

HB 2262 -- INSURANCE COVERAGE FOR PRESCRIPTION INSULIN DRUGS

SPONSOR: Nurrenbern

This bill prohibits health benefit plans from imposing "cost-sharing", as defined in the bill, on an enrollee in excess of \$30 per 30-day supply of a prescription insulin drug.

The bill requires health benefit plan enrollees' cost-sharing for prescription insulin drugs to be calculated at the point of sale, and based on a price that is reduced by an amount equal to at least 100% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. Nothing in the bill shall prohibit copayments not based on the price of a drug, provided that the copayment does not exceed the reduced price of the drug.

The bill does not require a health carrier or its agents to reveal information regarding the actual amount of rebates a carrier receives on a product, manufacturer, or pharmacy-specific basis.

The bill specifies confidentiality protections which the carriers must follow as well as impose on any third party that performs health care or administrative services on behalf of the carrier and may receive or have access to rebate information.

This bill applies to health benefit plans delivered, issued, continued, or renewed on or after January 1, 2025.

This bill is similar to SB 1182 (2024) and SB 283 (2023).