

**AMENDMENT TO RULES COMMITTEE PRINT 118-9**  
**OFFERED BY MR. LANDSMAN OF OHIO**

Page 23, after line 13, add the following:

1 **TITLE V—MAKING INSULIN AF-**  
2 **FORDABLE FOR ALL CHIL-**  
3 **DREN ACT**

4 **SEC. 501. SHORT TITLE.**

5 This title may be cited as the “Making Insulin Af-  
6 fordable for All Children Act”.

7 **SEC. 502. APPROPRIATE COST-SHARING FOR INDIVIDUALS**  
8 **26 YEARS OF AGE OR YOUNGER FOR INSULIN**  
9 **PRODUCTS COVERED UNDER PRIVATE**  
10 **HEALTH PLANS AND MEDICAID.**

11 (a) PRIVATE HEALTH PLANS.—

12 (1) IN GENERAL.—Part D of title XXVII of the  
13 Public Health Service Act (42 U.S.C. 300gg–111 et  
14 seq.) is amended by adding at the end the following:

15 **“SEC. 2799A-11. REQUIREMENTS WITH RESPECT TO COST-**  
16 **SHARING FOR CERTAIN INSULIN PRODUCTS.**

17 “(a) IN GENERAL.—For plan years beginning on or  
18 after January 1, 2024, a group health plan or health in-  
19 surance issuer offering group or individual health insur-  
20 ance coverage shall, with respect to enrolled individuals

1 26 years of age or younger, provide coverage of selected  
2 insulin products, and with respect to such products, shall  
3 not—

4 “(1) apply any deductible; or

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

7 “(A) \$35; or

8 “(B) the amount equal to 25 percent of  
9 the negotiated price of the selected insulin prod-  
10 uct net of all price concessions received by or on  
11 behalf of the plan or coverage, including price  
12 concessions received by or on behalf of third-  
13 party entities providing services to the plan or  
14 coverage, such as pharmacy benefit manage-  
15 ment services.

16 “(b) DEFINITIONS.—In this section:

17 “(1) SELECTED INSULIN PRODUCTS.—The term  
18 ‘selected insulin products’ means at least one of each  
19 dosage form (such as vial, pump, or inhaler dosage  
20 forms) of each different type (such as rapid-acting,  
21 short-acting, intermediate-acting, long-acting, ultra  
22 long-acting, and premixed) of insulin (as defined  
23 below), when available, as selected by the group  
24 health plan or health insurance issuer.

1           “(2) INSULIN DEFINED.—The term ‘insulin’  
2           means insulin that is licensed under subsection (a)  
3           or (k) of section 351 and continues to be marketed  
4           under such section, including any insulin product  
5           that has been deemed to be licensed under section  
6           351(a) pursuant to section 7002(e)(4) of the Bio-  
7           logics Price Competition and Innovation Act of 2009  
8           and continues to be marketed pursuant to such li-  
9           censure.

10          “(c) OUT-OF-NETWORK PROVIDERS.—Nothing in  
11          this section requires a plan or issuer that has a network  
12          of providers to provide benefits for selected insulin prod-  
13          ucts described in this section that are delivered by an out-  
14          of-network provider, or precludes a plan or issuer that has  
15          a network of providers from imposing higher cost-sharing  
16          than the levels specified in subsection (a) for selected insu-  
17          lin products described in this section that are delivered  
18          by an out-of-network provider.

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

1 otherwise required and such cost-sharing is otherwise per-  
2 mitted under Federal and applicable State law.

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

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

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

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

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

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

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

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

1 “(ii) the requirements of section  
2 2799A–11 of such Act shall be applied by  
3 deeming each reference in such section to  
4 ‘individual health insurance coverage’ to be  
5 a reference to a plan described in para-  
6 graph (1).”.

7 (4) ERISA.—

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

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

15 “(a) IN GENERAL.—For plan years beginning on or  
16 after January 1, 2024, a group health plan or health in-  
17 surance issuer offering group health insurance coverage  
18 shall, with respect to enrolled individuals 26 years of age  
19 or younger, provide coverage of selected insulin products,  
20 and with respect to such products, shall not—

21 “(1) apply any deductible; or

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

24 “(A) \$35; or

1           “(B) the amount equal to 25 percent of  
2           the negotiated price of the selected insulin prod-  
3           uct net of all price concessions received by or on  
4           behalf of the plan or coverage, including price  
5           concessions received by or on behalf of third-  
6           party entities providing services to the plan or  
7           coverage, such as pharmacy benefit manage-  
8           ment services.

