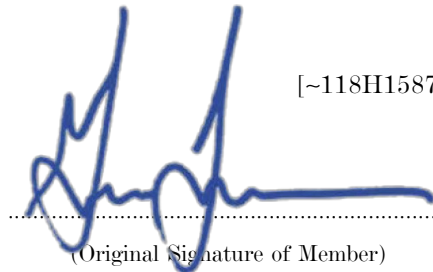


[~118H1587]



(Original Signature of Member)

119TH CONGRESS
1ST SESSION

H. R. _____

To provide for appropriate cost-sharing for individuals 26 years of age or younger for insulin products covered under private health plans.

IN THE HOUSE OF REPRESENTATIVES

Mr. LANDSMAN introduced the following bill; which was referred to the Committee on _____

A BILL

To provide for appropriate cost-sharing for individuals 26 years of age or younger for insulin products covered under private health plans.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Making Insulin Afford-
5 able for All Children Act”.

1 **SEC. 2. APPROPRIATE COST-SHARING FOR INDIVIDUALS 26**
2 **YEARS OF AGE OR YOUNGER FOR INSULIN**
3 **PRODUCTS COVERED UNDER PRIVATE**
4 **HEALTH PLANS.**

5 (a) IN GENERAL.—Part D of title XXVII of the Pub-
6 lic Health Service Act (42 U.S.C. 300gg–111 et seq.) is
7 amended by adding at the end the following:

8 **“SEC. 2799A–11. REQUIREMENTS WITH RESPECT TO COST-**
9 **SHARING FOR CERTAIN INSULIN PRODUCTS.**

10 “(a) IN GENERAL.—For plan years beginning on or
11 after January 1, 2026, a group health plan or health in-
12 surance issuer offering group or individual health insur-
13 ance coverage shall, with respect to enrolled individuals
14 26 years of age or younger, provide coverage of selected
15 insulin products, and with respect to such products, shall
16 not—

17 “(1) apply any deductible; or

18 “(2) impose any cost-sharing in excess of the
19 lesser of, per 30-day supply—

20 “(A) \$35; or

21 “(B) the amount equal to 25 percent of
22 the negotiated price of the selected insulin prod-
23 uct net of all price concessions received by or on
24 behalf of the plan or coverage, including price
25 concessions received by or on behalf of third-
26 party entities providing services to the plan or

1 coverage, such as pharmacy benefit manage-
2 ment services.

3 “(b) DEFINITIONS.—In this section:

4 “(1) SELECTED INSULIN PRODUCTS.—The term
5 ‘selected insulin products’ means at least one of each
6 dosage form (such as vial, pump, or inhaler dosage
7 forms) of each different type (such as rapid-acting,
8 short-acting, intermediate-acting, long-acting, ultra
9 long-acting, and premixed) of insulin (as defined
10 below), when available, as selected by the group
11 health plan or health insurance issuer.

12 “(2) INSULIN DEFINED.—The term ‘insulin’
13 means insulin that is licensed under subsection (a)
14 or (k) of section 351 and continues to be marketed
15 under such section, including any insulin product
16 that has been deemed to be licensed under section
17 351(a) pursuant to section 7002(e)(4) of the Bio-
18 logics Price Competition and Innovation Act of 2009
19 and continues to be marketed pursuant to such li-
20 censure.

21 “(c) RULE OF CONSTRUCTION.—Subsection (a) shall
22 not be construed to require coverage of, or prevent a group
23 health plan or health insurance coverage from imposing
24 cost-sharing other than the levels specified in subsection
25 (a) on, insulin products that are not selected insulin prod-

1 ucts or insulin products for an individual not described
2 in subsection (a), to the extent that such coverage is not
3 otherwise required and such cost-sharing is otherwise per-
4 mitted under Federal and applicable State law.

5 “(d) APPLICATION OF COST-SHARING TOWARDS
6 DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS.—Any
7 cost-sharing payments made pursuant to subsection (a)(2)
8 shall be counted toward any deductible or out-of-pocket
9 maximum that applies under the plan or coverage.”.

