

1 AN ACT relating to prescription insulin.

2 WHEREAS, approximately 450,000 people in Kentucky, or one out of every eight
3 Kentuckians, have been diagnosed with diabetes; and

4 WHEREAS, an additional 26,000 people in Kentucky are diagnosed with diabetes
5 each year; and

6 WHEREAS, every Kentuckian with type 1 diabetes and many with type 2 diabetes
7 rely on daily doses of insulin to survive; and

8 WHEREAS, the cost of treating diabetes increased by 26% from 2012 to 2017, and
9 the annual medical cost related to diabetes in Kentucky now exceeds \$5 billion per year;
10 and

11 WHEREAS, care for people with diabetes accounts for 1 out of every 4 health care
12 dollars spent in the United States; and

13 WHEREAS, insulin prices rose by 45% between 2014 and 2017, and over the last
14 14 years, the price of insulin has increased by 550%, adjusted for inflation; and

15 WHEREAS, according to research published in the British Medical Journal Global
16 Health, the average cost to produce a vial of insulin is \$6; and

17 WHEREAS, according to the Centers for Disease Control and Prevention, the high
18 price of insulin can lead some patients to begin rationing their diabetes medication or not
19 fully comply with dosing as prescribed by their doctor; and

20 WHEREAS, a 10% increase in insulin adherence rates can produce up to a 29%
21 decrease in overall health care costs related to diabetes; and

22 WHEREAS, it is important to enact policies to reduce the costs for Kentuckians
23 with diabetes to obtain life-saving and life-sustaining insulin;

24 NOW, THEREFORE,

25 ***Be it enacted by the General Assembly of the Commonwealth of Kentucky:***

26 ➔Section 1. KRS 304.17A-148 is amended to read as follows:

27 (1) All health benefit plans issued or renewed on or after ***the effective date of this***

1 ~~Act~~~~[July 15, 1998]~~, shall provide coverage for equipment, supplies, outpatient self-
2 management training and education, including medical nutrition therapy, and all
3 medications necessary for the treatment of insulin-dependent diabetes, insulin-using
4 diabetes, gestational diabetes, and noninsulin-using diabetes if prescribed by a
5 health care provider legally authorized to prescribe the items.

6 (2) Diabetes outpatient self-management training and education shall be provided by a
7 certified, registered, or licensed health care professional with expertise in diabetes,
8 as deemed necessary by a health care provider.

9 (3) (a) **Except as provided in paragraph (b) of this subsection,** the benefits provided
10 in this section shall be subject to the same annual deductibles or coinsurance
11 established for all other covered benefits within a given health benefit plan.

12 (b) **Cost sharing, as defined in KRS 304.17A-164, requirements for a covered**
13 **prescription insulin drug shall not exceed one hundred dollars (\$100) per**
14 **thirty (30) day supply of insulin, regardless of the amount or type of insulin**
15 **needed to fill the covered person's prescription.**

16 (c) Private third-party payors may not reduce or eliminate coverage due to the
17 requirements of this section.

18 ➔Section 2. This Act takes effect January 1, 2021.