9           “(b) DEFINITIONS.—In this section:

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

18           “(2) INSULIN DEFINED.—The term ‘insulin’  
19           means insulin that is licensed under subsection (a)  
20           or (k) of section 351 of the Public Health Service  
21           Act (42 U.S.C. 262) and continues to be marketed  
22           under such section, including any insulin product  
23           that has been deemed to be licensed under section  
24           351(a) of such Act pursuant to section 7002(e)(4)  
25           of the Biologics Price Competition and Innovation

1 Act of 2009 (Public Law 111–148) and continues to  
2 be marketed pursuant to such licensure.

3 “(c) OUT-OF-NETWORK PROVIDERS.—Nothing in  
4 this section requires a plan or issuer that has a network  
5 of providers to provide benefits for selected insulin prod-  
6 ucts described in this section that are delivered by an out-  
7 of-network provider, or precludes a plan or issuer that has  
8 a network of providers from imposing higher cost-sharing  
9 than the levels specified in subsection (a) for selected insu-  
10 lin products described in this section that are delivered  
11 by an out-of-network provider.

12 “(d) RULE OF CONSTRUCTION.—Subsection (a) shall  
13 not be construed to require coverage of, or prevent a group  
14 health plan or health insurance coverage from imposing  
15 cost-sharing other than the levels specified in subsection  
16 (a) on, insulin products that are not selected insulin prod-  
17 ucts or insulin products for an individual not described  
18 in subsection (a), to the extent that such coverage is not  
19 otherwise required and such cost-sharing is otherwise per-  
20 mitted under Federal and applicable State law.

21 “(e) APPLICATION OF COST-SHARING TOWARDS  
22 DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS.—Any  
23 cost-sharing payments made pursuant to subsection (a)(2)  
24 shall be counted toward any deductible or out-of-pocket  
25 maximum that applies under the plan or coverage.”.



1 (B) CLERICAL AMENDMENT.—The table of  
2 contents in section 1 of the Employee Retirement  
3 Income Security Act of 1974 (29 U.S.C.  
4 1001 et seq.) is amended by inserting after the  
5 item relating to section 725 the following:

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

6 (5) INTERNAL REVENUE CODE.—

7 (A) IN GENERAL.—Subchapter B of chap-  
8 ter 100 of the Internal Revenue Code of 1986  
9 is amended by adding at the end the following  
10 new section:

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

13 “(a) IN GENERAL.—For plan years beginning on or  
14 after January 1, 2024, a group health plan shall, with re-  
15 spect to enrolled individuals 26 years of age or younger,  
16 provide coverage of selected insulin products, and with re-  
17 spect 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

1           behalf of the plan, including price concessions  
2           received by or on behalf of third-party entities  
3           providing services to the plan, such as phar-  
4           macy benefit management 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.

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) OUT-OF-NETWORK PROVIDERS.—Nothing in  
25          this section requires a plan that has a network of providers

1 to provide benefits for selected insulin products described  
2 in this section that are delivered by an out-of-network pro-  
3 vider, or precludes a plan that has a network of providers  
4 from imposing higher cost-sharing than the levels specified  
5 in subsection (a) for selected insulin products described  
6 in this section that are delivered by an out-of-network pro-  
7 vider.

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

17 “(e) APPLICATION OF COST-SHARING TOWARDS  
18 DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS.—Any  
19 cost-sharing payments made pursuant to subsection (a)(2)  
20 shall be counted toward any deductible or out-of-pocket  
21 maximum that applies under the plan.”.

22 (B) CLERICAL AMENDMENT.—The table of  
23 sections for subchapter B of chapter 100 of  
24 such Code is amended by adding at the end the  
25 following new item:

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

1           (6) IMPLEMENTATION.—The Secretary of  
2 Health and Human Services, the Secretary of Labor,  
3 and the Secretary of the Treasury may implement  
4 the provisions of, including the amendments made  
5 by, this subsection through sub-regulatory guidance,  
6 program instruction or otherwise.

7           (b) MEDICAID.—Section 1916 of the Social Security  
8 Act (42 U.S.C. 1396o) is amended—

9           (1) in subsection (a)(3), by inserting before the  
10 period at the end the following: “; and except that,  
11 beginning January 1, 2024, with respect to individ-  
12 uals 26 years of age or younger, in the case of se-  
13 lected insulin products (as defined in subsection (b)  
14 of section 2799A–11 of the Public Health Service  
15 Act), no deductible shall be applied and any cost-  
16 sharing imposed shall not exceed the lesser of, per  
17 30-day supply, the amounts specified under sub-  
18 section (a)(2) of such section”; and

19           (2) in subsection (b)(3), by inserting before the  
20 period at the end the following: “; and except that,  
21 beginning January 1, 2024, with respect to individ-  
22 uals 26 years of age or younger, in the case of se-  
23 lected insulin products (as defined in subsection (b)  
24 of section 2799A–11 of the Public Health Service

1 Act), no deductible shall be applied and any cost-  
2 sharing imposed shall not exceed the lesser of, per  
3 30-day supply, the amounts specified under sub-  
4 section (a)(2) of such section”.

