SPONSOR: Rep. Bentz & Rep. Bennett & Rep. Dorsey Walker & Rep. Minor-Brown & Sen. Townsend & Sen. Brown
Reps. Baumbach, Bolden, Brady, Chukwuocha, Cooke, Griffith, Heffernan, Jaques, K. Johnson, Kowalko, Longhurst, Lynn, Mitchell, Osienski, Seigfried, Michael Smith, Viola, K. Williams; Sens. Lockman, Lopez, McDowell, Paradee, Sokola, Sturgeon, Walsh

HOUSE OF REPRESENTATIVES
150th GENERAL ASSEMBLY

HOUSE BILL NO. 263
AS AMENDED BY
HOUSE AMENDMENT NO. 1

AN ACT TO AMEND TITLE 18 AND TITLE 29 OF THE DELAWARE CODE RELATING TO COST SHARING IN PRESCRIPTION INSULIN DRUGS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend Chapter 33, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3344B. Cost sharing in prescription insulin drugs.

(a) For purposes of this section, "prescription insulin drug" means a drug containing insulin that is dispensed under Chapter 47 of Title 16 for the treatment of diabetes.

(b) An individual health insurance policy, contract, or certificate that is delivered, issued for delivery, renewed, extended, or modified in this State that provides coverage for prescription insulin drugs must do all of the following:

(1) Cap the total amount that a covered individual is required to pay for covered prescription insulin drugs at no more than $100 per month for each enrolled individual, regardless of the amount or types of insulin needed to fill the covered individual's prescriptions. The $100 per month cap includes deductible payments and cost-sharing amounts charged once a deductible is met.

(2) Include at least 1 formulation of each of the following types of prescription insulin drugs on the lowest tier of the drug formulary developed and maintained by the carrier:

a. Rapid-acting.

b. Short-acting.

b. Intermediate-acting.

c. Long-acting.

(3) For purposes of paragraph (b)(2) of this section, the "lowest tier of the drug formulary" means either of the following:

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a. If the prescription insulin drug is a generic drug, the lowest tier for generic drugs.

b. If the prescription insulin drug is a brand-name drug, the lowest tier for brand-name drugs.

(c) Except as provided under paragraph (b)(1) of this section, nothing in this section prevents the operation of a policy provision required by this section as a deductible, coinsurance, allowable charge limitation, coordination of benefits, or a provision restricting coverage to services by a licensed, certified, or carrier-approved provider or facility.

(d) This section applies to all policies, contracts, or certificates issued, renewed, modified, altered, amended, or reissued after December 31, 2020.

Section 2. Amend Chapter 35, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3560A. Cost sharing in prescription insulin drugs.

(a) For purposes of this section, "prescription insulin drug" means a drug containing insulin that is dispensed under Chapter 47 of Title 16 for the treatment of diabetes.

(b) A group or blanket health insurance policy, contract, or certificate that is delivered, issued for delivery, renewed, extended, or modified in this State that provides coverage for prescription insulin drugs must do all of the following:

(1) Cap the total amount that a covered individual is required to pay for covered prescription insulin drugs at no more than $100 per month for each enrolled individual, regardless of the amount or types of insulin needed to fill the covered individual's prescriptions. The $100 per month cap includes deductible payments and cost-sharing amounts charged once a deductible is met.

(2) Include at least 1 formulation of each of the following types of prescription insulin drugs on the lowest tier of the drug formulary developed and maintained by the carrier:

a. Rapid-acting.

b. Short-acting.

b. Intermediate-acting.

c. Long-acting.

(3) For purposes of paragraph (b)(2) of this section, the "lowest tier of the drug formulary" means either of the following:

a. If the prescription insulin drug is a generic drug, the lowest tier for generic drugs.

b. If the prescription insulin drug is a brand-name drug, the lowest tier for brand-name drugs.

(c) Except as provided under paragraph (b)(1) of this section, nothing in this section prevents the operation of a policy provision required by this section as a deductible, coinsurance, allowable charge limitation, coordination of benefits, or a provision restricting coverage to services by a licensed, certified, or carrier-approved provider or facility.

(d) This section applies to all policies, contracts, or certificates issued, renewed, modified, altered, amended, or reissued after December 31, 2020.

Section 3. Amend Chapter 52, Title 29 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 5212. Cost sharing in prescription insulin drugs.

(a) For purposes of this section, "prescription insulin drug" means a drug containing insulin that is dispensed under Chapter 47 of Title 16 for the treatment of diabetes.

(b) The plan must provide coverage for prescription insulin drugs that does all of the following:

(1) Caps the total amount that a covered individual is required to pay for covered prescription insulin drugs at no more than $100 per month for each enrolled individual, regardless of the amount or types of insulin needed to fill the covered individual's prescriptions. The $100 per month cap includes deductible payments and cost-sharing amounts charged once a deductible is met.

(2) Includes at least 1 formulation of each of the following types of prescription insulin drugs on the lowest tier of the drug formulary developed and maintained by the carrier:

a. Rapid-acting.

b. Short-acting.

b. Intermediate-acting.

c. Long-acting.

(3) For purposes of paragraph (b)(2) of this section, the "lowest tier of the drug formulary" means either of the following:

a. If the prescription insulin drug is a generic drug, the lowest tier for generic drugs.

b. If the prescription insulin drug is a brand-name drug, the lowest tier for brand-name drugs.

(c) The cap on the amount a covered individual is required to pay under paragraph (b)(1) of this section applies to an enrolled individual who is in compliance with all coordination of benefits policies of the plan, including spousal coordination of benefits.

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