

Sixty-ninth
Legislative Assembly
of North Dakota

SENATE BILL NO. 2370

Introduced by

Senators Cleary, Dever, Mathern

Representative McLeod

1 A BILL for an Act to create and enact a new section to chapter 26.1-36 of the North Dakota
2 Century Code, relating to individual and group health insurance coverage of insulin drugs and
3 supplies; and to amend and reenact section 54-52.1-04.18 of the North Dakota Century Code,
4 relating to health insurance benefits coverage of insulin drugs and supplies.

5 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

6 **SECTION 1.** A new section to chapter 26.1-36 of the North Dakota Century Code is created
7 and enacted as follows:

8 **Health insurance benefits coverage - Insulin drug and supply out-of-pocket**
9 **limitations.**

10 1. As used in this section:

11 a. "Insulin drug" means a prescription drug that contains insulin and is used to treat
12 a form of diabetes mellitus. The term does not include an insulin pump, an
13 electronic insulin-administering smart pen, or a continuous glucose monitor, or
14 supplies needed specifically for the use of such electronic devices. The term
15 includes insulin in the following categories:

16 (1) Rapid-acting insulin;

17 (2) Short-acting insulin;

18 (3) Intermediate-acting insulin;

19 (4) Long-acting insulin;

20 (5) Premixed insulin product;

21 (6) Premixed insulin/GLP-1 RA product; and

22 (7) Concentrated human regular insulin.

23 b. "Medical supplies for insulin dosing and administration" means supplies needed
24 for proper insulin dosing, as well as supplies needed to detect or address medical

emergencies in an individual using insulin to manage diabetes mellitus. The term does not include an insulin pump, an electronic insulin-administering smart pen, or a continuous glucose monitor, or supplies needed specifically for the use of such electronic devices. The term includes:

(1) Blood glucose meters;

(2) Blood glucose test strips;

(3) Lancing devices and lancets;

(4) Ketone testing supplies, such as urine strips, blood ketone meters, and blood ketone strips;

(5) Glucagon, in injectable and nasal forms;

(6) Insulin pen needles; and

(7) Insulin syringes.

c. "Pharmacy or distributor" means a pharmacy or medical supply company, or other medication or medical supply distributor filling a prescription.

2. An insurance company, nonprofit health service corporation, or health maintenance organization may not deliver, issue, execute, or renew any health insurance policy, health service contract, or evidence of coverage on an individual, group, blanket, franchise, or association basis unless the policy, contract, or evidence of coverage provides benefits for insulin drug and medical supplies for insulin dosing and administration which complies with this section.

3. The health benefit plan must limit out-of-pocket costs for a thirty-day supply of:

a. Covered insulin drugs, which may not exceed twenty-five dollars per pharmacy or distributor, regardless of the quantity or type of insulin drug used to fill the covered individual's prescription needs.

b. Covered medical supplies for insulin dosing and administration, the total of which may not exceed twenty-five dollars per pharmacy or distributor, regardless of the quantity or manufacturer of supplies used to fill the covered individual's prescription needs.

4. The health benefit plan may not allow a pharmacy benefits manager or the pharmacy or distributor to charge, require the pharmacy or distributor to collect, or require a covered individual to make a payment for a covered insulin drug or medical supplies

for insulin dosing and administration in an amount exceeding the out-of-pocket limits under subsection 3.

5. The health benefit plan may not impose a deductible, copayment, coinsurance, or other cost-sharing requirement that causes out-of-pocket costs for prescribed insulin or medical supplies for insulin dosing and administration to exceed the amount under subsection 3.

6. Subsection 3 does not require the health benefit plan to implement a particular cost-sharing structure and does not prevent the limitation of out-of-pocket costs to less than the amount specified under subsection 3. This section does not limit whether the health benefit plan classifies an insulin pump, an electronic insulin-administering smart pen, or a continuous glucose monitor as a drug or as a medical device or supply.

7. If application of subsection 3 would result in the ineligibility of a health benefit plan that is a qualified high-deductible health plan to qualify as a health savings account under section 223 of the Internal Revenue Code [26 U.S.C. 223], the requirements of subsection 3 do not apply with respect to the deductible of the health benefit plan until after the enrollee has met the minimum deductible under section 26 U.S.C. 223.

