

**304.17A-148 Coverage for diabetes -- Cap on cost-sharing requirements for insulin.**

- (1) All health benefit plans issued or renewed on or after January 1, 2022, shall provide coverage for equipment, supplies, outpatient self-management training and education, including medical nutrition therapy, and all medications necessary for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and noninsulin-using diabetes if prescribed by a health care provider legally authorized to prescribe the items.
- (2) Diabetes outpatient self-management training and education shall be provided by a certified, registered, or licensed health care professional with expertise in diabetes, as deemed necessary by a health care provider.
- (3)
  - (a) Except as provided in paragraph (b) of this subsection, the benefits provided in this section shall be subject to the same annual deductibles or coinsurance established for all other covered benefits within a given health benefit plan.
  - (b) Cost sharing for a covered prescription insulin drug shall not exceed thirty dollars (\$30) per thirty (30) day supply of each prescription insulin drug, regardless of the amount or type of insulin needed to meet the covered person's insulin needs.
  - (c) Private third-party payors may not reduce or eliminate coverage due to the requirements of this section.
  - (d) Except as provided in KRS 18A.225, paragraph (b) of this subsection shall not apply to governmental plans, as defined in KRS 304.17A-005, that are self-insured.
  - (e) Nothing in this subsection shall prevent an insurer from establishing cost-sharing requirements for covered prescription insulin drugs below the amount specified in paragraph (b) of this subsection.
- (4) As used in this section, "cost sharing" has the same meaning as in KRS 304.17A-164.

**Effective:** January 1, 2022

**History:** Amended 2021 Ky. Acts ch. 75, sec. 1, effective January 1, 2022. -- Created 1998 Ky. Acts ch. 476, sec. 1, effective July 15, 1998.