

# U.S. Rep. Moore: Votes to make insulin more affordable for millions of Americans

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*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.*

“Right now, Americans can pay up to ten times more for insulin than other high-income countries. Ten times more!

People are forced to make tough choices because of its high cost: One quarter of Americans who use insulin ration their medicine or skip their doses altogether because of its high cost even though the consequences of doing so can be fatal. We must make this vital medicine affordable, so that every person can stay healthy.

A constituent wrote me about the importance of this bill noting that after having been diagnosed with Type 1 (insulin-dependent) diabetes at age 19, she has required insulin to live for 40 years. And even with insurance, she still pays “a high price for my insulin... It is terrible to have a medication that is required for life to be so expensive.”

My constituents have called for lowering the cost of prescription drugs, and I have worked in Congress to lower these costs. Today, I join my Democratic colleagues in tackling the high cost of insulin by passing legislation to cap out of pocket costs for those with private insurance and Medicare Part D at \$35 per month.

With the Affordable Insulin Now Act, we will make this crucial medicine more affordable for the millions who rely on it every day, including my constituents, and

work towards our commitment to Build a Better America. And I will continue to work to push for more comprehensive legislation, such as the proposal that passed through the House with my support as part of budget reconciliation legislation, to address rising costs for numerous other drugs that are a barrier to accessing lifesaving treatments for too many Americans. ”

### **The Affordable Insulin Now Act will:**

- 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.