

**LEGISLATIVE SERVICES AGENCY
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS
FISCAL IMPACT STATEMENT**

LS 6278
BILL NUMBER: SB 150

NOTE PREPARED: Dec 15, 2025
BILL AMENDED:

SUBJECT: Insulin Price Cap.

FIRST AUTHOR: Sen. Pol
FIRST SPONSOR:

BILL STATUS: As Introduced

FUNDS AFFECTED: X GENERAL
 X DEDICATED
 FEDERAL

IMPACT: State & Local

Summary of Legislation: This bill requires an insurer to cap the total amount an insured is required to pay for a 30 day supply of prescription insulin drugs at an amount not to exceed \$35, regardless of the number of prescriptions and different types of insulin prescribed and filled during that period.

Effective Date: July 1, 2026.

Explanation of State Expenditures: *State Employee Health Plan (SEHP):* The bill could increase expenditures for the SEHP by an estimated \$274,500 per calendar year for insulin payments paid directly by the SEHP. The actual cost increase will depend on member utilization, the type of insulin prescribed, the SEHP contract with its pharmacy benefit manager (PBM), and the current drug formulary pricing.

The bill's requirements will increase workload for the Indiana Department of Insurance (DOI) to ensure compliance, but should be able to be implemented using existing staffing and resources. *[The DOI is funded through a dedicated agency fund.]*

Additional Information: The estimated cost increase is associated with a cap on the insured's payment for insulin not to exceed \$35 for a 30 day supply. Currently, the SEHP prescription drug benefit plan is managed by CVS Caremark. Actual costs paid by any insurance plan will depend on the specific drug that is prescribed, the plan drug formulary, and any associated PBM contract.

Explanation of State Revenues:

Explanation of Local Expenditures: The bill may increase expenditures for local units of government providing employee health plans.

Explanation of Local Revenues:

State Agencies Affected: Department of Insurance; all state agencies.

Local Agencies Affected: Local units offering health insurance coverage.

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