

WEST VIRGINIA LEGISLATURE

2020 REGULAR SESSION

Introduced

House Bill 4078

BY DELEGATES FLEISCHAUER, ROWE, STEELE, WALKER,
LAVENDER-BOWE, ESTEP-BURTON, STAGGERS, PUSHKIN,
C. THOMPSON, ATKINSON AND ROBINSON

[Introduced January 09, 2020; Referred to the
Committee on Banking and Insurance then Health
and Human Resources]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section,
 2 designated §33-15C-2, relating to insulin cost management; defining prescription insulin
 3 drug; providing consumers with an insulin cost cap for a 30-day supply; and providing for
 4 rule-making authority.

Be it enacted by the Legislature of West Virginia:

ARTICLE 15C. DIABETES INSURANCE.

§33-15C-2. Insulin cost management.

1 (a) Findings. – (1) It is estimated that over 240,000 West Virginian’s are diagnosed and
 2 living with type 1 or type 2 diabetes and another 65,000 are undiagnosed;

3 (2) Every West Virginian with type 1 diabetes and many with type 2 diabetes rely on daily
 4 doses of insulin to survive;

5 (3) The annual medical cost related to diabetes in West Virginia is estimated at \$2.5 billion
 6 annually;

7 (4) Persons diagnosed with diabetes will incur medical costs approximately 2.3 times
 8 higher than persons without diabetes;

9 (5) The cost of insulin has increased astronomically, especially the cost of insurance co-
 10 payments, which can exceed \$600 per month. Similar increases in the cost of diabetic equipment
 11 and supplies, and insurance premiums has resulted in out-of-pocket costs for many West
 12 Virginian diabetics in excess of \$1,000 per month;

13 (6) National reports indicate as many as one in four type 1 diabetics underuse, or ration,
 14 insulin due these increased costs. Rationing insulin has resulted in nerve damage, diabetic
 15 comas, amputation, kidney damage, and even death; and

16 (7) It is important to enact policies to reduce the costs for West Virginians with diabetes to
 17 obtain lifesaving and life-sustaining insulin.

18 (b) Insulin cost cap. – (1) Any plan issued or renewed after January 1, 2021, including, but
 19 not limited to, those governed by §5-16-1 et seq., §33-16-1 et seq., §33-24-1 et seq., and §33-

20 25A-8 et seq., of this code, that provides coverage for prescription insulin drugs shall cap the total
21 amount that a covered person is required to pay for a covered prescription insulin drug at an
22 amount not to exceed \$25 per 30-day supply of insulin, regardless of the amount or type of insulin
23 needed to fill the covered person's insulin prescriptions. As used in this section, "prescription
24 insulin drug" means a prescription drug that contains insulin and is intended to treat diabetes.

25 (2) Nothing in this section prevents a carrier from reducing a covered person's cost
26 sharing.

27 (3) The commissioner may use any enforcement powers in this code to obtain a carrier's
28 compliance with this section.

29 (c) The commissioner may promulgate rules as necessary pursuant to §29A-3-1 et seq.
30 of this code to implement and administer this section and align with federal requirements.

NOTE: The purpose of this bill is to cap costs for life-saving insulin to \$25 for a 30-day supply, regardless of the amount or type of insulin prescribed, to protect patients from rising insulin costs.

Strike-throughs indicate language that would be stricken from a heading or the present law, and underscoring indicates new language that would be added.