

State of Utah
Administrative Rule Analysis
 Revised May 2020

NOTICE OF PROPOSED RULE		
TYPE OF RULE: New ___; Amendment _x_; Repeal ___; Repeal and Reenact ___		
Title No. - Rule No. - Section No.		
Utah Admin. Code Ref (R no.):	R590-200-5	Filing No. (Office Use Only)
Changed to Admin. Code Ref. (R no.):	R	

Agency Information

1. Department:	Insurance	
Agency:	Administration	
Room no.:	Suite 2300	
Building:	Taylorsville State Office Building	
Street address:	4315 S. 2700 W.	
City, state:	Taylorsville, UT 84129	
Mailing address:	PO Box 146901	
City, state, zip:	Salt Lake City, UT 84114-6901	
Contact person(s):		
Name:	Phone:	Email:
Steve Gooch	801-957-9322	sgooch@utah.gov
Please address questions regarding information on this notice to the agency.		

General Information

2. Rule or section catchline:
Minimum Standards and General Provisions.
3. Purpose of the new rule or reason for the change (If this is a new rule, what is the purpose of the rule? If this is an amendment, repeal, or repeal and reenact, what is the reason for the filing?):
HB207, passed during the 2020 General Session, requires the Insurance Department to disclose the price of insulin and set the annual calculation that will be used to adjust the caps on the cost of insulin in a health benefit plan. This amendment enacts that requirement.
4. Summary of the new rule or change:
The change adds a new section that provides information about how the Insurance Department will publish the price of insulin, and the calculation used to determine the annual inflationary adjustment to the caps of the average wholesale price of insulin sold in Utah.

Fiscal Information

5. Aggregate anticipated cost or savings to:
A) State budget:
There is no anticipated cost or savings to the state budget. The cost to publish the price of insulin and the annual calculation used to adjust the caps on the cost of insulin on the Department's website will be negligible, and will be assumed into the affected employee's normal duties.
B) Local governments:
There is no anticipated cost or savings to local governments. The amendment merely sets the location and format for the Department's publication of the price of insulin and annual calculation used to adjust the caps on the cost of insulin.
C) Small businesses ("small business" means a business employing 1-49 persons):
There is no anticipated cost or savings to small businesses. The amendment merely sets the location and format for the Department's publication of the price of insulin and annual calculation used to adjust the caps on the cost of insulin.
D) Non-small businesses ("non-small business" means a business employing 50 or more persons):

There is no anticipated cost or savings to non-small businesses. The amendment merely sets the location and format for the Department's publication of the price of insulin and annual calculation used to adjust the caps on the cost of insulin.

E) Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an **agency**):

There is no anticipated cost or savings to any other persons. The amendment merely sets the location and format for the Department's publication of the price of insulin and annual calculation used to adjust the caps on the cost of insulin.

F) Compliance costs for affected persons:

There are no compliance costs for any affected persons. The amendment merely sets the location and format for the Department's publication of the price of insulin and annual calculation used to adjust the caps on the cost of insulin.

G) Regulatory Impact Summary Table (This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts will be included in narratives above.)

Regulatory Impact Table			
Fiscal Cost	FY2021	FY2022	FY2023
State Government	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0
Total Fiscal Cost	\$0	\$0	\$0
Fiscal Benefits			
State Government	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0
Total Fiscal Benefits	\$0	\$0	\$0
Net Fiscal Benefits	\$0	\$0	\$0

H) Department head approval of regulatory impact analysis:

The head of the Insurance Department, Jonathan T. Pike, has reviewed and approved this fiscal analysis.

6. A) Comments by the department head on the fiscal impact this rule may have on businesses:

After conducting a thorough analysis, it was determined that this proposed rule amendment will not result in a fiscal impact to businesses.

B) Name and title of department head commenting on the fiscal impacts:

Jonathan T. Pike, Insurance Commissioner

Citation Information

7. This rule change is authorized or mandated by state law, and implements or interprets the following state and federal laws. State code or constitution citations (required):

Section 31A-2-201	Section 31A-22-626	

Incorporations by Reference Information

(If this rule incorporates more than two items by reference, please include additional tables.)

