

House File 2138 - Reprinted

HOUSE FILE 2138
BY COMMITTEE ON HUMAN
RESOURCES

(SUCCESSOR TO HSB 501)

(As Amended and Passed by the House March 9, 2020)

A BILL FOR

1 An Act relating to insurance coverage for prescription insulin
2 drugs.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 514C.18A Prescription insulin drugs
2 — coverage.

3 1. As used in this section, unless the context otherwise
4 requires:

5 a. "*Cost-sharing*" means any coverage limit, copayment,
6 coinsurance, deductible, or other out-of-pocket expense
7 obligation imposed on a covered person by a policy, contract,
8 or plan providing for third-party payment or prepayment of
9 health or medical expenses.

10 b. "*Covered person*" means a policyholder, subscriber, or
11 other person participating in a policy, contract, or plan that
12 provides for third-party payment or prepayment of health or
13 medical expenses.

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

16 d. "*Prescription insulin drug*" means a prescription drug
17 that contains insulin, is used to treat diabetes, that has been
18 prescribed as medically necessary by a covered person's health
19 care professional, and is a benefit covered by the covered
20 person's policy, contract, or plan.

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

29 a. Rapid-acting prescription insulin drugs.

30 b. Short-acting prescription insulin drugs.

31 c. Intermediate-acting prescription insulin drugs.

32 d. Long-acting prescription insulin drugs.

33 3. Nothing in this section shall be construed to prohibit
34 a policy, contract, or plan providing for third-party payment
35 or prepayment of health or medical expenses from reducing a

1 covered person's cost-sharing obligation by an amount greater
2 than the amount specified pursuant to subsection 2.

3 4. *a.* This section shall apply to the following classes
4 of third-party payment provider contracts, policies, or plans
5 delivered, issued for delivery, continued, or renewed in this
6 state on or after January 1, 2021:

7 (1) Individual or group accident and sickness insurance
8 providing coverage on an expense-incurred basis.

9 (2) An individual or group hospital or medical service
10 contract issued pursuant to chapter 509, 514, or 514A.

11 (3) An individual or group health maintenance organization
12 contract regulated under chapter 514B.

13 (4) A plan established for public employees pursuant to
14 chapter 509A.

15 *b.* This section shall not apply to accident-only, specified
16 disease, short-term hospital or medical, hospital confinement
17 indemnity, credit, dental, vision, Medicare supplement,
18 long-term care, basic hospital and medical-surgical expense
19 coverage as defined by the commissioner of insurance,
20 disability income insurance coverage, coverage issued as a
21 supplement to liability insurance, workers' compensation or
22 similar insurance, or automobile medical payment insurance.

23 5. The commissioner of insurance may adopt rules pursuant to
24 chapter 17A to administer this section.