

H.R. 6833: The Affordable Insulin Now Act

Introduced by Reps. Craig (D-MN), Kildee (D-MI), and McBath (D-GA)

The *Affordable Insulin Now Act* caps out-of-pocket costs for insulin at no more than \$35 per month in Medicare Part D and commercial health insurance. Modeled after similar provisions in the *Build Back Better Act*, this bill ensures vital and affordable access to life-saving medication for the more than [37 million people](#) in the United States who have diabetes, including [one-third of Medicare beneficiaries](#) and the over [7 million Americans](#) who rely on insulin to maintain their health and well-being.

Insulin is too expensive for millions of Americans.

- [1 in 4 Americans](#) who rely on insulin have cut back or skipped doses due to costs.
- [34 percent of families with children](#) dependent on insulin have been impacted by rising insulin costs, including adverse health effects and increased stress and anxiety.
- [26 percent of Americans](#) with diabetes ration their insulin at least once a year – putting themselves at grave health risk because of cost. In 2018, [more than a dozen people](#) died while rationing their insulin due to the high cost.

Insulin prices in the United States are much higher than other countries and continue to increase.

- Americans pay [more than 10 times](#) the price of insulin compared to other similar high-income countries.
- From 2014 to 2019, the average retail price of insulin [rose by 54 percent](#).
- Among those with private coverage, [1 in 5 people](#) who take insulin have out-of-pocket costs of more than \$35 per month. High cost-sharing is especially common in the individual and small group markets.
- [In a recent study](#), insulin out-of-pocket costs among all insulin users averaged \$64 in 2017, almost *double* what the out-of-pocket costs would be with H.R. 6833.

The *Affordable Insulin Now Act* requires Medicare Part D plans and commercial health insurance plans to cover insulin and cap cost-sharing at no more than \$35 per month.

- Beginning in 2023, the bill requires private health plans to cover at least one of each type and dosage form of insulin and caps cost-sharing for a 30-day supply at the lesser of \$35 or 25 percent of a plan's negotiated price. The bill also requires all Medicare prescription drug plans to cap cost-sharing for insulin at no more than \$35.
 - Among individuals with private insurance, half would save at least \$19 per month and a quarter would save at least \$42 per month. [Individuals who buy their own insurance will experience the most savings.](#)
- This bill is paid for by delaying the implementation for one year of the Rebate Rule that was published by the Office of the Inspector General of the Department of Health and Human Services on November 30, 2020.