

119TH CONGRESS  
2D SESSION

# S. 4512

To provide for appropriate cost-sharing for insulin products covered under private health plans, and to establish a program to support health care providers and pharmacies in providing discounted insulin products to uninsured individuals.

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## IN THE SENATE OF THE UNITED STATES

MAY 13, 2026

Mr. KENNEDY introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To provide for appropriate cost-sharing for insulin products covered under private health plans, and to establish a program to support health care providers and pharmacies in providing discounted insulin products to uninsured individuals.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Affordable Insulin Now  
5       Act of 2026”.

1 **SEC. 2. APPROPRIATE COST-SHARING FOR INSULIN PROD-**  
 2 **UCTS COVERED UNDER PRIVATE HEALTH**  
 3 **PLANS.**

4 (a) IN GENERAL.—Part D of title XXVII of the Pub-  
 5 lic Health Service Act (42 U.S.C. 300gg–111 et seq.) is  
 6 amended by adding at the end the following:

7 **“SEC. 2799A–12. REQUIREMENTS WITH RESPECT TO COST-**  
 8 **SHARING FOR CERTAIN INSULIN PRODUCTS.**

9 “(a) IN GENERAL.—For plan years beginning on or  
 10 after January 1, 2027, a group health plan or health in-  
 11 surance issuer offering group or individual health insur-  
 12 ance coverage shall provide coverage of selected insulin  
 13 products, and with respect to such products, shall not—

14 “(1) apply any deductible; or

15 “(2) impose any cost-sharing in excess of the  
 16 lesser of, per 30-day supply—

17 “(A) \$35; or

18 “(B) the amount equal to 25 percent of  
 19 the negotiated price of the selected insulin prod-  
 20 uct net of all price concessions received by or on  
 21 behalf of the plan or coverage, including price  
 22 concessions received by or on behalf of third-  
 23 party entities providing services to the plan or  
 24 coverage, such as pharmacy benefit manage-  
 25 ment services.

26 “(b) DEFINITIONS.—In this section:

1           “(1) SELECTED INSULIN PRODUCTS.—The term  
2           ‘selected insulin products’ means at least one of each  
3           dosage form (such as vial, pump, or inhaler dosage  
4           forms) of each different type (such as rapid-acting,  
5           short-acting, intermediate-acting, long-acting, ultra  
6           long-acting, and premixed) of insulin, when avail-  
7           able, as selected by the group health plan or health  
8           insurance issuer.

9           “(2) INSULIN DEFINED.—The term ‘insulin’  
10          means insulin that is licensed under subsection (a)  
11          or (k) of section 351 and continues to be marketed  
12          under such section.

13          “(c) OUT-OF-NETWORK PROVIDERS.—Nothing in  
14          this section requires a plan or issuer that has a network  
15          of providers to provide benefits for selected insulin prod-  
16          ucts described in this section that are delivered by an out-  
17          of-network provider, or precludes a plan or issuer that has  
18          a network of providers from imposing higher cost-sharing  
19          than the levels specified in subsection (a) for selected insu-  
20          lin products described in this section that are delivered  
21          by an out-of-network provider.

22          “(d) RULE OF CONSTRUCTION.—Subsection (a) shall  
23          not be construed to require coverage of, or prevent a group  
24          health plan or health insurance coverage from imposing  
25          cost-sharing other than the levels specified in subsection

1 (a) on, insulin products that are not selected insulin prod-  
 2 ucts, to the extent that such coverage is not otherwise re-  
 3 quired and such cost-sharing is otherwise permitted under  
 4 Federal and applicable State law.

5 “(e) APPLICATION OF COST-SHARING TOWARDS  
 6 DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS.—Any  
 7 cost-sharing payments made pursuant to subsection (a)(2)  
 8 shall be counted toward any deductible or out-of-pocket  
 9 maximum that applies under the plan or coverage.”.

