PRESCRIPTION COPAYMENT CAP AMENDMENTS
2020 GENERAL SESSION
STATE OF UTAH
Chief Sponsor: Marie H. Poulson
Senate Sponsor:
LONG TITLE
General Description:
This bill enacts provisions related to the price of insulin.
Highlighted Provisions:
This bill:
 places a cap on the copayment an insurance company can require for an insulin
prescription.
Money Appropriated in this Bill:
None
Other Special Clauses:
None
Utah Code Sections Affected:
AMENDS:
31A-22-626, as last amended by Laws of Utah 2015, Chapter 258
Be it enacted by the Legislature of the state of Utah:
Section 1. Section 31A-22-626 is amended to read:
31A-22-626. Coverage of diabetes.
(1) As used in this section[, "diabetes"]:
(a) "Diabetes" includes individuals with:
[(a)] (i) complete insulin deficiency or type 1 diabetes;

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20	[(h)] (ii) ingulia registent with partial ingulia definionay on type 2 dishotos, and
28 20	$\left[\frac{(b)}{(ii)}\right]$ insulin resistant with partial insulin deficiency or type 2 diabetes; and
29 20	$\left[\frac{(c)}{(iii)}\right]$ elevated blood glucose levels induced by pregnancy or gestational diabetes.
30	(b) "Insulin" means a prescription drug that contains insulin.
31	(2) The commissioner shall establish, by rule, minimum standards of coverage for
32	diabetes for accident and health insurance policies that provide a health insurance benefit
33	before July 1, 2000.
34	(3) In making rules under Subsection (2), the commissioner shall require rules:
35	(a) with durational limits, amount limits, deductibles, and coinsurance for the treatment
36	of diabetes equitable or identical to coverage provided for the treatment of other illnesses or
37	diseases; and
38	(b) that provide coverage for:
39	(i) diabetes self-management training and patient management, including medical
40	nutrition therapy as defined by rule, provided by an accredited or certified program and referred
41	by an attending physician within the plan and consistent with the health plan provisions for
42	self-management education:
43	(A) recognized by the federal Centers for Medicare and Medicaid Services; or
44	(B) certified by the Department of Health; and
45	(ii) the following equipment, supplies, and appliances to treat diabetes when medically
46	necessary:
47	(A) blood glucose monitors, including those for the legally blind;
48	(B) test strips for blood glucose monitors;
49	(C) visual reading urine and ketone strips;
50	(D) lancets and lancet devices;
51	(E) insulin;
52	(F) injection aides, including those adaptable to meet the needs of the legally blind, and
53	infusion delivery systems;
54	(G) syringes;
55	(H) prescriptive oral agents for controlling blood glucose levels; and
56	(I) glucagon kits.
57	(4) Beginning January 1, 2021, a health benefit plan that provides coverage for insulin
58	shall cap the total amount that an insured is required to pay for insulin at an amount not to

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- 59 exceed \$100 per 30-day supply of insulin, regardless of the amount or type of insulin needed to
- 60 <u>fill the insured's prescription.</u>