8. A) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*):

	First Incorporation
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Official Title of Materials Incorporated (from title page)	
Publisher	
Date Issued	
Issue, or version	

B) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*):

	Second Incorporation
Official Title of Materials Incorporated (from title page)	
Publisher	
Date Issued	
Issue, or version	

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1. (The public may also request a hearing by submitting a written request to the agency. The agency is required to hold a hearing if it receives requests from ten interested persons or from an association having not fewer than ten members. Additionally, the request must be received by the agency not more than 15 days after the publication of this rule in the Utah State Bulletin. See Section 63G-3-302 and Rule R15-1 for more information.)

A) Comments will be accepted until (mm/dd/yyyy): 06/14/2021

B) A public hearing (optional) will be held:

On (mm/dd/yyyy):	At (hh:mm AM/PM):	At (place):

10. This rule change MAY become effective on (mm/dd/yyyy): 06/21/2021

NOTE: The date above is the date on which this rule MAY become effective. It is NOT the effective date. After the date designated in Box 10, the agency must submit a Notice of Effective Date to the Office of Administrative Rules to make this rule effective. Failure to submit a Notice of Effective Date will result in this rule lapsing and will require the agency to start the rulemaking process over.

Agency Authorization Information

To the agency: Information requested on this form is required by Sections 63G-3-301, 302, 303, and 402. Incomplete forms will be returned to the agency for completion, possibly delaying publication in the *Utah State Bulletin*, and delaying the first possible effective date.

Agency head or designee, and title:	Steve Gooch, Public Information Officer	Date (mm/dd/yyyy):	04/30/2021
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R590. Insurance, Administration.

R590-200. Diabetes Treatment and Management.

R590-200-5. Minimum Standards and General Provisions.

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

(2)(a) All health care insurance policies will cover diabetes self-management training and patient management, including medical nutrition therapy, when deemed medically necessary and prescribed by an attending physician covered by the plan.

(b) The diabetes self-management training services must be provided by a diabetes self-management training program that is accepted by the plan and is:

(i) recognized by the ~~[federal Health Care Financing Administration]~~Centers for Medicare and Medicaid Services; or

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

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

(c) Diabetes self-management training programs shall be provided upon a health care insurance policyholder's/dependent's diagnosis with diabetes, upon a significant change in a health care insurance policyholder's/dependent's diabetes related condition, upon a change in a health care insurance policyholder's/dependent's diagnostic levels, or upon a change in treatment regimen when deemed medically necessary and prescribed by an attending physician covered by the plan. The plan must provide no less than the minimum standards required by the selected self-management training services provider program.

(3) All health care policies will cover the following when deemed medically necessary:

(a) blood glucose monitors, including commercially available blood glucose monitors designed for patients use and for persons who have been diagnosed with diabetes;

(b) blood glucose monitors to the legally blind which includes commercially available blood glucose monitors designed for patient use with adaptive devices and for persons who are legally blind and have been diagnosed with diabetes;

(c) test strips for glucose monitors, which include test strips whose performance achieved clearance by the FDA for marketing;

(d) visual reading and urine testing strips, which includes visual reading strips for glucose, urine testing strips for ketones, or urine test strips for both glucose and ketones. Using urine test strips for glucose only is not acceptable as the sole method of monitoring blood sugar levels;

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

(f) insulin, which includes commercially available insulin preparations including insulin analog preparations available in either vial or cartridge;

(g) injection aids, including those adaptable to meet the needs of the legally blind, to assist with insulin injection;

(h) syringes, which includes insulin syringes, pen-like insulin injection devices, pen needles for pen-like insulin injection devices and other disposable parts required for insulin injection aids;

(i) insulin pumps, which includes insulin infusion pumps.

(j) "medical supplies" for use with insulin pumps and insulin infusion pumps to include infusion sets, cartridges, syringes, skin preparation, batteries and other disposable supplies needed to maintain insulin pump therapy;

(k) "medical supplies" for use with or without insulin pumps and insulin infusion pumps to include durable and disposable devices to assist with 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) As required by Subsections 31A-22-626(9) and 31A-22-626(10), 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 shall be calculated using data provided by Public Employees Health Plan, PEHP, based on the annual change in the average AWP/mL.

(i) The calculation takes into account 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) The insulin prescription cap will be rounded to the nearest dollar.

(c) 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.

(d) 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.

(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.

KEY: insurance law

Date of Enactment or Last Substantive Amendment: April 30, 2001
Notice of Continuation: February 25, 2021
Authorizing, and Implemented or Interpreted Law: 31A-2-201; 31A-22-626