10 (b) NO EFFECT ON OTHER COST-SHARING.—Section  
 11 1302(d)(2) of the Patient Protection and Affordable Care  
 12 Act (42 U.S.C. 18022(d)(2)) is amended by adding at the  
 13 end the following new subparagraph:

14 “(D) SPECIAL RULE RELATING TO INSU-  
 15 LIN COVERAGE.—The exemption of coverage of  
 16 selected insulin products (as defined in section  
 17 2799A–12(b) of the Public Health Service Act)  
 18 from the application of any deductible pursuant  
 19 to section 2799A–12(a)(1) of such Act, section  
 20 727(a)(1) of the Employee Retirement Income  
 21 Security Act of 1974, or section 9827(a)(1) of  
 22 the Internal Revenue Code of 1986 shall not be  
 23 considered when determining the actuarial value  
 24 of a qualified health plan under this sub-  
 25 section.”.

1       (c) COVERAGE OF CERTAIN INSULIN PRODUCTS  
 2 UNDER CATASTROPHIC PLANS.—Section 1302(e) of the  
 3 Patient Protection and Affordable Care Act (42 U.S.C.  
 4 18022(e)) is amended by adding at the end the following:

5           “(4) COVERAGE OF CERTAIN INSULIN PROD-  
 6 UCTS.—

7           “(A) IN GENERAL.—Notwithstanding para-  
 8 graph (1)(B)(i), a health plan described in  
 9 paragraph (1) shall provide coverage of selected  
 10 insulin products, in accordance with section  
 11 2799A–12 of the Public Health Service Act, be-  
 12 fore an enrolled individual has incurred, during  
 13 the plan year, cost-sharing expenses in an  
 14 amount equal to the annual limitation in effect  
 15 under subsection (c)(1) for the plan year.

16           “(B) TERMINOLOGY.—For purposes of  
 17 subparagraph (A)—

18           “(i) the term ‘selected insulin prod-  
 19 ucts’ has the meaning given such term in  
 20 section 2799A–12(b) of the Public Health  
 21 Service Act; and

22           “(ii) the requirements of section  
 23 2799A–12 of such Act shall be applied by  
 24 deeming each reference in such section to  
 25 ‘individual health insurance coverage’ to be

1 a reference to a plan described in para-  
 2 graph (1).”.

3 (d) ERISA.—

4 (1) IN GENERAL.—Subpart B of part 7 of sub-  
 5 title B of title I of the Employee Retirement Income  
 6 Security Act of 1974 (29 U.S.C. 1185 et seq.) is  
 7 amended by adding at the end the following:

8 **“SEC. 727. REQUIREMENTS WITH RESPECT TO COST-SHAR-**  
 9 **ING FOR CERTAIN INSULIN PRODUCTS.**

10 “(a) IN GENERAL.—For plan years beginning on or  
 11 after January 1, 2027, a group health plan or health in-  
 12 surance issuer offering group health insurance coverage  
 13 shall provide coverage of selected insulin products, and  
 14 with respect to such products, shall not—

15 “(1) apply any deductible; or

16 “(2) impose any cost-sharing in excess of the  
 17 lesser of, per 30-day supply—

18 “(A) \$35; or

19 “(B) the amount equal to 25 percent of  
 20 the negotiated price of the selected insulin prod-  
 21 uct net of all price concessions received by or on  
 22 behalf of the plan or coverage, including price  
 23 concessions received by or on behalf of third-  
 24 party entities providing services to the plan or

1 coverage, such as pharmacy benefit manage-  
2 ment services.

3 “(b) DEFINITIONS.—In this section:

4 “(1) SELECTED INSULIN PRODUCTS.—The term  
5 ‘selected insulin products’ means at least one of each  
6 dosage form (such as vial, pump, or inhaler dosage  
7 forms) of each different type (such as rapid-acting,  
8 short-acting, intermediate-acting, long-acting, ultra  
9 long-acting, and premixed) of insulin, when avail-  
10 able, as selected by the group health plan or health  
11 insurance issuer.

12 “(2) INSULIN DEFINED.—The term ‘insulin’  
13 means insulin that is licensed under subsection (a)  
14 or (k) of section 351 of the Public Health Service  
15 Act (42 U.S.C. 262) and continues to be marketed  
16 under such section.

