

HOUSE BILL NO. 265

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FIRST LEGISLATURE - SECOND SESSION

BY REPRESENTATIVE SPOHNHOLZ

Introduced: 2/21/20

Referred: Health and Social Services, Labor and Commerce

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to insurance coverage for pharmacy services."**

2 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3 * **Section 1.** AS 21.42.390(a) is amended to read:

4 (a) A health care insurer that offers in this state a health care insurance plan
5 that includes coverage for pharmacy services shall initially and at each renewal
6 provide coverage for the cost of treating diabetes, including medication, equipment,
7 and supplies. All health care insurance plans must include coverage for outpatient self-
8 management training or education, and medical nutrition therapy, if diabetes treatment
9 is prescribed by a health care provider. **Except as provided in (d) of this section, the**
10 [THE] coverage required by this section is subject to standard policy provisions
11 applicable to other benefits, including deductible or copayment provisions. Coverage
12 for the cost of diabetes outpatient self-management training or education and for the
13 cost of medical nutrition therapy is only required if provided by a health care provider
14 with training in the treatment of diabetes.

15 * **Sec. 2.** AS 21.42.390 is amended by adding a new subsection to read:

(d) Except as necessary to qualify a plan as a high deductible health plan eligible for a health savings account tax deduction under 26 U.S.C. 223 (Internal Revenue Code), a health care insurer that offers, issues, delivers, or renews a health care insurance plan in the individual or group market in the state that provides coverage for prescription drugs may not charge an insured a combined total of more than \$100 in cost sharing, deductibles, and copayments for coverage of a 30-day supply of a prescription drug containing insulin that is used to treat diabetes.

* **Sec. 3.** AS 21.42.420 is amended to read:

Sec. 21.42.420. Coverage for prescription drugs; specialty drug tiers prohibited. Except as provided in AS 21.42.390(d), a [A] health care insurer that offers, issues, delivers, or renews a health care insurance plan in the individual or group market in the state that provides coverage for prescription drugs for which cost sharing, deductibles, or copayment obligations are determined by unique categories or specialty tiers may impose cost sharing, deductibles, or copayment obligations for a unique category or specialty tier prescription drug that exceed the dollar amount of cost sharing, deductibles, or copayment obligations, as applicable, for a nonpreferred brand drug or the drug's equivalent, but only if the insurer notifies the insured of the cost sharing, deductible, or copayment terms applicable to unique categories or specialty tiers at least 90 days before the terms apply.

* **Sec. 4.** The uncodified law of the State of Alaska is amended by adding a new section to read:

APPLICABILITY. This Act applies to an insurance policy or contract issued, delivered, or renewed on or after the effective date of this Act.