

Amendment to the Chairman's Mark

Offered by Representative Tonko

Policy on Insulin

1. At the end of Title IV, add the following:

SEC. 4003. POLICY STATEMENT ON LOWERING INSULIN COSTS FOR ALL AMERICANS.

(a) FINDINGS. — The House finds the following:

- (1) Congressional Democrats worked with President Biden to enact the Inflation Reduction Act in 2022, which provided life-saving protection to Medicare beneficiaries by capping insulin costs at \$35 a month.
- (2) This life-saving protection should be expanded to all Americans with commercial insurance, including younger individuals who directly purchase their own health insurance or get coverage through an employer.
- (3) Costs to treat diabetes impose a significant financial burden on many Americans:
 - a. While insulin prices are now more affordable than a decade ago, Americans pay more for insulin than any other nation. In 2022, the average price of all rapid-acting insulins was \$240 in the U.S. per 10ml vial compared to \$17 in Australia, when it costs \$2 to \$4 to produce it.
 - b. Although prices for insulin have recently come down to their lowest levels in a decade following a rise in generic options, insulin makers with newer and more novel drugs often sell at much higher prices. For example, Alfreeza, which is the only insulin drug available as an inhalable powder, can cost more than 20 times the other rapid-acting insulins.
 - c. According to the Centers for Disease Control and Prevention, medical costs and lost work and wages for people with diagnosed diabetes totaled \$413 billion in 2022.
 - d. The American Diabetes Association indicate that diabetics account for one of every four dollars spent on health care in the U.S.
- (4) High out-of-pocket costs may deter adherence to insulin among individuals with diabetes, with potentially fatal effects.
 - a. More than 1 in 4 insulin users in the individual and small group markets and about 1 in 5 insulin users with large employer coverage

paid, on average, more than \$35 per month out-of-pocket for insulin in 2018.

- b. For people with employer-sponsored insurance, the average monthly out-of-pocket spending on insulin was \$82 in 2019. While the majority spent an average of \$35 a month or lower, about 9 percent of individuals in the highest spending category had an average out-of-pocket cost of \$403 a month.
- (5) While 25 states and the District of Columbia have capped insulin copayments for state-regulated commercial health insurance plans with caps ranging from \$25 to \$100 a month, nearly half of these caps are over \$35 per month. The other states do not provide any insulin caps for the commercial sector.
- (6) Several bipartisan bills have been introduced recently to expand the \$35 monthly insulin cap for Medicare to the commercial sector or provide a lower out-of-pocket cap at 25 percent of a plan's negotiated price. The most recent legislation include:
 - a. The Improving Needed Safeguard for Users of Lifesaving Insulin Now (INSULIN) Act of 2023, introduced on April 25, 2023 (S. 1269) and
 - b. The Affordable Insulin Now Act of 2023, introduced in the Senate on March 23, 2023 (S. 954) and in the House on March 9, 2023 (H.R. 1488).
- (7) We should make insulin affordable for every American. Lowering out-of-pocket insulin costs for all Americans with commercial health insurance would reduce long-term health care costs, avoid devastating complications from diabetes, and take pressure off the entire health care system.
- (8) The cost to expand the \$35 monthly insulin cap for Medicare to the commercial sector should be offset by revenue increases from requiring the wealthy and corporations to pay their fair share, which may include raising the corporate tax rate or imposing the minimum tax on billionaires.

(b) **POLICY ON LOWERING INSULIN COSTS FOR ALL AMERICANS.** — It is the policy of this resolution that Congress expand the life-saving \$35 monthly insulin cap for Medicare enacted in the Inflation Reduction Act to the commercial sector, so we make insulin affordable for everyone. The cost of this expansion should be offset by revenue increases from requiring the wealthy and corporations to pay their fair share.

2. Amend the committee report to reflect the following policy assumptions:

The resolution affirms that costs to treat diabetes have continued to rise for many Americans and high out-of-pocket costs may deter adherence to insulin among individuals with diabetes, with potentially fatal effects. The resolution supports lowering insulin costs for all Americans by expanding the \$35 monthly insulin cap for Medicare to the commercial sector. The cost of this expansion should be offset by revenue increases from requiring the wealthy and corporations to pay their fair share, which may include raising the corporate tax rate or imposing the minimum tax on billionaires.