17 “(c) OUT-OF-NETWORK PROVIDERS.—Nothing in  
18 this section requires a plan or issuer that has a network  
19 of providers to provide benefits for selected insulin prod-  
20 ucts described in this section that are delivered by an out-  
21 of-network provider, or precludes a plan or issuer that has  
22 a network of providers from imposing higher cost-sharing  
23 than the levels specified in subsection (a) for selected insu-  
24 lin products described in this section that are delivered  
25 by an out-of-network provider.

1       “(d) RULE OF CONSTRUCTION.—Subsection (a) shall  
 2 not be construed to require coverage of, or prevent a group  
 3 health plan or health insurance coverage from imposing  
 4 cost-sharing other than the levels specified in subsection  
 5 (a) on, insulin products that are not selected insulin prod-  
 6 ucts, to the extent that such coverage is not otherwise re-  
 7 quired and such cost-sharing is otherwise permitted under  
 8 Federal and applicable State law.

9       “(e) APPLICATION OF COST-SHARING TOWARDS  
 10 DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS.—Any  
 11 cost-sharing payments made pursuant to subsection (a)(2)  
 12 shall be counted toward any deductible or out-of-pocket  
 13 maximum that applies under the plan or coverage.”.

14       (2) CLERICAL AMENDMENT.—The table of con-  
 15 tents in section 1 of the Employee Retirement In-  
 16 come Security Act of 1974 (29 U.S.C. 1001 et seq.)  
 17 is amended by inserting after the item relating to  
 18 section 726 the following:

“Sec. 727. Requirements with respect to cost-sharing for certain insulin prod-  
 ucts.”.

19       (e) INTERNAL REVENUE CODE.—

20       (1) IN GENERAL.—Subchapter B of chapter  
 21 100 of the Internal Revenue Code of 1986 is amend-  
 22 ed by adding at the end the following new section:



1 **“SEC. 9827. REQUIREMENTS WITH RESPECT TO COST-SHAR-**  
 2 **ING FOR CERTAIN INSULIN PRODUCTS.**

3 “(a) IN GENERAL.—For plan years beginning on or  
 4 after January 1, 2027, a group health plan shall provide  
 5 coverage of selected insulin products, and with respect to  
 6 such products, shall not—

7 “(1) apply any deductible; or

8 “(2) impose any cost-sharing in excess of the  
 9 lesser of, per 30-day supply—

10 “(A) \$35; or

11 “(B) the amount equal to 25 percent of  
 12 the negotiated price of the selected insulin prod-  
 13 uct net of all price concessions received by or on  
 14 behalf of the plan, including price concessions  
 15 received by or on behalf of third-party entities  
 16 providing services to the plan, such as phar-  
 17 macy benefit management services.

18 “(b) DEFINITIONS.—In this section:

19 “(1) SELECTED INSULIN PRODUCTS.—The term  
 20 ‘selected insulin products’ means at least one of each  
 21 dosage form (such as vial, pump, or inhaler dosage  
 22 forms) of each different type (such as rapid-acting,  
 23 short-acting, intermediate-acting, long-acting, ultra  
 24 long-acting, and premixed) of insulin, when avail-  
 25 able, as selected by the group health plan.

1           “(2) INSULIN DEFINED.—The term ‘insulin’  
2       means insulin that is licensed under subsection (a)  
3       or (k) of section 351 of the Public Health Service  
4       Act (42 U.S.C. 262) and continues to be marketed  
5       under such section.

6           “(c) OUT-OF-NETWORK PROVIDERS.—Nothing in  
7       this section requires a plan that has a network of providers  
8       to provide benefits for selected insulin products described  
9       in this section that are delivered by an out-of-network pro-  
10      vider, or precludes a plan that has a network of providers  
11      from imposing higher cost-sharing than the levels specified  
12      in subsection (a) for selected insulin products described  
13      in this section that are delivered by an out-of-network pro-  
14      vider.

