

Vote **No** on HB 1114

Healthcare Mandates Are Bad Policy

HB 1114 sets a \$25/month cap on the amount an individual could be charged for insulin or diabetic supplies. With the individual's cost share being limited, the cost is shifted onto the policyholders.

- In the PERS pilot project, utilization of insulin and diabetic supplies did not change significantly after inclusion of the price cap.
- Additionally, it was reported that pharmaceutical companies have been reducing the price of insulin and the majority of the diabetic supplies filled by NDPERS members cost less than the \$25/month cap.

As of today, the three major health carriers in North Dakota all have an insulin cap of no more than \$25 in place without the mandate. Our essential health benefits (EHB) include a \$25 cap on insulin and supplies for all ACA marketplace plans. And at the federal level, in the Inflation Reduction Act of 2022, the federal government passed a \$35 insulin cap for Medicare beneficiaries.

GNDC asked its members:

What is the one thing STATE GOVERNMENT could do to help your business?



Make Healthcare More Affordable

MANDATES DRIVE UP COSTS

The Fiscal Note on HB 1114 for PERS for the 25-27 biennium is almost **\$833,955.90**. That is the cost shift for State Employees alone, to say nothing of the private sector. At the end of the day, mandates like this drive up premiums for citizens and employers alike. Rather than making health care costs more affordable, this is a cost shift that doesn't get to the root of the problem. **Health insurance does not become more affordable by passing coverage mandates – insurance companies don't pay for mandates. POLICYHOLDERS pay for mandates through increased premiums.**

MANDATES DON'T GO AWAY

One of our major health carriers spent \$845,233,023.79 on North Dakota State Legislature imposed health insurance mandates for years 2022-2024. Since the 90s, no healthcare mandates have been repealed, even when they are no longer recommended treatments. Rather than reducing costs as intended, these costs add up, and they don't go away. This isn't good policy.

THE LIST KEEPS GROWING

As an example, here is a list of other health care mandate bills proposed this session that either would be applied to the private sector or could be applied to the private sector in two years.



- 1282: Comprehensive fertility health benefits for public employees in ND requiring health insurance plans to cover diagnosis and treatment of infertility with specific provisions.
 - Fiscal note for PERS: \$385,000 for 25-27 biennium.
- 1283: Diagnostic breast examination and supplemental breast examination cost-sharing restrictions
 - Fiscal note for PERS: \$4,070,000 for 25-27 biennium.
- 1284: Fertility preservation services for covered individuals who have medical conditions or are undergoing treatments that may impair their fertility.
 - Fiscal note for PERS: \$345,000 for the 25-27 biennium.
- 1452: Coverage of antiobesity medication
 - Fiscal note for PERS: \$72,000,000 for the 25-27 biennium.
- 2370: Insulin Copay Limitation
 - Fiscal note for PERS: \$833,955.90 for the 25-27 biennium.
- 2248: Step Therapy Protocols
- 2249: Step Therapy Protocols

Insurance mandates are not effective public policy. They are anti free market, oftentimes expensive, and stymie innovation. In North Dakota, we have never updated or repealed a single mandate.

Allow individuals and businesses to make choices about the health care coverage that is best for them – VOTE NO ON HB 1114.