

MCHI_FAVSB353.pdf

Uploaded by: Catherine Kirk Robins

Position: FAV



MARYLAND CITIZENS' HEALTH INITIATIVE

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**Testimony of Maryland Citizens' Health Initiative on
Senate Bill 353 – Health Insurance – Prescription Insulin Drugs –
Limits on Copayment and Coinsurance (Insulin Cost Reduction Act)**

Position: *Support*

February 9, 2022

Madam Chair and Members of the Senate Finance Committee;

The Maryland Citizens' Health Initiative (MCHI) -writes to express our support of **Senate Bill (SB) 353, the Insulin Cost Reduction Act**. SB 353 would establish a cap on copayments and coinsurance to limit what covered patients are required to pay to no more than \$30 for insulin drug prescriptions for a 30-day supply. While similar legislation by Delegate Reznik (2020's HB 134) resulted in voluntary action to reduce insulin cost-sharing by CareFirst, many Marylanders continue to face a health crisis due to insulin costs. We thank Senator Lam for continuing to address the skyrocketing costs of insulin by introducing SB 353, which would further establish important patient protections for covered Marylanders and we urge a favorable report.

Insulin, despite having originated in the 1920s, has become increasingly expensive due to accumulating yearly price hikes from manufacturers. The cost of insulin doubled between 2012 and 2016 alone¹, placing a growing burden on individuals living with diabetes and resulting in an increase of insulin-rationing². This self-rationing may result in deadly or life-altering complications such as blindness, kidney failure, or loss of limbs. Additionally, the burdensome costs are an unnecessary stressor on Maryland families, forcing some patients to choose between their life-saving medication and other necessities, like rent or groceries. Maryland can and must act to help remedy this issue, and SB 353 would implement important patient protections.

SB 353 is an important step towards ensuring that all Maryland patients can afford the insulin that they need. Thanks to the leadership of this Committee, the Maryland General Assembly established a first-in-the-nation Prescription Drug Affordability Board in 2019—in addition to this legislation, we encourage this issue to be further examined by the Prescription Drug Affordability Board so that all Marylanders who rely on insulin, including the uninsured, are able to afford this life-saving medication. Insulin pricing is a complex issue, and a comprehensive solution requires thorough review of several factors, including unintended consequences that may result. MCHI urges the additional consideration of actions that include a focus on the entirety of the supply chain to build on SB 353 and the previous strides made in 2020.

MCHI remains committed to ensuring all Marylanders are able to afford their medication, because drugs don't work if people can't afford them.

¹ https://healthcostinstitute.org/images/easyblog_articles/267/HCCI-Insulin-Use-and-Spending-Trends-Brief-01.22.19.pdf

² <https://www.npr.org/sections/health-shots/2018/09/01/641615877/insulins-high-cost-leads-to-lethal-rationing>

SB0353_Insulin_Cost_Reduction_MLC_FAV.pdf

Uploaded by: Cecilia Plante

Position: FAV



TESTIMONY FOR SB0353

Health Insurance - Prescription Insulin Drugs - Limits on Copayment and Coinsurance (Insulin Cost Reduction Act)

Bill Sponsor: Senator Lam

Committee: Finance

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Cecilia Plante, co-chair

Position: FAVORABLE

I am submitting this testimony in favor of SB0353 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of activists - individuals and grassroots groups in every district in the state. We are unpaid citizen lobbyists and our Coalition supports well over 30,000 members.

This bill will limit the amount that a resident of Maryland would pay in copays or coinsurance for Insulin to not more than \$30/day for a 30-day supply. Needless to say, Insulin is not the only drug that pharmaceutical companies and insurance companies gouge Maryland residents for, but it is deadly for those individuals who rely on it to have to go without. So many Marylanders cannot afford prescription drugs due to our fragmented and profit-oriented health system. At the very least, we should try to protect those who rely on this life-saving drug.

We support this bill and recommend a **FAVORABLE** report in committee.

