**R590. Insurance, Administration.**

**R590-200. Diabetes Treatment and Management.**

**R590-200-1. Authority.**

This rule is promulgated by the commissioner pursuant to Sections 31A-2-201 and 31A-22-626.

**R590-200-2. Purpose and Scope.**

(1) The purpose of this rule is to establish minimum standards of coverage for diabetes.

(2) This rule applies to each accident and health insurance policy that provides a health insurance benefit.

(3) This rule does not prohibit an insurer from requesting additional information to determine eligibility of a claim under the terms of a policy, certificate, or both.

**R590-200-3. Definitions.**

Terms used in this rule are defined in Section 31A-1-301. Additional terms are defined as follows:

(1)(a) "Diabetes" means diabetes mellitus, a common chronic, serious systemic disorder of energy metabolism including a heterogeneous group of metabolic disorders characterized by an elevated blood glucose level.

(b) The terms "diabetes" and "diabetes mellitus" are synonymous and defined to include:

(i) a person using insulin;

(ii) a person not using insulin;

(iii) an individual with an elevated blood glucose level induced by pregnancy; and

(iv) a person with another medical condition or medical therapy that wholly or partially consists of an elevated blood glucose level.

(c) Diabetes includes an individual with:

(i) complete insulin deficiency, or type 1 diabetes;

(ii) insulin resistance with partial insulin deficiency, or type 2 diabetes; and

(iii) an elevated blood glucose level induced by pregnancy, or gestational diabetes.

(2)(a) "Diabetes self-management training" means a program designed to help an individual learn to manage their diabetes in an outpatient setting.

(b) Self-management training topics include:

(i) making lifestyle changes to effectively manage diabetes;

(ii) avoiding or delaying the complications, hospitalizations, and emergency room visits associated with diabetes; and

(iii) medical nutrition therapy.

(3) "Medical equipment" means non-disposable or durable equipment used to treat diabetes.

(4) "Medical nutrition therapy" means the assessment and therapy of a patient's nutritional status including diet modification, planning, and counseling services furnished by a registered licensed dietitian.

(5) "Medical supplies" means a generally accepted single-use item used to manage, monitor, and treat diabetes, and to administer diabetic specific medication.

**R590-200-4. Minimum Standards and General Provisions.**

(1) Coverage for diabetes treatment is subject to the deductibles, copayments, out-of-pocket maximums, and coinsurance of the policy.

(2)(a) An accident and health insurance policy that provides a health insurance benefit shall cover diabetes self-management training and patient management, including medical nutrition therapy, when medically necessary and prescribed by a physician.

(b) The diabetes self-management training services must be provided by a diabetes self-management training program:

(i) recognized by the Centers for Medicare and Medicaid Services;

(ii) certified by the Utah Department of Health and Human Services; or

(iii) approved or accredited by a national organization certifying standards of quality in the provision of diabetes self-management education.

(c) A diabetes self-management training program shall be provided upon:

(i) a diagnosis with diabetes;

(ii) a significant change in a diabetes-related condition;

(iii) a change in diagnostic levels; or

(iv) a change in treatment regimen.

(3) An accident and health insurance policy that provides a health insurance benefit shall cover the following when medically necessary:

(a) blood glucose monitors designed for diabetic patients;

(b) blood glucose monitors for the legally blind designed for use with adaptive devices;

(c) test strips for glucose monitors, including test strips cleared by the FDA;

(d) visual reading strips for glucose and ketones;

(e) urine testing strips for glucose and ketones;

(f) lancet devices and lancets for monitoring glycemic control;

(g) insulin, including analog, in either vial or cartridge;

(h) injection aids, including those adaptable to meet the needs of the legally blind;

(i) syringes, including insulin syringes, pen-like insulin injection devices, needles for pen-like insulin injection devices, and other disposable parts required for insulin injection aids;

(j) insulin pumps, including insulin infusion pumps;

(k) medical supplies for use:

(i) with insulin pumps and insulin infusion pumps, including infusion sets, cartridges, syringes, skin preparation, batteries, and other disposable supplies needed to maintain insulin pump therapy; and

(ii) with or without insulin pumps and insulin infusion pumps, including durable and disposable devices for the injection of insulin and infusion sets;

(l) prescription oral agents of each class approved by the FDA for treatment of diabetes, and a variety of drugs, when available, within each class; and

(m) glucagon kits.

(4)(a) No later than June 1 each year, the department shall publish on the department's website at www.insurance.utah.gov:

(i) the price of insulin available under the discount program described in Section 49-20-421;

(ii) the insulin prescription caps for the following calendar year; and

(iii) the average wholesale price of insulin per milliliter, AWP/mL, for each calendar year 2019 and later.

(b) The insulin prescription caps are calculated using data provided by Public Employees Health Plan (PEHP) based on the annual change in the average AWP/mL.

(i) The calculation considers the following initial reference values:

(A) PEHP's average insulin AWP/mL in 2019 of $40.18, Base AWP/mL;

(B) the 2021 insulin prescription cap in Subsection 31A-22-626(4)(a) of $30, Base Low Cap; and

(C) the 2021 insulin prescription cap in Subsection 31A-22-626(6)(b) of $100, Base High Cap.

(ii)(A) The insulin prescription cap is rounded to the nearest dollar.

(B) Effective for plan years on or after January 1, 2025, the insulin prescription cap is rounded down to the nearest multiple of $5.

(c)(i) The insulin prescription cap formula for years after 2021 for Subsection 31A-22-626(4)(a) is: Year X low cap = (Average AWP/mL for Year X-2 / Base AWP/mL) \* (Base Low Cap) rounded to the nearest dollar.

(ii) The insulin prescription cap formula for years after 2024 for Subsection 31A-22-626(4)(a) is rounded down to the nearest multiple of $5.

(d)(i) The insulin prescription cap formula for years after 2021 for Subsection 31A-22-626(6)(b) is: Year X high cap = (Average AWP/mL for Year X-2 / Base AWP/mL) \* (Base High Cap) rounded to the nearest dollar.

(ii) The insulin prescription cap formula for years after 2024 for Subsection 31A-22-626(6)(b) is rounded down to the nearest multiple of $5.

(e) The adjusted insulin prescription cap posted on June 1 takes effect for a policy issued or renewed on or after January 1 of the following calendar year.

**R590-200-5. Severability.**

If any provision of this rule, Rule R590-200, or its application to any person or situation is held invalid, such invalidity does not affect any other provision or application of this rule that can be given effect without the invalid provision or application. The remainder of this rule shall be given effect without the invalid provision or application.

**KEY: insurance law**

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**Authorizing, and Implemented or Interpreted Law: 31A-2-201; 31A-22-626**