



## Controlling the Cost of Insulin

**Q: Are copay caps a good idea even though insurance companies say they will need to increase premiums to compensate for profit loss?**

**A:** Patients need immediate relief for out of pocket costs. Excessive insulin costs are currently putting lives at risk. HB 207 does NOT require copay caps on insulin across the board. Instead, it lays out options for insurance companies to simultaneously reduce the out of pocket cost burden for patients, while creatively and competitively addressing prices. This is a crucial element to HB 207 and sets it apart from other pieces of legislation that only implement a price cap. If insurers refuse to offer insulin without a deductible, on the lowest copay tier (or a proposal with equal cost-reduction, then they will be subject to a \$30 per month copay cap. Creating immediate relief for patients is an important first step in solving this issue.

**Q: Why is it important for PEHP to use bulk purchasing for insulin?**

**A:** Setting up bulk purchasing of insulin is an essential part of HB 207, and any long-term solution to the high cost of prescription drugs. Bulk purchasing, in theory, allows states, or any buyer, to receive a better deal on a drug if they buy in a larger quantity. States have been banding together to do this for many years. Directing PEHP to set up a bulk purchasing program for insulin would provide long-term cost relief to patients and to the state. This would also provide additional cost relief to patients who are uninsured or self-insured, with the ability to buy insulin through PEHP with a discount card.

**Q: HB 207 includes prescribing changes. How do these changes improve access to insulin for patients?**

**A:** Health care access barriers go far beyond prescription drug costs. Patients with diabetics must cover insulin copays, supply costs, copays for doctor appointments and labs—on top of premiums and deductibles. There are also numerous barriers with insulin and insulin supplies due to refill issues, paperwork errors, travel mishaps, and patchwork coverage of various brands and types of insulin and supplies. This all adds up to create a system that keeps patients jumping through hoops, making difficult decisions, and paying excessive costs, while the health care industry brings in money from many angles.

HB 207 makes changes that ease these access issues that quickly compound for patients.

HB 207 increases the number of days a prescription can be filled and the length of time a script can last. Not only does this address the concern a patient has if they have an immediate need for insulin, and not the proper script, it will also decrease copay costs in the long term.

HB 207 Increases the number of professions that can be licensed to prescribe insulin. This provides needed flexibility for busy schedules, shortages, and copay cost variations. Patients will have more power over accessibility and price if they have more provider options.

HB207 also allows pharmacists to adjust the brand or type of insulin or diabetes supplies, using guidance and professional judgment. Physicians do not always know what prescription or supply an insurance company will cover, and so this way if a patient arrives to pick up a script and finds out it is not covered, the pharmacist could adjust the prescription and offer a covered equivalent without requiring another appointment, and copay, for the patient.

**The Bottom Line:**

Skyrocketing insulin costs are not sustainable for patients, and too many people are rationing, skipping doses, or even worse-- going without until it is too late. HB 207 not only creates limits on what patients will pay out of pocket for insulin, it also creates long term solutions to incentivize competition, lower cost, and increase access beyond copays for patients as well.