SB0353 Amendment.pdf

Uploaded by: Clarence Lam

Position: FAV



SB0353/873825/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

07 FEB 22
13:11:58

BY: Senator Lam
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 353
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, after line 14, insert:

“BY repealing and reenacting, with amendments,
Article - Insurance
Section 15-847.1
Annotated Code of Maryland
(2017 Replacement Volume and 2021 Supplement)”.

AMENDMENT NO. 2

On page 2, after line 28, insert:

“15-847.1.

(a) This section applies to:

(1) insurers and nonprofit health service plans that provide coverage for prescription drugs under individual, group, or blanket health insurance policies or contracts that are issued or delivered in the State; and

(2) health maintenance organizations that provide coverage for prescription drugs under individual group contracts that are issued or delivered in the State.

(b) (1) Subject to paragraph (2) of this subsection AND § 15-822.1 OF THIS SUBTITLE, an entity subject to this section may not impose a copayment or coinsurance

(Over)

requirement on a prescription drug prescribed to treat diabetes, HIV, or AIDS that exceeds \$150 for up to a 30-day supply of the drug.

(2) On July 1 each year, the limit on the copayment or coinsurance requirement on a prescription drug prescribed to treat diabetes, HIV, or AIDS shall increase by a percentage equal to the percentage change from the preceding year in the medical care component of the March Consumer Price Index for All Urban Consumers, Washington Metropolitan Area, from the U.S. Department of Labor, Bureau of Labor Statistics.”.

SB353_LAM_FAV.pdf

Uploaded by: Clarence Lam

Position: FAV

CLARENCE K. LAM, M.D., M.P.H.
Legislative District 12
Baltimore and Howard Counties

Education, Health, and Environmental Affairs
Committee
Chair, Environment Subcommittee

Executive Nominations Committee

Joint Committee on Ending Homelessness

Senate Chair

Joint Audit and Evaluation Committee

Joint Committee on Fair Practices and
State Personnel Oversight

Vice Chair

Baltimore County Senate Delegation

Chair

Howard County Senate Delegation

Chair

Asian-American & Pacific-Islander Caucus



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

**Health Insurance - Prescription Insulin Drugs - Limits on Copayment and
Coinsurance (Insulin Cost Reduction Act)**

The purpose of SB 353:

- SB 353 will reduce the cost of insulin for Marylanders enrolled in eligible health insurance plans, who rely on prescriptions of this drug to live.
- SB 353 will require insurers, nonprofit health service plans, and health maintenance organizations to limit the amount a covered individual is required to pay in copayments or coinsurance for insulin prescriptions to \$30 for a 30-day supply.
- SB 353 will help individuals who do not qualify for Medicaid, but who have health plans with high deductibles or high cost sharing, mitigate the costs of their insulin prescriptions.
- SB 353 will help privately insured individuals with diabetes pay less out-of-pocket and reduce the instances of individuals rationing the drug due to its high cost.
- Help prevent poor health outcomes for individuals and the avoidable costs of which will fall to Medicare or possibly Medicaid.

Why SB 353 is needed:

- In Maryland, nearly 500,000 people or 10.5% of adults are living with diabetes, while 34% (or 1.5 million residents) have prediabetes.
- In Maryland, diabetes disproportionately impacts specific populations based on income and education level, race and ethnicity, geographic location and access to healthcare.¹
- The cost of insulin in the United States has tripled over the last decade.
- Co-pays, co-insurance and other out-of-pocket costs are often based on the list price of the insulin drug, and not the discounted price that has been negotiated from pharmacy benefit managers and providers. Patients generally pay a percentage of the full list price, regardless of rebates received by their plan from the drug manufacturer.

