

WEST VIRGINIA LEGISLATURE

2020 REGULAR SESSION

Originating

House Bill 4543

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[Originating in the Committee on Health and Human
Resources; January 22, 2020]

A BILL to repeal §33-15C-1 of the Code of West Virginia, 1931, as amended; to repeal §33-16-16, of said code; and to amend said code by adding thereto a new article designated, §33-53-1 of said code, all relating to insurance coverage for diabetics.

Be it enacted by the Legislature of West Virginia:

ARTICLE 15C. DIABETES INSURANCE.

§33-15C-1. Insurance for diabetics.

1 [Repealed]

ARTICLE 16. GROUP ACCIDENT AND SICKNESS INSURANCE.

§33-16-16. Insurance for diabetics.

1 [Repealed]

ARTICLE 53. REQUIRED COVERAGE FOR HEALTH INSURANCE.

§33-53-1. Cost sharing in prescription insulin drugs.

1 (a) Findings. –

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

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

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

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

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

14 (6) National reports indicate as many as one in four type 1 diabetics underuse, or ration,

15 insulin due these increased costs. Rationing insulin has resulted in nerve damage, diabetic
16 comas, amputation, kidney damage, and even death; and

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

19 (b) "Prescription insulin drug" means a drug containing insulin and is used to control blood
20 glucose level to treat diabetes.

21 (c) Notwithstanding the provisions of §33-1-1 et seq. of this code, an insurer subject to §5-
22 16-1 et seq., §33-15-1 et seq., §33-16-1 et seq., §33-24-1 et seq., §33-25-1 et seq., and §33-
23 25A-1 of this code which issues or renews a health insurance policy on or after July 1, 2020, shall
24 provide coverage for prescription insulin drugs pursuant to this section.

25 (d) Cost sharing for a 30 day supply of a prescription insulin drug shall not exceed \$25 for
26 a 30 day supply of a prescription insulin drug, regardless of the quantity or type of prescription
27 insulin drug used to fill the covered person's prescription needs.

28 (e) Nothing in this section prevents an insurer from reducing a covered person's cost
29 sharing by an amount greater than amount specified in this subsection.

30 (f) A drug manufacturer, drug wholesaler, or pharmacy benefit manager may not pass
31 through the costs of the prescription insulin drug to the pharmacist or pharmacy. The
32 commissioner may use any of the commissioner's enforcement powers to obtain an insurer's or
33 pharmaceutical benefit manager's compliance with this section.

34 (g) An insurer subject to §5-16-1 et seq., §33-15-1 et seq., §33-16-1 et seq., §33-24-1 et
35 seq., §33-25-1 et seq., and §33-25A-1 shall provide coverage for the following equipment and
36 supplies for the treatment and/or management of diabetes for both insulin dependent and
37 noninsulin dependent persons with diabetes and those with gestational diabetes: Blood glucose
38 monitors, monitor supplies, insulin, injection aids, syringes, insulin infusion devices,
39 pharmacological agents for controlling blood sugar and orthotics.

40 (g) An insurer subject to §5-16-1 et seq., §33-15-1 et seq., §33-16-1 et seq., §33-24-1 et

41 seq., §33-25-1 et seq., and §33-25A-1 shall include coverage for diabetes self-management
42 education to ensure that persons with diabetes are educated as to the proper self-management
43 and treatment of their diabetes, including information on proper diets. Coverage for self-
44 management education and education relating to diet shall be limited to:

45 (1) Visits medically necessary upon the diagnosis of diabetes;

46 (2) Visits under circumstances where a health care practitioner identifies or diagnoses a
47 significant change in the patient's symptoms or conditions that necessitates changes in a patient's
48 self-management; and

49 (3) Where a new medication or therapeutic process relating to the person's treatment
50 and/or management of diabetes has been identified as medically necessary by a health care
51 practitioner: *Provided*, That coverage for reeducation or refresher education shall be limited to
52 \$100 annually.

53 (h) The education may be provided by a health care practitioner as part of an office visit
54 for diabetes diagnosis or treatment, or by a licensed pharmacist for instructing and monitoring a
55 patient regarding the proper use of covered equipment, supplies and medications, or by a certified
56 diabetes educator, or registered dietitian.

NOTE: The purpose of this bill is to cap costs for insulin and provide certain coverage mandates.

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