



State of Wisconsin  
2025 - 2026 LEGISLATURE

LRB-0868/P2  
KMS:emw&wlj

DOA:.....Lessner, BB0047 - Insulin Copay Cap

**FOR 2025-2027 BUDGET -- NOT READY FOR INTRODUCTION**

**AN ACT ...; relating to:** the budget.

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*Analysis by the Legislative Reference Bureau*

**INSURANCE**

***Cost-sharing cap on insulin***

This bill prohibits every health insurance policy and governmental self-insured health plan that covers insulin and imposes cost sharing on prescription drugs from imposing cost sharing on insulin in an amount that exceeds \$35 for a one-month supply. Current law requires every health insurance policy that provides coverage of expenses incurred for treatment of diabetes to provide coverage for specified expenses and items, including insulin. The required coverage under current law for certain diabetes treatments other than insulin infusion pumps is subject to the same exclusions, limitations, deductibles, and coinsurance provisions of the policy as other covered expenses. The bill's cost-sharing limitation on insulin supersedes the specification that the exclusions, limitations, deductibles, and coinsurance are the same as for other coverage.

This proposal may contain a health insurance mandate requiring a social and financial impact report under s. 601.423, stats.

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***The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:***

**SECTION 1.** 609.83 of the statutes is amended to read:

**609.83 Coverage of drugs and devices; application of payments.**

Limited service health organizations, preferred provider plans, and defined network plans are subject to ss. 632.853, 632.861, 632.862, and 632.895 (6) (b), (16t), and (16v).

\*\*\*\*NOTE: This is reconciled s. 609.83. This SECTION has been affected by drafts with the following LRB numbers: -0868/P1 and -0869/P1.

**BILL****SECTION 2**

**SECTION 2.** 632.895 (6) (title) of the statutes is amended to read:

632.895 (6) (title) EQUIPMENT AND SUPPLIES FOR TREATMENT OF DIABETES;  
INSULIN.

**SECTION 3.** 632.895 (6) of the statutes is renumbered 632.895 (6) (a) and amended to read:

632.895 (6) (a) Every disability insurance policy ~~which~~ that provides coverage of expenses incurred for treatment of diabetes shall provide coverage for expenses incurred by the installation and use of an insulin infusion pump, coverage for all other equipment and supplies, including insulin or any other prescription medication, used in the treatment of diabetes, and coverage of diabetic self-management education programs. Coverage Except as provided in par. (b), coverage required under this subsection shall be subject to the same exclusions, limitations, deductibles, and coinsurance provisions of the policy as other covered expenses, except that insulin infusion pump coverage may be limited to the purchase of one pump per year and the insurer may require the insured to use a pump for 30 days before purchase.

**SECTION 4.** 632.895 (6) (b) of the statutes is created to read:

632.895 (6) (b) 1. In this paragraph:

a. “Cost sharing” means the total of any deductible, copayment, or coinsurance amounts imposed on a person covered under a disability insurance policy or self-insured health plan.

b. “Self-insured health plan” has the meaning given in s. 632.85 (1) (c).

2. Every disability insurance policy and self-insured health plan that covers

**BILL****SECTION 4**

insulin and imposes cost sharing on prescription drugs may not impose cost sharing on insulin in an amount that exceeds \$35 for a one-month supply of insulin.

3. Nothing in this paragraph prohibits a disability insurance policy or self-insured health plan from imposing cost sharing on insulin in an amount less than the amount specified under subd. 2. Nothing in this paragraph requires a disability insurance policy or self-insured health plan to impose any cost sharing on insulin.

**SECTION 9323. Initial applicability; Insurance.****(1) APPLICATION OF MANUFACTURER DISCOUNTS.**

(a) For policies and plans containing provisions inconsistent with the treatment of s. 609.83, the treatment of s. 609.83 first applies to policy or plan years beginning on January 1 of the year following the year in which this paragraph takes effect, except as provided in par. (b).

(b) For policies or plans that are affected by a collective bargaining agreement containing provisions inconsistent with the treatment of s. 609.83, the treatment of s. 609.83 first applies to policy or plan years beginning on the effective date of this paragraph or on the day on which the collective bargaining agreement is newly established, extended, modified, or renewed, whichever is later.

**SECTION 9423. Effective dates; Insurance.**

(1) COST-SHARING CAP ON INSULIN. The treatment of ss. 609.83 and 632.895 (6) (title), the renumbering and amendment of s. 632.895 (6), and the creation of s. 632.895 (6) (b) and SECTION 9323 (1) take effect on the first day of the 4th month beginning after publication.

**(END)**