¹[Maryland Department of Health](#)

- 1 in 4 patients with type 1 or 2 diabetes have reported using less insulin than prescribed due to the high costs.²
- Diabetics who reported rationing their insulin supply are three times more likely to have high blood sugar than those who did not.
- A life-threatening short term consequence of uncontrollably high blood sugar levels is diabetic ketoacidosis, which can lead to dehydration, coma, and death.
- Long term consequences of high blood sugar levels include kidney failure, blindness, lower limb amputation, and death.
- Insulin and insulin analogs are the only drugs able to slow the development of debilitating complications, prevent costly hospitalizations, and save the lives of people with diabetes, therefore.
- Similar policies have been passed in a multitude of states across the country, including CT, CO, DE, IL, KY, ME, NH, NM, NY, TX, UT, VA, WA, WV, and with 30-day caps as low as \$15.

² [“Cost-Related Insulin Underuse Among Patients With Diabetes”](#)

SB0353_FAV_MedChi_Insulin Cost Reduction Act.pdf

Uploaded by: Danna Kauffman

Position: FAV

MedChi

The Maryland State Medical Society

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TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Clarence K. Lam

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
Christine K. Krone

DATE: February 9, 2022

RE: **SUPPORT** – Senate Bill 353 – *Health Insurance – Prescription Insulin Drugs – Limits on Copayment and Coinsurance (Insulin Cost Reduction Act)*

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports** Senate Bill 353. This bill requires a carrier that provides coverage for prescription drugs (including coverage provided through a pharmacy benefits manager) to limit the cumulative amount an insured is required to pay in copayments or coinsurance for a covered prescription insulin drug to no more than \$30 for a 30-day supply, regardless of the amount or type of insulin needed to fill the covered individual's prescriptions.

According to the Maryland Behavioral Risk Factor Surveillance System, 10.5 percent of Maryland adults have diabetes and thirty-four percent, or approximately 1.6 million, of Maryland adults have prediabetes. Those with diabetes often need insulin to avoid complications that include kidney failure, blindness, leg or foot amputation, heart attack, stroke, and even death. However, over the years, insulin has continued to drastically increase, forcing many to reduce their dosage or skip their daily dose. For those that are in state-regulated insurance plans, Senate Bill 353 would limit the cost they are paying for their insulin and ensure that insulin is affordable, allowing them to properly manage their diabetes and avoid more costly conditions. Therefore, MedChi supports Senate Bill 353 and urges a favorable vote.

For more information call:

Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
Christine K. Krone
410-244-7000

1 - SB 353- FIN- Wellness Council - LOS .pdf

Uploaded by: Heather Shek

Position: FAV

MARYLAND STATE ADVISORY COUNCIL ON HEALTH AND WELLNESS

MEMBERS

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Sara Vazer, M.D.

Kristin Watson, PharmD.

Pamela Williams, M.H.A.

Vanina Wolf, L.Ac.

Pamela Xenakis, R.D.

February 9, 2022

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
3 East, Miller Senate House Office Building
Annapolis, MD, 21401

RE: SB 353 - Health Insurance – Prescription Insulin Drugs – Limits on Copayment and Coinsurance (Insulin Cost Reduction Act)

Dear Chair Kelley and Committee Members:

The Maryland State Advisory Council on Health and Wellness (the Council) is submitting this letter of support for Senate Bill 353 (SB 353), titled “Health Insurance- Prescription Insulin Drugs- Limits on Copayment and Coinsurance (Insulin Cost Reduction Act).” SB 353 requires certain insurers, nonprofit health service plans, and health maintenance organizations to limit the amount a covered individual is required to pay in copayments or coinsurance for a covered prescription insulin drug to \$30 for a 30-day supply of the drug.

The Council supports SB 353 as it seeks to promote health and prevent disease by limiting the cost of insulin products, ensuring people with diabetes can afford their medication and avoid both short- and long-term health consequences.

