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THE SENATE OF MARYLAND
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**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

¹[Maryland Department of Health](#)

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 in 4 patients with type 1 or 2 diabetes has 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.

Sponsor Amendment:

- A sponsor amendment was adopted in the Senate that ensures the bill is in alignment with existing code that was not captured in the original text.³
- The amendment conforms the bill to the House cross-file, HB 1397, and ensures that the cap to cost-sharing does not interfere with other medications used to treat diabetes, HIV, and AIDS.

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

³ [Md. Code, Ins. § 15-847.1](#)