

§4317-C. Coverage for prescription insulin drugs; limit on out-of-pocket costs

1. Definition. As used in this section, "insulin" has the same meaning as in Title 32, section 13786-D, subsection 1, paragraph A.

[PL 2019, c. 666, Pt. A, §1 (NEW).]

2. Limit on out-of-pocket costs. A carrier that provides coverage for prescription insulin drugs may not impose any deductible, copayment, coinsurance or other cost-sharing requirement on an enrollee for that coverage that results in out-of-pocket costs to the enrollee that exceed \$35 per prescription for a 30-day supply of covered prescription insulin drugs, regardless of the amount of insulin needed to fill the enrollee's insulin prescriptions.

[PL 2019, c. 666, Pt. A, §1 (NEW).]

3. Other cost sharing. This section does not prevent a carrier from setting an enrollee's cost-sharing requirement for one or more insulin drugs at an amount lower than the maximum amount specified in this section.

[PL 2019, c. 666, Pt. A, §1 (NEW).]

4. Rules. The superintendent may adopt rules to implement and administer this section to align with applicable federal requirements. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

[PL 2019, c. 666, Pt. A, §1 (NEW).]

SECTION HISTORY

PL 2019, c. 666, Pt. A, §1 (NEW).

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