

# VIRGINIA ACTS OF ASSEMBLY -- 2020 SESSION

## CHAPTER 881

*An Act to amend the Code of Virginia by adding a section numbered 38.2-3407.15:5, relating to health insurance; pharmacy benefits; cost-sharing payments for prescription insulin drugs.*

[H 66]

Approved April 8, 2020

**Be it enacted by the General Assembly of Virginia:**

- 1. That the Code of Virginia is amended by adding a section numbered 38.2-3407.15:5 as follows:  
§ 38.2-3407.15:5. *Limit on cost-sharing payments for prescription insulin drugs.***

*A. As used in this section:*

*"Carrier" has the same meaning ascribed thereto in subsection A of § 38.2-3407.15.*

*"Cost-sharing payment" means the total amount a covered person is required to pay at the point of sale in order to receive a prescription drug that is covered under the covered person's health plan.*

*"Covered person" means a policyholder, subscriber, participant, or other individual covered by a health plan.*

*"Health plan" means any health benefit plan, as defined in § 38.2-3438, that provides coverage for a prescription insulin drug.*

*"Pharmacy benefits manager" means an entity that engages in the administration or management of prescription drug benefits provided by a carrier for the benefit of its covered persons.*

*"Prescription insulin drug" means a prescription drug that contains insulin and is used to treat diabetes.*

*"Provider contract" has the same meaning ascribed thereto in subsection A of § 38.2-3407.15.*

*B. Every health plan offered by a carrier shall set the cost-sharing payment that a covered person is required to pay for a covered prescription insulin drug at an amount that does not exceed \$50 per 30-day supply of the prescription insulin drug, regardless of the amount or type of insulin needed to fill the covered person's prescription.*

*C. Nothing in this section shall prevent a carrier from setting a covered person's cost-sharing payment for a covered prescription insulin drug at an amount that is less than the maximum amount permitted pursuant to subsection B.*

*D. No provider contract between a carrier or its pharmacy benefits manager and a pharmacy or its contracting agent shall contain a provision (i) authorizing the carrier's pharmacy benefits manager or the pharmacy to charge, (ii) requiring the pharmacy to collect, or (iii) requiring a covered person to make a cost-sharing payment for a covered prescription insulin drug in an amount that exceeds the amount of the cost-sharing payment for the covered prescription insulin drug established by the carrier pursuant to subsection B.*

*E. This section shall apply with respect to health plans and provider contracts entered into, amended, extended, or renewed on or after January 1, 2021.*

*F. Pursuant to the authority granted by § 38.2-223, the Commission may adopt such rules and regulations as it may deem necessary to implement this section.*