor the discount;

19 3. Allow a participant to purchase insulin at a discounted,
20 post-rebate rate; and

21 4. Provide a participant with instructions to pursue a
22 reimbursement of the purchase price from the participant's health
23 insurer.

1 E. The discount program shall charge a price for the insulin
2 that allows the program to retain only enough of any rebate for the
3 insulin to make the state risk pool whole for providing discounted
4 insulin to participants.

5 SECTION 3. This act shall become effective November 1, 2023.

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