8. This section does not apply to the Medicare part D prescription drug coverage plan.

SECTION 2. AMENDMENT. Section 54-52.1-04.18 of the North Dakota Century Code is amended and reenacted as follows:

54-52.1-04.18. Health insurance benefits coverage - Insulin drug and supply out-of-pocket limitations. (Expired effective July 31, 2025)

1. ~~As used in this section:~~

a. ~~"Insulin drug" means a prescription drug that contains insulin and is used to treat a form of diabetes mellitus. The term does not include an insulin pump, an electronic insulin-administering smart pen, or a continuous glucose monitor, or supplies needed specifically for the use of such electronic devices. The term includes insulin in the following categories:~~

- ~~(1) Rapid-acting insulin;~~
- ~~(2) Short-acting insulin;~~
- ~~(3) Intermediate-acting insulin;~~
- ~~(4) Long-acting insulin;~~

- 1 (5) Premixed insulin product;
- 2 (6) Premixed insulin/GLP-1 RA product; and
- 3 (7) Concentrated human regular insulin.
- 4 b. ~~"Medical supplies for insulin dosing and administration" means supplies needed~~
- 5 ~~for proper insulin dosing, as well as supplies needed to detect or address medical~~
- 6 ~~emergencies in an individual using insulin to manage diabetes mellitus. The term~~
- 7 ~~does not include an insulin pump, an electronic insulin-administering smart pen,~~
- 8 ~~or a continuous glucose monitor, or supplies needed specifically for the use of~~
- 9 ~~such electronic devices. The term includes:~~
- 10 (1) Blood glucose meters;
- 11 (2) Blood glucose test strips;
- 12 (3) Lancing devices and lancets;
- 13 (4) Ketone testing supplies, such as urine strips, blood ketone meters, and
- 14 ~~blood ketone strips;~~
- 15 (5) Glucagon, in injectable and nasal forms;
- 16 (6) Insulin pen needles; and
- 17 (7) Insulin syringes.
- 18 e. ~~"Pharmacy or distributor" means a pharmacy or medical supply company, or~~
- 19 ~~other medication or medical supply distributor filling a covered individual's~~
- 20 ~~prescriptions.~~
- 21 2. The board shall provide health insurance benefits coverage that provides for insulin
- 22 drug and medical supplies for insulin dosing and administration ~~which complies with~~
- 23 ~~this section~~as provided under section 1 of this Act.
- 24 3. ~~The coverage must limit out-of-pocket costs for a thirty-day supply of:~~
- 25 a. ~~Covered insulin drugs which may not exceed twenty-five dollars per pharmacy or~~
- 26 ~~distributor, regardless of the quantity or type of insulin drug used to fill the~~
- 27 ~~covered individual's prescription needs.~~
- 28 b. ~~Covered medical supplies for insulin dosing and administration, the total of which~~
- 29 ~~may not exceed twenty-five dollars per pharmacy or distributor, regardless of the~~
- 30 ~~quantity or manufacturer of supplies used to fill the covered individual's~~
- 31 ~~prescription needs.~~

- 1 4. ~~The coverage may not allow a pharmacy benefits manager or the pharmacy or~~
2 ~~distributor to charge, require the pharmacy or distributor to collect, or require a~~
3 ~~covered individual to make a payment for a covered insulin drug or medical supplies~~
4 ~~for insulin dosing and administration in an amount that exceeds the out-of-pocket limits~~
5 ~~set forth under subsection 3.~~
- 6 5. ~~The coverage may not impose a deductible, copayment, coinsurance, or other cost-~~
7 ~~sharing requirement that causes out-of-pocket costs for prescribed insulin or medical~~
8 ~~supplies for insulin dosing and administration to exceed the amount set forth under~~
9 ~~subsection 3.~~
- 10 6. ~~Subsection 3 does not require the coverage to implement a particular cost-sharing~~
11 ~~structure and does not prevent the limitation of out-of-pocket costs to less than the~~
12 ~~amount specified under subsection 3. Subsection 3 does not limit out-of-pocket costs~~
13 ~~on an insulin pump, an electronic insulin-administering smart pen, or a continuous~~
14 ~~glucose monitor. This section does not limit whether coverage classifies an insulin-~~
15 ~~pump, an electronic insulin-administering smart pen, or a continuous glucose monitor~~
16 ~~as a drug or as a medical device or supply.~~
- 17 7. ~~If application of subsection 3 would result in the ineligibility of a health benefit plan that~~
18 ~~is a qualified high-deductible health plan to qualify as a health savings account under~~
19 ~~section 223 of the Internal Revenue Code [26 U.S.C. 223], the requirements of~~
20 ~~subsection 3 do not apply with respect to the deductible of the health benefit plan until~~
21 ~~after the enrollee has satisfied the minimum deductible under section 26 U.S.C. 223.~~
- 22 8. ~~This section does not apply to the Medicare part D prescription drug coverage plan.~~