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Wilson; Reps. Baumbach, K. Johnson, Morrison,
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DELAWARE STATE SENATE
151st GENERAL ASSEMBLY

SENATE BILL NO. 316

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:

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

3 § 3344D. Cost sharing in diabetes equipment and supplies.

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

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

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

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

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

19 (2) A high deductible health plan if providing coverage under subsection (b) of this section would cause the plan to
20 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)].

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

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

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

28 § 3560C. Cost sharing in diabetes equipment and supplies.

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

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

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

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

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

43 (2) A high deductible health plan if providing coverage under subsection (b) of this section would cause the plan to
44 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)].

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

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

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

52 § 5215. Cost sharing in diabetes equipment and supplies.

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

55 (b) An individual health insurance policy, contract, or certificate that is delivered, issued for delivery, renewed,
56 extended, or modified in this State that provides coverage for any diabetes equipment or supplies must cap the total amount
57 that a covered individual is required to pay for diabetes equipment and supplies at no more than \$35 per month for each
58 enrolled individual, regardless of the amount or types of diabetes equipment or supplies needed to fill the individual's
59 prescriptions. The \$35 per month cap includes deductible payments and cost-sharing amounts charged once a deductible is
60 met.

61 (c) The cap on the amount a covered individual is required to pay under paragraph (b)(1) of this section applies to
62 an enrolled individual who is in compliance with all coordination of benefits policies of the plan, including spousal
63 coordination of benefits.

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

SYNOPSIS

This Act caps the amount that an individual, group, or State employee plan may charge for diabetes equipment and supplies, other than insulin, at \$35 per month. This cap does not apply to accident-only, specified disease, hospital indemnity, Medicare supplement, long-term care, disability income, or other limited benefit health insurance policies.

Author: Senator Pinkney