

HB 3117 -- INSURANCE COVERAGE FOR PRESCRIPTION INSULIN DRUGS

SPONSOR: Hein

This bill prohibits health benefit plans from imposing cost-sharing on an enrollee in excess of \$30 per 30-day supply of a prescription insulin drug.

This bill also requires health benefit plan enrollees' cost-sharing for prescription insulin drugs to be calculated at the point of sale, and based on a price that is reduced by an amount equal to at least 100% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. Nothing in the bill will prohibit copayments not based on the price of a drug, provided that the copayment does not exceed the reduced price of the drug.

The bill does not require a health carrier or its agents to reveal information regarding the actual amount of rebates a carrier receives on a product, manufacturer, or pharmacy-specific basis. The bill also provides confidentiality protections, as specified in the bill, which the carriers must follow as well as impose on any third party that performs health care or administrative services on behalf of the carrier and may receive or have access to rebate information.

This bill applies to health benefit plans delivered, issued, continued, or renewed in the State on or after January 1, 2027.

This bill is similar to SB 1156 (2026) and SB 175 (2025).