

LAWS OF DELAWARE
VOLUME 83
CHAPTER 521
151st GENERAL ASSEMBLY
FORMERLY
SENATE BILL NO. 316
AS AMENDED BY
SENATE AMENDMENT NO. 1

AN ACT TO AMEND TITLE 18 AND TITLE 29 OF THE DELAWARE CODE RELATING TO INSURANCE COVERAGE OF DIABETES EQUIPMENT AND SUPPLIES.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3344D. Cost sharing in diabetes equipment and supplies.

(a) For purposes of this section, “diabetes equipment and supplies” means blood glucose meters and strips, urine testing strips, syringes, continuous glucose monitors and supplies, and insulin pump supplies.

(b) An individual health insurance policy, contract, or certificate that is delivered, issued for delivery, renewed, extended, or modified in this State that provides coverage for any diabetes equipment or supplies must cap the total amount that a covered individual is required to pay for diabetes equipment and supplies at no more than \$35 per month for each enrolled individual, regardless of the amount or types of diabetes equipment or supplies needed to fill the individual's prescriptions. The \$35 per month cap includes deductible payments and cost-sharing amounts charged once a deductible is met, except that the \$35 cap does not apply to deductible payments charged by high deductible health plans or catastrophic health plans.

(c) Except as provided under subsection (b) of this section, nothing in this section prevents the operation of a policy provision required by this section as a deductible, coinsurance, allowable charge limitation, coordination of benefits, or a provision restricting coverage to services by a licensed, certified, or carrier-approved provider or facility.

(d) This section does not apply to any of the following:

(1) Accident-only, specified disease, hospital indemnity, Medicare supplement, long-term care, disability income, or other limited benefit health insurance policies.

(2) A high deductible health plan if providing coverage under subsection (b) of this section would cause the plan to fail to be treated as a high deductible health plan under § 223(c)(2) of the Internal Revenue Code [26 U.S.C. § 223(c)(2)].

(3) A catastrophic health plan if providing coverage under subsection (b) of this section would cause the plan to fail to be treated as a catastrophic plan under § 1302(e) of the Patient Protection and Affordable Care Act, 42 U.S.C. § 18022(e).

(e) This section applies to all policies, contracts, or certificates issued, renewed, modified, altered, amended, or reissued after December 31, 2023.

Section 2. Amend Chapter 35, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3560C. Cost sharing in diabetes equipment and supplies.

(a) For purposes of this section, “diabetes equipment and supplies” means blood glucose meters and strips, urine testing strips, syringes, continuous glucose monitors and supplies, and insulin pump supplies.

(b) A health insurance policy, contract, or certificate that is delivered, issued for delivery, renewed, extended, or modified in this State that provides coverage for any diabetes equipment or supplies must cap the total amount that a covered individual is required to pay for diabetes equipment and supplies at no more than \$35 per month for each enrolled individual, regardless of the amount or types of diabetes equipment or supplies needed to fill the individual's prescriptions. The \$35 per month cap includes deductible payments and cost-sharing amounts charged once a deductible is met, except that the \$35 cap does not apply to deductible payments charged by high deductible health plans or catastrophic health plans.

(c) Except as provided under subsection (b) of this section, nothing in this section prevents the operation of a policy provision required by this section as a deductible, coinsurance, allowable charge limitation, coordination of benefits, or a provision restricting coverage to services by a licensed, certified, or carrier-approved provider or facility.

(d) This section does not apply to any of the following:

(1) Accident-only, specified disease, hospital indemnity, Medicare supplement, long-term care, disability income, or other limited benefit health insurance policies.

(2) A high deductible health plan if providing coverage under subsection (b) of this section would cause the plan to fail to be treated as a high deductible health plan under § 223(c)(2) of the Internal Revenue Code [26 U.S.C. § 223(c)(2)].

(3) A catastrophic health plan if providing coverage under subsection (b) of this section would cause the plan to fail to be treated as a catastrophic plan under § 1302(e) of the Patient Protection and Affordable Care Act, 42 U.S.C. § 18022(e).

(e) This section applies to all policies, contracts, or certificates issued, renewed, modified, altered, amended, or reissued after December 31, 2023.

Section 3. Amend Chapter 52, Title 29 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 5215. Cost sharing in diabetes equipment and supplies.

(a) For purposes of this section, “diabetes equipment and supplies” means blood glucose meters and strips, urine testing strips, syringes, continuous glucose monitors and supplies, and insulin pump supplies.

(b) The plan for regular employees and eligible pensioners who are not entitled to services, rights, or benefits under the federal Medicare program shall provide coverage for diabetes equipment or supplies as follows:

(1) A covered individual shall pay under the health plan no more than \$35 per month for each enrolled individual, regardless of the amount or types of diabetes equipment or supplies needed. The \$35 per month cap includes deductible payments and cost-sharing amounts charged once a deductible is met.

(2) Cost-sharing shall not be imposed under the covered individual's drug coverage.

(c) The cap on the amount a covered individual is required to pay under subsection (b) of this section applies to an enrolled individual who is in compliance with all coordination of benefits policies of the plan, including spousal coordination of benefits.

Section 4. This Act takes effect 6 months following its enactment into law.

Approved October 26, 2022