WEST virginia legislature

2021 regular session

Introduced

Senate Bill 124

By Senators Baldwin, Beach, Caputo, Ihlenfeld, Jeffries, Lindsay, Plymale, Romano, Stollings, and Woelfel

[Introduced February 10, 2021; referred  
to the Committee on Banking and Insurance; and then to the Committee on Finance]

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

Be it enacted by the Legislature of West Virginia:

Article 15C. Diabetes Insurance.

§33-15C-2. Insulin cost management.

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

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

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

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

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

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

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

(b) *Insulin cost cap. –* (1) Any plan issued or renewed after January 1, 2021, including, but not limited to, those governed by §5-16-1 *et seq*., §33-16-1 *et seq*., §33-24-1 *et seq*., and §33-25A-8 *et seq*. of this code, that provides coverage for prescription insulin drugs shall cap the total amount that a covered person is required to pay for a covered prescription insulin drug at an amount not to exceed $25 per 30-day supply of insulin, regardless of the amount or type of insulin needed to fill the covered person’s insulin prescriptions. As used in this section, “prescription insulin drug” means a prescription drug that contains insulin and is intended to treat diabetes.

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

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

(c) The commissioner may promulgate rules as necessary pursuant to §29A-3-1 *et seq.*  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.