

**House Bill 134
Proponent Testimony**

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House Health and Government Operations Committee
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Chair Pendergrass and Members of the House Health and Government Operations Committee:

My name is Dr. Sherita Hill Golden and I am the Hugh P. McCormick Family Professor of Endocrinology and Metabolism and Vice President and Chief Diversity Officer for Johns Hopkins Medicine in Baltimore. I have been a member of the American Diabetes Association's Board of Directors since 2018 and am writing to you in that capacity. In fact, I am traveling to an ADA Board meeting today and unable to join you, but am pleased to provide this written testimony in support of House Bill 134.

People with diabetes are facing a crisis.

Of the 30 million Americans with diabetes, about 7.4 million use insulin¹. Right here in Maryland, more than 2.2 million people have or are at risk for diabetes². Many people with diabetes need insulin to live and to avoid devastating complications that include blindness, kidney failure, lower limb amputation, heart attack, stroke, and even death. For them, the cost has spiraled out of control and is beyond the reach of many.

Insulin prices have tripled between 2002 and 2013³ and have doubled since then⁴ - for a medicine that is nearly 100 years old. There have been incredible advances in research and development and technology that have improved the lifespan and quality of life for those with diabetes, but the formula for insulin has not changed since the 1990s.

Without insulin, people with diabetes die and scaling back on insulin can lead to costly and sometimes deadly complications. People with diabetes also require on average two to four vials of insulin per month. So, when deductibles are high, people (with insurance!) end up paying upwards of \$1,200 per month simply to live or they're rationing their insulin, either taking less than the dose they have been prescribed or skipping doses altogether, which leads to deadly complications and high costs to the state. ADA research has shown that, for one in four insulin users, cost has impacted their use.⁵



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HB 134 would help people in state-regulated health plans by capping the cost they are paying for their insulin at \$100 per 30-day supply, regardless of the type or amount of insulin a person is prescribed. By ensuring that insulin is affordable, people with diabetes are then in a position to stay healthy and productive. Proper management of their diabetes in turn reduces costly complications. The Association estimated that the cost of diabetes in Maryland in 2017 was more than \$8.4 billion⁶. By keeping insulin affordable, we can help keep people with diabetes out of the ER and the hospital, and away from expensive and potentially disabling or deadly complications.

Colorado enacted the first-in-the-nation insulin co-pay cap law last year and Illinois followed suit when Gov. Pritzker signed that legislation on January 24. Maryland should continue this momentum by enacting HB 134.

It's time to reduce the financial burden on Maryland diabetes patients who need insulin. People with diabetes, Marylanders with diabetes, your constituents with diabetes are sometimes forced to choose between insulin and rent or between insulin and food to survive.

The American Diabetes Association believes that no individual in need of life-saving medications should ever go without due to prohibitive costs or accessibility issues. We support HB 134 and urge you to vote yes.

¹ Diabetes Care 2018;41:1299–1311 | <https://doi.org/10.2337/dci18-0019>

² Diabetes Care 2019;42:1661–1668 | <https://doi.org/10.2337/dc18-1226>

³ Diabetes Care 2018;41:1299–1311 | <https://doi.org/10.2337/dci18-0019>

⁴ "Spending on Individuals with Type 1 Diabetes and the Role of Rapidly Increasing Insulin Prices," Health Care Cost Institute, January 2019 - <https://healthcostinstitute.org/research/publications/entry/spending-on-individuals-with-type-1-diabetes-and-the-role-of-rapidly-increasing-insulin-prices>

⁵ American Diabetes Association, Insulin Affordability Survey, 2018, available at <http://main.diabetes.org/dorg/PDFs/2018-insulin-affordability-survey.pdf>

⁶ Diabetes Care 2019;42:1661–1668 | <https://doi.org/10.2337/dc18-1226>