UNOFFICIAL COPY 22 RS BR 945

1	AN ACT relating to coverage for diabetes treatment.
2	Be it enacted by the General Assembly of the Commonwealth of Kentucky:
3	→ Section 1. KRS 304.17A-148 (Effective January 1, 2022) is amended to read as
4	follows:
5	(1) As used in this section:
6	(a) "Cost sharing" has the same meaning as in KRS 304.17A-164;
7	(b) "Medication" includes any:
8	1. Drug that contains insulin; and
9	2. Drug approved by the United States Food and Drug Administration to
0	treat diabetes that does not contain insulin, which may include but is
1	not limited to a glucagon drug, glucose tablet, or glucose gel; and
2	(c) "Utilization review":
13	1. Has the same meaning as in KRS 304.17A-600; and
4	2. Shall include prior authorization, step therapy, drug formulary
5	restrictions, and any other utilization management requirements.
6	(2) All health benefit plans [issued or renewed on or after January 1, 2022,] shall
7	provide coverage for equipment, supplies, outpatient self-management training and
8	education, including medical nutrition therapy, and all medications prescribed by a
9	health care provider [necessary] for the treatment of insulin-dependent diabetes
20	insulin-using diabetes, gestational diabetes, and noninsulin-using diabetes in
21	<u>the</u> [prescribed by a] health care provider <u>is</u> legally authorized to prescribe the items.
22	(3)[(2)] Diabetes outpatient self-management training and education shall be provided
23	by a certified, registered, or licensed health care professional with expertise in
24	diabetes, as deemed necessary by a health care provider.
25	(4)[(3)] (a) Except as provided in paragraph (b) of this subsection, the benefits
26	provided in this section shall be subject to the same annual deductibles or
27	coinsurance established for all other covered benefits within a given health

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1			benefit plan.
2		(b)	Cost sharing for:
3			1. A <u>medication</u> [covered prescription insulin drug] shall not exceed thirty
4			dollars (\$30) per thirty (30) day supply of each <u>medication</u> [prescription
5			insulin drug], regardless of the amount or type of medication[insulin]
6			needed to meet the covered person's [insulin] needs; and
7			2. The following equipment and supplies shall not exceed thirty dollars
8			(\$30) for each piece of equipment or, if applicable, per thirty (30) day
9			supply:
10			a. Blood glucose monitors, including continuous glucose monitors;
11			b. Monitor supplies;
12			c. Medication injection aids;
13			d. Syringes;
14			e. Medication infusion devices;
15			f. Pharmacological agents for controlling blood sugar; and
16			g. Orthotics.
17		(c)	Private third-party payors may not reduce or eliminate coverage due to the
18			requirements of this section.
19		(d)	Except as provided in KRS 18A.225, paragraph (b) of this subsection shall not
20			apply to governmental plans, as defined in KRS 304.17A-005, that are self-
21			insured.
22		(e)	Nothing in this subsection shall prevent an insurer from establishing cost
23			sharing [cost-sharing requirements] for any benefit provided in this section
24			that is [covered prescription insulin drugs] below the amount specified in
25			paragraph (b) of this subsection.
26	<u>(5)</u>	Not	withstanding any other provision of this subtitle, an insurer shall not conduct
27		<u>or</u> i	impose utilization review for any equipment, supplies, outpatient self-

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1	management training and education, including medical nutrition therapy, or
2	medications prescribed in accordance with this section.
3	[(4) As used in this section, "cost sharing" has the same meaning as in KRS 304.17A
4	164.]
5	→ Section 2. This Act applies to health benefit plans issued or renewed on or after
6	January 1, 2023.
7	→ Section 3. This Act takes effect on January 1, 2023.