

S-5096

1 Amend the amendment, S-5063, to House File 2488, as amended,
2 passed, and reprinted by the House, as follows:

3 1. Page 9, after line 17 by inserting:

4 <DIVISION _____

5 INSURANCE COVERAGE FOR PRESCRIPTION INSULIN DRUGS

6 Sec. _____. NEW SECTION. 514C.18A Prescription insulin drugs
7 — coverage.

8 1. As used in this section, unless the context otherwise
9 requires:

10 a. "*Cost-sharing*" means any coverage limit, copayment,
11 coinsurance, deductible, or other out-of-pocket expense
12 obligation imposed on a covered person by a policy, contract,
13 or plan providing for third-party payment or prepayment of
14 health or medical expenses.

15 b. "*Covered person*" means a policyholder, subscriber, or
16 other person participating in a policy, contract, or plan that
17 provides for third-party payment or prepayment of health or
18 medical expenses.

19 c. "*Health care professional*" means the same as defined in
20 section 514J.102.

21 d. "*Prescription insulin drug*" means a prescription drug
22 that contains insulin, is used to treat diabetes, that has been
23 prescribed as medically necessary by a covered person's health
24 care professional, and is a benefit covered by the covered
25 person's policy, contract, or plan.

26 2. Notwithstanding the uniformity of treatment requirements
27 of section 514C.6, a policy, contract, or plan providing for
28 third-party payment or prepayment of health or medical expenses
29 that provides coverage for prescription drugs shall cap the
30 total amount of cost-sharing that a covered person is required
31 to pay per prescription filled to an amount not to exceed
32 twenty-five dollars for up to a thirty-one-day supply of at
33 least one type of each of the following:

34 a. Rapid-acting prescription insulin drugs.

35 b. Short-acting prescription insulin drugs.

1 *c.* Intermediate-acting prescription insulin drugs.
2 *d.* Long-acting prescription insulin drugs.
3 3. Nothing in this section shall be construed to prohibit
4 a policy, contract, or plan providing for third-party payment
5 or prepayment of health or medical expenses from reducing a
6 covered person's cost-sharing obligation by an amount greater
7 than the amount specified pursuant to subsection 2.
8 4. *a.* This section shall apply to the following classes
9 of third-party payment provider contracts, policies, or plans
10 delivered, issued for delivery, continued, or renewed in this
11 state on or after January 1, 2025:
12 (1) Individual or group accident and sickness insurance
13 providing coverage on an expense-incurred basis.
14 (2) An individual or group hospital or medical service
15 contract issued pursuant to chapter 509, 514, or 514A.
16 (3) An individual or group health maintenance organization
17 contract regulated under chapter 514B.
18 (4) A plan established for public employees pursuant to
19 chapter 509A.
20 *b.* This section shall not apply to accident-only, specified
21 disease, short-term hospital or medical, hospital confinement
22 indemnity, credit, dental, vision, Medicare supplement,
23 long-term care, basic hospital and medical-surgical expense
24 coverage as defined by the commissioner of insurance,
25 disability income insurance coverage, coverage issued as a
26 supplement to liability insurance, workers' compensation or
27 similar insurance, or automobile medical payment insurance.
28 5. The commissioner of insurance may adopt rules pursuant to
29 chapter 17A to administer this section.>
30 2. Page 9, by striking lines 19 and 20 and inserting
31 <inserting <organizations, certain cost controls for health
32 care services, and insurance coverage for prescription insulin
33 drugs>>
34 3. By renumbering as necessary.

MOLLY DONAHUE