

HB 4073 -5 STAFF MEASURE SUMMARY

House Committee On Health Care

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Meeting Dates: 2/6, 2/11

WHAT THE MEASURE DOES:

Defines terms: insulin and supply of insulin. Prohibits an insurer that offers individual and group health plans from requiring an enrollee to pay more than \$100 in cost-sharing and other out-of-pocket costs for each supply of prescribed insulin.

REVENUE: May have revenue impact, but no statement yet issued.

FISCAL: May have fiscal impact, but no statement yet issued.

ISSUES DISCUSSED:

- Inpatient hospital costs in Oregon attributed to individuals with diabetes
- Whether the proposed measure could lead to premium increases; potential cost-shifting in the commercial market
- Current out-of-pocket costs in PEBB and OEBB for members who are prescribed insulin
- Applying the proposed enrollee cap to enrollees after their deductible has been met; clarify when cap is applied
- Implementation considerations among insurers
- Establishing a coverage mandate or precedent for prescription drugs
- Ability for insurers to continue to utilization management including formularies to manage costs

EFFECT OF AMENDMENT:

-5 Prohibits specified health plans from requiring an enrollee to incur more than **\$75** in cost-sharing or other out-of-pocket costs for a 30-day supply of prescribed insulin. Directs Department of Consumer and Business Services in rule to annually adjust the **\$75 maximum** based on changes in the Consumer Price Index. Clarifies the measure does not prohibit a health plan from using a formulary or other utilization management protocols applicable to the prescribed drug. Defines insulin according to ORS 689.696. Specifies maximum \$75 cost-sharing or other out-of-pocket cost for is not subject to a deductible by a health plan.

REVENUE: Revenue impact statement issued: no impact.

FISCAL: May have fiscal impact, but no statement yet issued.

BACKGROUND:

In 2015, the Oregon Health Authority's (OHA) Public Health Division estimated that diabetes affects approximately 287,000 adult Oregonians, or nearly one in 10. The prevalence of diabetes has also steadily increased, more than doubling since 1990 and accounted for 3.5 percent of deaths in Oregon in 2012. Insulin therapy is used in the treatment of diabetes to help keep a person's blood sugar within a target range. Failure to appropriately manage blood sugar levels can have serious health consequences, including impacting the heart, kidneys, and eyes. Once diagnosed, diabetes requires self-management, including medications, testing, and monitoring blood glucose levels. Treatment requires patient education, special equipment and supplies, and may become costly, especially for diabetics with high-deductible health plans who must cover out-of-pocket costs. In 2012, diabetes was responsible for over 4,000 hospitalizations in Oregon at a cost of \$44 million with an average cost of approximately \$10,000 per hospitalization.

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According to research, the list price of insulin in the United States has increased and continues to increase annually 15-17% between 2012-2016. This trend has created affordability and accessibility issues for patients due to increasing cost-sharing including deductibles and co-pays for brand-name and generic insulin drugs. Recently, Illinois and Colorado became the first states to enact legislation capping monthly insulin costs at \$100 for state-regulated health plans.

House Bill 4073 limits out-of-pocket costs for individuals enrolled in certain health plans and who are prescribed insulin to treat diabetes.