Over 10 percent of Marylanders have been told by a health care provider they have diabetes.¹ In 2017, diabetes was the sixth leading cause of death among all Maryland residents and the fifth leading cause of death among black Maryland residents.^{2,3} In addition to the health and lifestyle complications associated with the disease, diabetes is also a major risk factor for developing cardiovascular disease, the number one cause of death both in Maryland and nationwide.⁴

Medical expenses for people with diabetes are more than twice that of those who do not have diabetes. In 2017 alone, diabetes and associated complications accounted for \$4.9 billion in direct medical expenses in Maryland.⁵ People with Type 1 diabetes spent an average of \$5,705 per year on insulin in 2016, nearly double the amount spent in 2012.⁶ High out-of-pocket costs for insulin can present a significant barrier to medication compliance. Inability to adhere to medication and treatment plans can increase the risk for costly diabetes related emergency department visits and hospitalizations.

¹Maryland Behavioral Risk Factor Surveillance System (2020). <https://nccd.cdc.gov/BRFSSPrevalence/>.

²National Center for Health Statistics (2019). <https://www.cdc.gov/nchs/pressroom/states/maryland/md.htm>, retrieved 26 January 2022.

³Maryland Department of Health, Vital Statistics Administration (2020). Maryland Vital Statistics Annual Report 2019. <https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2019Annual.pdf>.

⁴U.S. Department of Health and Human Services (2021). Mortality in the United States, 2020. <https://www.cdc.gov/nchs/data/databriefs/db427.pdf>.

⁵American Diabetes Association (2021). The Burden of Diabetes in Maryland. https://diabetes.org/sites/default/files/2021-11/ADV_2021_State_Fact_sheets_Maryland_rev.pdf.

⁶Health Care Cost Institute (2019). Spending on Individuals with Type 1 Diabetes and the Role of Rapidly Increasing Insulin Prices. <https://healthcostinstitute.org/diabetes-and-insulin/spending-on-individuals-with-type-1-diabetes-and-the-role-of-rapidly-increasing-insulin-prices>.

The Council agrees with the following statements as they relate to the passage of SB 353:

- When patients are unable to afford their medications, they may ration their supplies to last longer or may stop taking the medication altogether.
- Patients who are not able to take the insulin they need are at greater risk for both acute and chronic diabetes complications, as well as high levels of emergency department utilization.
- List prices for insulin have risen severely in recent years. Between 2002 and 2016, the average price of insulin increased nearly six-fold.⁶
- People with high cost-sharing are less adherent to recommended dosing, which results in short- and long-term harm to their health.⁷
- Achieving glycemic control and controlling cardiovascular risk factors reduces diabetes complications, comorbidities, and mortality.⁷
- All people with diabetes should have access to high-quality, low-cost insulin.

The Council respectfully urges this Committee to approve SB 353 as a critical public health measure to help reduce the financial burden for people living with diabetes in Maryland. Ensuring affordable out-of-pocket costs for people who use insulin could significantly increase adherence to treatment plans, improve diabetes management, reduce diabetes complications and mortality, and promote overall health for a lifetime.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Kiel". The signature is written in black ink on a white background.

Jessica Kiel, M.S., R.D., Chair, State Advisory Council on Health and Wellness

⁷ Cefalu, William T, Insulin Access and Affordability Working Group: Conclusions and Recommendations, Diabetes Care 2018 Jun; 41(6): 1299-1311.