10 (b) NO EFFECT ON OTHER COST-SHARING.—Section
11 1302(d)(2) of the Patient Protection and Affordable Care
12 Act (42 U.S.C. 18022(d)(2)) is amended by adding at the
13 end the following new subparagraph:

14 “(D) SPECIAL RULE RELATING TO INSU-
15 LIN COVERAGE.—The exemption of coverage of
16 selected insulin products (as defined in section
17 2799A–11(b) of the Public Health Service Act)
18 from the application of any deductible pursuant
19 to section 2799A–11(a)(1) of such Act, section
20 726(a)(1) of the Employee Retirement Income
21 Security Act of 1974, or section 9826(a)(1) of
22 the Internal Revenue Code of 1986 shall not be
23 considered when determining the actuarial value
24 of a qualified health plan under this sub-
25 section.”.

1 (c) COVERAGE OF CERTAIN INSULIN PRODUCTS
2 UNDER CATASTROPHIC PLANS.—Section 1302(e) of the
3 Patient Protection and Affordable Care Act (42 U.S.C.
4 18022(e)) is amended by adding at the end the following:

5 “(4) COVERAGE OF CERTAIN INSULIN PROD-
6 UCTS.—

7 “(A) IN GENERAL.—Notwithstanding para-
8 graph (1)(B)(i), a health plan described in
9 paragraph (1) shall provide coverage of selected
10 insulin products, with respect to an enrolled in-
11 dividual who is 26 years of age or younger, in
12 accordance with section 2799A–11 of the Public
13 Health Service Act, before the enrolled indi-
14 vidual has incurred, during the plan year, cost-
15 sharing expenses in an amount equal to the an-
16 nual limitation in effect under subsection (c)(1)
17 for the plan year.

18 “(B) TERMINOLOGY.—For purposes of
19 subparagraph (A)—

20 “(i) the term ‘selected insulin prod-
21 ucts’ has the meaning given such term in
22 section 2799A–11(b) of the Public Health
23 Service Act; and

24 “(ii) the requirements of section
25 2799A–11 of such Act shall be applied by

1 deeming each reference in such section to
2 ‘individual health insurance coverage’ to be
3 a reference to a plan described in para-
4 graph (1).”.

5 (d) ERISA.—

6 (1) IN GENERAL.—Subpart B of part 7 of sub-
7 title B of title I of the Employee Retirement Income
8 Security Act of 1974 (29 U.S.C. 1185 et seq.) is
9 amended by adding at the end the following:

10 **“SEC. 726. REQUIREMENTS WITH RESPECT TO COST-SHAR-**
11 **ING FOR CERTAIN INSULIN PRODUCTS.**

12 “(a) IN GENERAL.—For plan years beginning on or
13 after January 1, 2026, a group health plan or health in-
14 surance issuer offering group health insurance coverage
15 shall, with respect to enrolled individuals 26 years of age
16 or younger, provide coverage of selected insulin products,
17 and with respect to such products, shall not—

18 “(1) apply any deductible; or

19 “(2) impose any cost-sharing in excess of the
20 lesser of, per 30-day supply—

21 “(A) \$35; or

22 “(B) the amount equal to 25 percent of
23 the negotiated price of the selected insulin prod-
24 uct net of all price concessions received by or on
25 behalf of the plan or coverage, including price

1 concessions received by or on behalf of third-
2 party entities providing services to the plan or
3 coverage, such as pharmacy benefit manage-
4 ment services.

5 “(b) DEFINITIONS.—In this section:

6 “(1) SELECTED INSULIN PRODUCTS.—The term
7 ‘selected insulin products’ means at least one of each
8 dosage form (such as vial, pump, or inhaler dosage
9 forms) of each different type (such as rapid-acting,
10 short-acting, intermediate-acting, long-acting, ultra
11 long-acting, and premixed) of insulin (as defined
12 below), when available, as selected by the group
13 health plan or health insurance issuer.

14 “(2) INSULIN DEFINED.—The term ‘insulin’
15 means insulin that is licensed under subsection (a)
16 or (k) of section 351 of the Public Health Service
17 Act (42 U.S.C. 262) and continues to be marketed
18 under such section, including any insulin product
19 that has been deemed to be licensed under section
20 351(a) of such Act pursuant to section 7002(e)(4)
21 of the Biologics Price Competition and Innovation
22 Act of 2009 (Public Law 111–148) and continues to
23 be marketed pursuant to such licensure.

