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Senate Bill 155 (Substitute S-1 as reported)
Senate Bill 156 (Substitute S-3 as reported)
Sponsor: Senator Kevin Daley
Committee: Health Policy and Human Services

CONTENT

Senate Bill 155 (S-1) would add Section 17744f to Part 177 (Pharmacy Practice and Drug Control) of the Public Health Code to do all of the following:

- Allow a pharmacist to dispense an emergency supply of insulin to an individual under certain circumstances.
- Require a pharmacist who dispensed an emergency supply of insulin to comply with certain requirements.
- Prohibit an individual from receiving more than three emergency supplies of insulin in one calendar year.
- Specify that a prescriber or pharmacist would not be subject to criminal prosecution, civil liability, or administrative sanction as a result of the pharmacist dispensing an emergency supply of insulin.
- Require the Board of Pharmacy to promulgate rules to implement Section 17744f.

The bill also would amend Part 177 to do the following:

- Include in the definition of "prescription drug" a drug dispensed pursuant to Section 17744f.
- Modify a provision requiring a pharmacist to furnish to the purchaser of a prescription drug a receipt evidencing the transaction.

Senate Bill 156 (S-3) would add Section 3406v to the Insurance Code to specify an insurer that delivered, issued for delivery, or renewed in the State a health insurance policy that provided coverage for prescription drugs would have to provide coverage for an emergency supply of insulin that was covered under an insured's health insurance policy and that was dispensed to the insured by a pharmacist as provided in Section 17744f.

Senate Bill 156 (S-3) is tie-barred to Senate Bill 155.

MCL 333.17703 et al. (S.B. 155)
Proposed MCL 500.3406v (S.B. 156)

Legislative Analyst: Stephen Jackson

FISCAL IMPACT

Senate Bill 155 (S-1) would have no fiscal impact on State or local government.

Senate Bill 156 (S-3) likely would have only a marginal impact on the cost of health insurance. Research in other states (particularly Minnesota) indicate a cost for insulin somewhat less than \$1,000 per month. However, Senate Bill 156 would cover a limited situation in which a

patient is seeking an emergency supply of insulin, described in Senate Bill 155 (S-1), as up to a 30-day supply that would be available to the patient for up to three times per year.

The question is who would use these emergency supplies. The bill likely would apply mostly to patients whose prescription for insulin had expired and who had not sought or received a prescription renewal. These are individuals who are clearly insulin dependent, so the legislation would appear to address what otherwise would be brief gaps in access for people who generally were fully covered for insulin. As such, the bill likely would provide more immediate access to insulin in those situations, avoiding or reducing relatively brief gaps in coverage. This arguably would lead to a marginal increase in costs for insurers because of more consistent coverage. On the other hand, gaps in insulin for those who are dependent on it can lead to adverse medical outcomes that would increase costs. In either case, both the increased and decreased costs would appear to be marginal and the bill as a whole, while leading to fewer gaps in insulin availability, would have only a marginal impact on the cost of insurance and the cost of health care coverage for State and local employees.

Date Completed: 4-13-21

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