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February 6, 2020

To: The Honorable Shane E. Pendergrass
Chair, Health and Government Operations Committee

From: Patricia F. O'Connor, Health Education and Advocacy Unit

Re: House Bill 134 (Health Insurance - Prescription Insulin Drugs - Limits on Copayment and Coinsurance): Support

The Office of the Attorney General's Health Education and Advocacy Unit (HEAU) supports House Bill 134's goal of reducing out-of-pocket costs because consumers of life-sustaining prescription insulin drugs require some relief from the escalating costs of the drugs until efforts to limit price increases succeed. Insulin prices have tripled in the United States over the past decade, while out-of-pocket costs per prescription doubled, *JAMA Intern Med.* 2019;179(1):112-114, and legislative action is necessary due to the lack of marketplace solutions.

This bill would limit the "cumulative" amount an individual is required to pay in copayments or coinsurance for a covered prescription insulin drug to not more than \$100, regardless of the amount or type of insulin needed to fill the individual's prescription. However, "cumulative" is undefined and requires clarification. Confusion arose in Colorado after enactment of a 2019 insulin cap law because consumers who require more than one type of insulin were held responsible by carriers for \$100 per prescription, i.e., \$200 to \$300 a month instead of \$100 a month as intended, prompting remedial legislative efforts in the 2020 session. <https://www.denverpost.com/2020/01/10/colorado-insulin-price-cap-loophole/> (accessed 2/5/20).

We urge the committee to give the bill a favorable report, with clarification to avoid the confusion that arose in Colorado.

cc: Members of the Health and Government Operations Committee