SB 353 AARP final testimony on insulin copay.pdf

Uploaded by: James Gutman

Position: FAV



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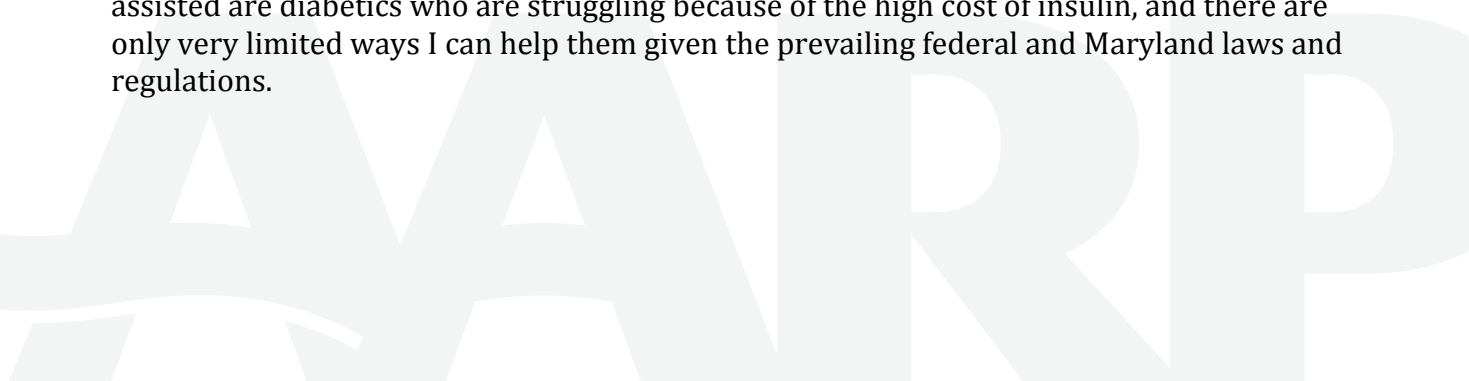
**SB 353 Health Insurance — Prescription Insulin Drugs — Limits on Copayment and
Coinsurance (Insulin Cost Reduction Act)
Senate Finance Committee
FAVORABLE
February 9, 2022**

Good afternoon, Chair Kelley and members of the Senate Finance Committee. I am Jim Gutman, a Howard County resident and member of the Executive Council and lead health care advocacy volunteer for AARP Maryland. Before my retirement, for 25 years I edited, published and owned subscription regulatory and financial newsletters about U.S. health care, including several about prescription drugs. My background in that area dates to the mid-1980s, when I was Johnson & Johnson's corporate manager of editorial services. I also have been a Baltimore County and then Howard County volunteer State Health Insurance Program (SHIP) Medicare Prescription Drug Plan (PDP) Counselor for the past six fall open-enrollment periods. I am here today representing AARP Maryland and its 850,000 members in support of SB 353. We thank Senator Lam for sponsoring this important legislation.

AARP is a nonpartisan, nonprofit, nationwide organization that helps people aged 50 and above, strengthens communities and fights for the issues that matter most to families, such as health care, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

Insulin is a drug that has been around for 100 years and is vital for the health of millions of diabetics in the U.S., including a large number in Maryland. All people with type 1 diabetes, which usually starts in childhood or adolescence, and many with the more common type 2 require insulin to survive. But despite how common this life-essential drug is, and notwithstanding the fact that it has been getting cheaper to produce, its price has more than tripled in the U.S. in the most recent decade to levels several times higher than those in other industrialized countries. It has become unaffordable for many Marylanders, who therefore have been forced to ration or go without this key medicine, often with deadly consequences.

I see some of the problems firsthand each fall when I counsel Medicare beneficiaries for the Howard County SHIP in selecting drug plans for the coming year. Several of the seniors I've assisted are diabetics who are struggling because of the high cost of insulin, and there are only very limited ways I can help them given the prevailing federal and Maryland laws and regulations.



As of now, the only price aid for Maryland's insulin users is in original Medicare and has big strings attached. Of the 21 Maryland stand-alone PDPs available in 2022, just 7 have a \$35 monthly copayment limit. And they are so-called "enhanced plans" that carry higher monthly premiums than the "basic" plans that cash-strapped Marylanders otherwise are otherwise likely to choose.

Under S.B. 353, a \$30 monthly copayment would apply in the Maryland commercial market to a 30-day supply of covered insulin products, regardless of whether a state resident has prescription drug coverage via an insurer, nonprofit health service plan, or HMO and regardless of whether that coverage involves a PBM. The \$30 limit also applies regardless of the amount or type of insulin needed to fill the Maryland resident's prescription.

The result of this bill is likely to be big gains in Maryland residents' ability to stay on an insulin medication regimen that is essential for their health. This is vital for the older Marylanders AARP represents, as well as for younger ones, and is why many states are taking a similar approach to limit out-of-pocket expenses for insulin.