15          “(d) RULE OF CONSTRUCTION.—Subsection (a) shall  
16      not be construed to require coverage of, or prevent a group  
17      health plan from imposing cost-sharing other than the lev-  
18      els specified in subsection (a) on, insulin products that are  
19      not selected insulin products, to the extent that such cov-  
20      erage is not otherwise required and such cost-sharing is  
21      otherwise permitted under Federal and applicable State  
22      law.

23          “(e) APPLICATION OF COST-SHARING TOWARDS  
24      DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS.—Any  
25      cost-sharing payments made pursuant to subsection (a)(2)

1 shall be counted toward any deductible or out-of-pocket  
 2 maximum that applies under the plan.”.

3 (2) CLERICAL AMENDMENT.—The table of sec-  
 4 tions for subchapter B of chapter 100 of such Code  
 5 is amended by adding at the end the following new  
 6 item:

“Sec. 9827. Requirements with respect to cost-sharing for certain insulin prod-  
 ucts.”.

7 (f) IMPLEMENTATION.—The Secretary of Health and  
 8 Human Services, the Secretary of Labor, and the Sec-  
 9 retary of the Treasury may implement the provisions of,  
 10 including the amendments made by, this subsection  
 11 through sub-regulatory guidance, program instruction or  
 12 otherwise.

13 **SEC. 3. REIMBURSEMENT FOR INSULIN FURNISHED TO UN-**  
 14 **INSURED INDIVIDUALS.**

15 (a) IN GENERAL.—The Secretary of Health and  
 16 Human Services (in this section referred to as the “Sec-  
 17 retary”) shall establish a program under which the Sec-  
 18 retary enters into agreements with qualifying entities for  
 19 purposes of furnishing insulin products to uninsured indi-  
 20 viduals.

21 (b) PAYMENT.—The Secretary shall pay to each  
 22 qualifying entity with an agreement in effect under this  
 23 section, with respect to each 30-day supply of insulin prod-  
 24 ucts furnished to an uninsured individual by such entity

1 on or after January 1, 2027, an amount equal to the dif-  
2 ference between the out-of-pocket cost to the individual for  
3 a 30-day supply of such insulin products and \$35.

4 (c) DEFINITIONS.—In this section:

5 (1) INSULIN PRODUCT.—The term “insulin  
6 product” has the meaning given the term “insulin”  
7 in section 2799A–12 of the Public Health Service  
8 Act, as added by section 2.

9 (2) QUALIFYING ENTITY.—The term “quali-  
10 fying entity” means a health care provider or phar-  
11 macy that—

12 (A) agrees, with respect to an insulin prod-  
13 uct furnished by such provider or pharmacy to  
14 an uninsured individual after January 1, 2027,  
15 for which payment is made by the Secretary  
16 under this section, not to hold such individual  
17 liable for any payment amount for such prod-  
18 uct; and

19 (B) meets such other standards and re-  
20 quirements as may be determined appropriate  
21 by the Secretary.

22 (3) SPECIFIED HEALTH PLAN.—The term  
23 “specified health plan” means a Federal health care  
24 program (as defined in section 1128B of the Social  
25 Security Act (42 U.S.C. 1320a–7b)), the health pro-

1        gram established under chapter 89 of title 5, United  
 2        States Code, a group health plan (as defined in sec-  
 3        tion 2791 of the Public Health Service Act (42  
 4        U.S.C. 300gg-91)), and group or individual health  
 5        insurance coverage (as defined in such section  
 6        2791).

7            (4) UNINSURED INDIVIDUAL.—The term “unin-  
 8        sured individual” means, with respect to an indi-  
 9        vidual and an insulin product, an individual who  
 10       does not have benefits available for such product (or  
 11       for another insulin product of the same dosage form  
 12       (such as vial, pump, or inhaler dosage forms) and  
 13       type (such as rapid-acting, short-acting, inter-  
 14       mediate-acting, long-acting, ultra-long-acting, and  
 15       premixed)) under a specified health plan.

16 **SEC. 4. SENSE OF CONGRESS.**

17        It is the sense of Congress that subsequent legislation  
 18       should be enacted by Congress that provides for an offset  
 19       for any costs to the Federal Government resulting from  
 20       the enactment of this Act.

