

117TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

To establish a cap on out-of-pocket costs for insulin.

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IN THE SENATE OF THE UNITED STATES

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Mr. KENNEDY introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**A BILL**

To establish a cap on out-of-pocket costs for insulin.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Ending Pricey Insulin  
5 Act” or the “EPI Act”.

6 **SEC. 2. CAPPING OUT-OF-POCKETS COST OF INSULIN.**

7 (a) INDIVIDUALS ENROLLED IN CERTAIN HEALTH  
8 PLANS.—Title XXVII of the Public Health Service Act  
9 (42 U.S.C. 300gg et seq.) is amended by inserting after  
10 section 2729 the following:

1 **“SEC. 2729A. COVERAGE OF INSULIN DRUGS.**

2 “Beginning with plan year 2022, a group health plan  
3 or health insurance issuer offering group or individual  
4 health insurance coverage that provides coverage for pre-  
5 scription insulin drugs may not impose any deductible, co-  
6 payment, coinsurance, or other cost-sharing requirement  
7 with respect to such drugs that results in out-of-pocket  
8 costs to the enrollee that exceed \$50 per prescription for  
9 a 30-day supply of covered prescription insulin drugs, re-  
10 gardless of the amount of insulin drugs needed to fill the  
11 enrollee’s insulin prescriptions.”.

12 (b) INDIVIDUALS ENROLLED IN OTHER COV-  
13 ERAGE.—

14 (1) MEDICARE, MEDICAID, AND CHIP.—The  
15 Secretary of Health and Human Services shall take  
16 such administrative action as is necessary to ensure  
17 that in no event shall any State plan or waiver  
18 under title XIX or XXI of the Social Security Act  
19 or prescription drug plan under part D of title  
20 XVIII of such Act or MA-PD plan under part C of  
21 such title of such Act that provides coverage for pre-  
22 scription insulin drugs impose any deductible, copay-  
23 ment, coinsurance, or other cost-sharing requirement  
24 with respect to such drugs that results in out-of-  
25 pocket costs to an individual enrolled in such cov-  
26 erage that exceeds \$50 per prescription for a 30-day

1 supply of covered prescription insulin drugs, regard-  
2 less of the amount of insulin drugs needed to fill the  
3 enrollee's insulin prescriptions.

4 (2) VETERANS.—The Secretary of Veterans Af-  
5 fairs shall take such administrative action as is nec-  
6 essary to ensure that prescription insulin drugs writ-  
7 ten by eligible health care providers for veterans do  
8 not impose any deductible, copayment, coinsurance,  
9 or other cost-sharing requirement with respect to  
10 such drugs that results in out-of-pocket costs to vet-  
11 eran that exceeds \$50 per prescription for a 30-day  
12 supply of covered prescription insulin drugs, regard-  
13 less of the amount of insulin drugs needed to fill the  
14 veteran's insulin prescriptions. For purposes of the  
15 preceding sentence, the term “eligible health care  
16 provider” means a health care provider under sec-  
17 tion 1703(c) of title 38, United States Code, or an  
18 eligible entity or provider under section 1703A(b) of  
19 such title.

20 (3) TRICARE.—The Secretary of Defense shall  
21 take such administrative action as is necessary to  
22 ensure that prescription insulin drugs written by  
23 health care providers for enrollees in the TRICARE  
24 program under chapter 55 of title 10, United States  
25 Code, do not impose any deductible, copayment, co-

1 insurance, or other cost-sharing requirement with re-  
2 spect to such drugs that results in out-of-pocket  
3 costs to enrollees that exceeds \$50 per prescription  
4 for a 30-day supply of covered prescription insulin  
5 drugs, regardless of the amount of insulin drugs  
6 needed to fill the enrollee's insulin prescriptions.

7 **SEC. 3. CAP ON CASH PRICE FOR INSULIN FOR INDIVID-**  
8 **UALS WITHOUT HEALTH INSURANCE.**

9 Beginning on January 1, 2022, in the case of an indi-  
10 vidual who is not enrolled in any public or private health  
11 plan, the cash price for a 30-day supply of such individ-  
12 ual's prescription insulin drugs, regardless of the amount  
13 of insulin drugs needed to fill the individual's insulin pre-  
14 scriptions, shall be not more than \$50.

15 **SEC. 4. RETROACTIVE EFFECT.**

16 In the event that this Act is enacted after January  
17 1, 2022—

18 (1) any out-of-pocket cost to an enrollee for in-  
19 sulin in plan year 2022 or a subsequent plan year  
20 that is in excess of the amount specified in section  
21 2729A of the Public Health Service Act (as added  
22 by section 2) shall be reimbursed by the group  
23 health plan or health insurance issuer to the en-  
24 rollee;

1           (2) any amount paid by an uninsured individual  
2           for insulin on or after January 1, 2022, that is in  
3           excess of the amount specified in section 3 shall be  
4           reimbursed by the insulin manufacturer to the indi-  
5           vidual; and

6           (3) any amount paid by an enrollee or veteran  
7           for insulin on or after January 1, 2022, that is in  
8           excess of the amount specified in paragraph (1) (2),  
9           or (3), as applicable, of section 2(b) shall be reim-  
10          bursed by the Secretary of Health and Human Serv-  
11          ices, the Secretary of Veterans Affairs, or the Sec-  
12          retary of Defense, as applicable, to the enrollee or  
13          veteran.