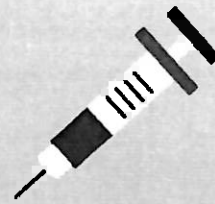


PRESCRIPTION INSULIN PRICING AND ACCESS BILL



This legislation is modeled after the Alec Smith insulin safety-net program that first became law in Minnesota.

Alec Smith, the bill's namesake, was a 26-year-old Minnesotan who died in 2017 while rationing his insulin, which cost him \$1,300 a month after he aged out of his parents' health insurance plan.

WHAT THE BILL DOES:

1 IT ESTABLISHES THE INSULIN AFFORDABILITY PROGRAM.

- Eligible Coloradans will be able to purchase insulin at their pharmacy for a maximum price of \$50 for a 30-day supply—regardless of the number of prescriptions—for 12 months.
- To qualify for the program, an individual must be a resident of Colorado and not be eligible for or enrolled in Medicaid or Medicare.



2 IT CREATES AN EMERGENCY PRESCRIPTION INSULIN SUPPLY.

- Once a year, qualified individuals can purchase a full 30-day supply for \$35.
- To be eligible, the individual must have less than a seven-day supply of insulin available, currently be required to pay more than \$100 out of pocket each month for insulin, and be a resident of Colorado.

3 ZERO COST TO TAXPAYERS.

WHY IT'S IMPORTANT:

- In the U.S., 1 in 4 people with diabetes report rationing their insulin due to cost alone. With this program, Coloradans across the state who need insulin and can't afford it will no longer face prohibitively expensive costs when filling their prescriptions.
- In Colorado, the situation is worse. 40% of people are rationing their insulin. (Phil Weiser, Prescription Drug Pricing Report, Colorado Department of Law, <https://coag.gov/insulin/>.)
- Individuals with high deductible insurance plans struggle to afford the cost of insulin. Both the underinsured and uninsured will benefit from this bill.



Supported by:

American Diabetes Association Chronic Care Collaborative
Colorado Consumer Health Initiative Colorado Rural Health Center
Colorado Community Health Network League of Women Voters of Colorado



PLEASE VOTE YES ON HB21-1307