

**HB 2623 A STAFF MEASURE SUMMARY****Carrier:** Sen. Knopp**Senate Committee On Health Care**


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**Action Date:** 05/12/21  
**Action:** Do pass the A-Eng bill.  
**Vote:** 3-1-1-0  
**Yeas:** 3 - Beyer, Manning Jr, Patterson  
**Nays:** 1 - Heard  
**Exc:** 1 - Knopp  
**Fiscal:** Has minimal fiscal impact  
**Revenue:** No revenue impact  
**Prepared By:** Brian Nieuburt, LPRO Analyst  
**Meeting Dates:** 5/3, 5/12

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**WHAT THE MEASURE DOES:**

Prohibits health benefit plans from imposing cost-sharing or other out-of-pocket costs in excess of \$75 for each 30-day supply or \$225 for each 90-day supply of insulin prescribed for the treatment of diabetes. Requires Department of Consumer and Business Services (DCBS) to annually increase the out-of-pocket cost maximum by the percentage increase in the cost of living for the previous calendar year. Prohibits health benefit plans from subjecting insulin coverage to deductible. Applies to health benefit plans issued, renewed, or extended on or after January 1, 2022.

**ISSUES DISCUSSED:**

- Prevalence of diabetes
- Consequences of untreated or poorly managed diabetes
- Insulin cost increase trends
- Potential influence of cost-sharing caps on future pricing of insulin

**EFFECT OF AMENDMENT:**

No amendment.

**BACKGROUND:**

In its 2015 Oregon Diabetes Report, the Oregon Health Authority's Public Health Division estimated that diabetes affects approximately 287,000 adult Oregonians, or nearly 1 in 10. The prevalence of diabetes has also steadily increased, more than doubling since 1990 and accounting 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 the target range. Failure to appropriately manage blood sugar levels can have serious health consequences, including impacting the heart, kidneys, and eyes.

House Bill 2623 A limits the amount of cost-sharing health benefit plans may impose on the coverage of insulin to treat diabetes.