AN ACT relating to coverage for diabetes treatment.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

Section 1. KRS 304.17A-148 (Effective January 1, 2022) is amended to read as follows:

(1) As used in this section:

(a) "Cost sharing" has the same meaning as in KRS 304.17A-164;

(b) "Medication" includes any:

1. Drug that contains insulin; and

2. Drug approved by the United States Food and Drug Administration to treat diabetes that does not contain insulin, which may include but is not limited to a glucagon drug, glucose tablet, or glucose gel; and

(c) "Utilization review":

1. Has the same meaning as in KRS 304.17A-600; and

2. Shall include prior authorization, step therapy, drug formulary restrictions, and any other utilization management requirements.

(2) 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 prescribed by a health care provider necessary for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and noninsulin-using diabetes if the health care provider is legally authorized to prescribe the items.

(3) 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.

(4) (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:

1. A medication shall not exceed thirty dollars ($30) per thirty (30) day supply of each medication, regardless of the amount or type of insulin needed to meet the covered person's needs; and

2. The following equipment and supplies shall not exceed thirty dollars ($30) for each piece of equipment or, if applicable, per thirty (30) day supply:
   a. Blood glucose monitors, including continuous glucose monitors;
   b. Monitor supplies;
   c. Medication injection aids;
   d. Syringes;
   e. Medication infusion devices;
   f. Pharmacological agents for controlling blood sugar; and
   g. Orthotics.

(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 for any benefit provided in this section that is below the amount specified in paragraph (b) of this subsection.

(5) Notwithstanding any other provision of this subtitle, an insurer shall not conduct or impose utilization review for any equipment, supplies, outpatient self-
management training and education, including medical nutrition therapy, or medications prescribed in accordance with this section.

[(4) As used in this section, "cost sharing" has the same meaning as in KRS 304.17A-464.]

Section 2. This Act applies to health benefit plans issued or renewed on or after January 1, 2023.

Section 3. This Act takes effect on January 1, 2023.