24 “(c) RULE OF CONSTRUCTION.—Subsection (a) shall
25 not be construed to require coverage of, or prevent a group

1 health plan or health insurance coverage from imposing
2 cost-sharing other than the levels specified in subsection
3 (a) on, insulin products that are not selected insulin prod-
4 ucts or insulin products for an individual not described
5 in subsection (a), to the extent that such coverage is not
6 otherwise required and such cost-sharing is otherwise per-
7 mitted under Federal and applicable State law.

8 “(d) APPLICATION OF COST-SHARING TOWARDS
9 DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS.—Any
10 cost-sharing payments made pursuant to subsection (a)(2)
11 shall be counted toward any deductible or out-of-pocket
12 maximum that applies under the plan or coverage.”.

13 (2) CLERICAL AMENDMENT.—The table of con-
14 tents in section 1 of the Employee Retirement In-
15 come Security Act of 1974 (29 U.S.C. 1001 et seq.)
16 is amended by inserting after the item relating to
17 section 725 the following:

“Sec. 726. Requirements with respect to cost-sharing for certain insulin prod-
ucts.”.

18 (e) INTERNAL REVENUE CODE.—

19 (1) IN GENERAL.—Subchapter B of chapter
20 100 of the Internal Revenue Code of 1986 is amend-
21 ed by adding at the end the following new section:

1 **“SEC. 9826. REQUIREMENTS WITH RESPECT TO COST-SHAR-**
2 **ING FOR CERTAIN INSULIN PRODUCTS.**

3 “(a) IN GENERAL.—For plan years beginning on or
4 after January 1, 2026, a group health plan shall, with re-
5 spect to enrolled individuals 26 years of age or younger,
6 provide coverage of selected insulin products, and with re-
7 spect to such products, shall not—

8 “(1) apply any deductible; or

9 “(2) impose any cost-sharing in excess of the
10 lesser of, per 30-day supply—

11 “(A) \$35; or

12 “(B) the amount equal to 25 percent of
13 the negotiated price of the selected insulin prod-
14 uct net of all price concessions received by or on
15 behalf of the plan, including price concessions
16 received by or on behalf of third-party entities
17 providing services to the plan, such as phar-
18 macy benefit management services.

19 “(b) DEFINITIONS.—In this section:

20 “(1) SELECTED INSULIN PRODUCTS.—The term
21 ‘selected insulin products’ means at least one of each
22 dosage form (such as vial, pump, or inhaler dosage
23 forms) of each different type (such as rapid-acting,
24 short-acting, intermediate-acting, long-acting, ultra
25 long-acting, and premixed) of insulin (as defined

1 below), when available, as selected by the group
2 health plan.

3 “(2) INSULIN DEFINED.—The term ‘insulin’
4 means insulin that is licensed under subsection (a)
5 or (k) of section 351 of the Public Health Service
6 Act (42 U.S.C. 262) and continues to be marketed
7 under such section, including any insulin product
8 that has been deemed to be licensed under section
9 351(a) of such Act pursuant to section 7002(e)(4)
10 of the Biologics Price Competition and Innovation
11 Act of 2009 (Public Law 111–148) and continues to
12 be marketed pursuant to such licensure.

13 “(c) RULE OF CONSTRUCTION.—Subsection (a) shall
14 not be construed to require coverage of, or prevent a group
15 health plan from imposing cost-sharing other than the lev-
16 els specified in subsection (a) on, insulin products that are
17 not selected insulin products or insulin products for an
18 individual not described in subsection (a), to the extent
19 that such coverage is not otherwise required and such
20 cost-sharing is otherwise permitted under Federal and ap-
21 plicable State law.

22 “(d) APPLICATION OF COST-SHARING TOWARDS
23 DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS.—Any
24 cost-sharing payments made pursuant to subsection (a)(2)

1 shall be counted toward any deductible or out-of-pocket
2 maximum that applies under the plan.”.

3 (2) CLERICAL AMENDMENT.—The table of sec-
4 tions for subchapter B of chapter 100 of such Code
5 is amended by adding at the end the following new
6 item:

“Sec. 9826. Requirements with respect to cost-sharing for certain insulin prod-
ucts.”.

7 (f) IMPLEMENTATION.—The Secretary of Health and
8 Human Services, the Secretary of Labor, and the Sec-
9 retary of the Treasury may implement the provisions of,
10 including the amendments made by, this subsection
11 through sub-regulatory guidance, program instruction or
12 otherwise.