For all these reasons, AARP requests that the Senate Finance Committee give a favorable report to SB 353. Thanks very much for your time and consideration. If you have questions, please contact Tammy Bresnahan at tbresnahan@aarp.org or by calling her at 410-302-8451.

2:9-NS-LWVMD-SB 353.pdf

Uploaded by: Nora Miller Smith

Position: FAV



TESTIMONY TO THE SENATE FINANCE COMMITTEE

SB 353: Prescription Insulin Drugs- Limits on Copayment and Coinsurance (Insulin Cost Reduction Act)

POSITION: Support

BY: Nancy Soreng

DATE: February 9, 2022

The League of Women Voters of Maryland (LWVMD) **supports Senate Bill 353**, which would limit the cost of insulin copayments and coinsurance for many patients to no more than \$30 a month.

Following a two-year national study, League members came to consensus that every U.S. resident should have access to a basic level of care that includes the prevention of disease, health promotion and education, primary care (including prenatal and reproductive health), acute care, long-term care, and mental health care.

Per the American Diabetes Association, 11.8% of Maryland's adult population has diagnosed diabetes. Uncontrolled diabetes can lead to serious or fatal complications such as cardiovascular disease, stroke, renal failure, neuropathy, blindness, or amputation.

Frederick Banting, one of the discoverers of insulin, sold its patent to the University of Toronto in 1921 for \$1.00, famously saying: "Insulin does not belong to me, it belongs to the world." And yet, one hundred years later, the high cost of insulin makes it impossible for some diabetics who rely on it to afford it. Even for those with insurance coverage, copays can be so expensive that some patients self-ration their insulin, reducing prescribed dosages or skipping some altogether. This practice can lead to death. High copays for insulin must be lowered so that financial pressure won't force patients to make decisions that can endanger their lives.

One of the recommendations of The Endocrine Society's January 12, 2021 Position Statement on *Addressing Insulin Access and Affordability* was to limit insulin copays to no more than \$35 a month. The proposed federal Build Back Better Bill (HR 5376) included that very recommendation, but the bill did not pass. Maryland also had introduced legislation to limit insulin copays (SB 410 in 2019, and HB 134 in 2020), but those bills failed as well.

Now is the time for Maryland to finally pass legislation to help patients pay for their insulin. Other states have successfully passed laws capping copays at amounts ranging from \$25 to \$100 per month. Colorado's bill was the first, in January 2020. Since then, per the diabetes advocacy organization *diaTribe Change*, fourteen other states have passed similar legislation, including

Connecticut, Delaware, Illinois, Maine, Minnesota, New Hampshire, New Mexico, New York, Texas, Utah, Vermont, Virginia, Washington, and West Virginia.

While **Senate Bill 353** is not a perfect solution, in that it doesn't protect all insulin-dependent diabetics from high out-of-pocket costs, it is a crucial first step. Maryland patients need the protection from prohibitively expensive insulin costs that this legislation would provide.

The League urges the committee to give a favorable report to Senate Bill 353.

OAG HAU_FAV_SB0353.pdf

Uploaded by: Patricia O'Connor

Position: FAV

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STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION

February 7, 2022

To: The Honorable Delores G. Kelley
Chair, Finance Committee

From: The Office of the Attorney General's Health Education and Advocacy Unit

Re: Senate Bill 353 (Health Insurance - Prescription Insulin Drugs - Limits on Copayment and Coinsurance (Insulin Cost Reduction Act): Support

The Office of the Attorney General's Health Education and Advocacy Unit (HEAU) supports Senate Bill 353's goal of a \$30 cap on monthly out-of-pocket costs for consumers of prescription insulin drugs. We understand from the sponsor's staff that the intent of the Insulin Cost Reduction Act is to cap at \$30 the total amount a consumer would pay for copays and coinsurance combined, to obtain a 30-day supply of the prescription insulin drugs prescribed to treat his diabetes regardless of the amount or types of insulin needed to fill the consumer's prescription. At least 15 other states have enacted similar laws that generally set a cost limit for insulin copays. <https://diatribechange.org/news/insulin-copay-caps-path-affordability>

We note for the record that the bill as enacted and Md. Code Ann., Ins. § 15-847.1 would need to harmonize current and new protections for consumers of diabetes prescription drugs including prescription insulin drugs.

