

Support HB 382 an Insulin Co-Pay Cap in Alaska

Insulin co-pay caps DO NOT RAISE Premiums!

Access to insulin is literally a matter of life and death for many Alaskans living with diabetes. There is no generic or biosimilar medication that can be substituted for insulin.

20 States and the district of Columbia have now passed an insulin copay cap!

Will premiums go up as a result? NO!

Kentucky Report on Co-pays: the Kentucky report shared by insurance companies is a study that looked at the price of premiums if ALL Medications were capped.

Kentucky – Introduced-Insulin co-pay cap- The fiscal note for similar legislation proposed in Kentucky indicated that any potential premium increase would be as little as **\$0.07 to \$0.24 per person per month** for all fully insured policies in Kentucky, excluding Medicaid and state employees. The fiscal note can be found <https://apps.legislature.ky.gov/recorddocuments/note/20RS/hb12/HM.pdf>

Colorado: Studies have shown that limiting out-of-pocket cost-sharing for insulin may increase premiums by less than \$1 per year.¹ Any potential increase in premiums are expected to be offset by the decreased out-of-pocket costs. A similar insulin cost-sharing cap was implemented in Colorado with “negligible” impact on health plans.²

Washington: Notwithstanding the enactment of legislation to cap insulin co-pays at \$100/month in Washington, effective January 1, 2021, fifteen health insurers filed an average proposed rate **decrease** of 1.79% for the 2021 individual health insurance market. https://www.insurance.wa.gov/news/fifteen-health-insurers-request-average-rate-decrease-179-washingtons-individuamarket?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=

- UPDATE: In 2022 Washington passed legislation to lower their cap to \$35 effective June 9, 2022.

California: **AB 2203 (Insulin co-pay cap) Will Not Raise Premiums for Californians By Even 1%.** AB 2203 would increase premiums in California by a total net annual 0.002% for enrollees with DMHC-regulated plans and CDI-regulated policies. *See Table 1, page ix. Analysis of California Assembly Bill 2203 Insulin Cost-Sharing Cap. A Report to the 2019–2020 California State Legislature. California Health Benefits Review Program. April 13, 2020.*

The report also found AB 2203 Will Reduce Diabetes Related ER Visits, Resulting in Lower Healthcare System Costs

- Based on a review of studies regarding health outcomes associated with better adherence to insulin, CHBRP assumed a 10% decrease in diabetes related emergency department visits due to increased insulin utilization stemming from better adherence to insulin prescription regimens. They found that cost savings stemming from this reduction in diabetes-related emergency department visits are estimated to result in \$1.1 million lower in 2021.

¹ Milliman, “Mitigating out-of-pocket costs for prescription drugs: Supplement brief on exempting insulin from the deductible,” May 2017, available at <http://us.milliman.com/uploadedFiles/insight/2017/mitigating-OOP-rx-drugs-exempting-insulin.pdf>

² Ingold J, Critics Worried Colorado’s New Law Capping Insulin Costs Would Raise Insurance Rates. It Hasn’t, The Colorado Sun, Sep. 11, 2019, available at: <https://coloradosun.com/2019/09/11/colorado-insulin-price-insurance/>.