We ask the committee to give the bill a favorable report.

cc: Sponsor

SB0353_Bell_FAV.pdf

Uploaded by: Pamela Bell

Position: FWA

TESTIMONY FOR SB0353

Health Insurance - Prescription Insulin Drugs - Limits on Copayment and Coinsurance (Insulin Cost Reduction Act)

Bill Sponsor: Senator Clarence K. Lam

Committee: Finance

Organization Submitting: N/A

Person Submitting: Pamela A. Bell
35 East All Saints St, Unit 302
Frederick, MD 21701

Position: FAVORABLE

From a personal perspective, I believe that the current market cost of insulin is unethical, unnecessary, and an egregious attempt by the drug industry to profit from an essential, life-saving medication that has been in use to treat diabetes since the 1920s.

SB0353 is beneficial for many people with diabetes and the co-pay in MD will be lower than that of CMS. While the Bill limits the amount that insurers, nonprofit health service plans, and health maintenance organizations can charge for copayments or coinsurance for a covered prescription insulin drug, the Bill does not address the needs of diabetics who are not insured.

I recommend a **FAVORABLE** report in Committee **with amendments**: it is imperative to subsidize the cost of insulin for individuals without insurance who do not qualify for State Medicaid or Medicare programs.

SB 353-Insulin Cost Reduction Act-Letter of Inform

Uploaded by: Brian Sims

Position: INFO



Maryland
Hospital Association

February 7, 2022

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Information - Senate Bill 353 - Prescription Insulin Drugs - Limits on Copayment and Coinsurance (Insulin Cost Reduction Act)

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 353.

Maryland hospitals care for millions of people each year—many of whom suffer from chronic illness. Addressing chronic illness aligns with the state's efforts to prioritize total population health in the Statewide Integrated Health Improvement Strategy (SIHIS), which identifies diabetes as an area of focus.

More than 10% of the state's adult population has diabetes—the sixth leading cause of death in Maryland—and an estimated 1.6 million have prediabetes.¹ This is one reason hospitals' first measure for population health accountability established under Maryland's Total Cost of Care Model is diabetes prevention. Despite scientific advances to manage diabetes, those with this chronic disease often are at higher risk of frequent hospital readmissions. Long-term, uncontrolled diabetes contributes to other illnesses, including heart disease and kidney failure.² Managing readmissions and the reduction of the disease will require collaboration and coordination across all sectors of the health care field, including insurers.

Type 1 diabetes results from the pancreas' inability to produce insulin.³ Therefore, patients with Type 1 diabetes need insulin injections to allow their body to process glucose and avoid complications from hyperglycemia. People with Type 2 diabetes do not respond well or are resistant to insulin. They may need insulin shots to help process sugar and prevent long-term complications. Since Type 2 diabetes is a progressive condition, the longer someone has it, the more likely they will require insulin to maintain blood sugar levels. For these reasons, it is critical that diabetics manage insulin intake appropriately and have access to affordable insulin. Improvements in population health rely on accessible and effective treatments for chronic illnesses, such as diabetes.

Maryland hospitals support expanded access to disease management treatments. It is unclear what impact this bill will have on increasing access to insulin and the size of the population that will benefit from it. We support the intent of the legislation and welcome the opportunity to work with the sponsor and advocates on this issue.

¹ Maryland Department of Health. "Maryland Diabetes Action Plan". health.maryland.gov/diabetes-action-plan

² Cleveland Clinic. "Diabetes: Complications". my.clevelandclinic.org/health/articles/11877-diabetes-complications

³ Maryland Department of Health. "Maryland Diabetes Action Plan". health.maryland.gov/diabetes-action-plan

For more information, please contact:
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