

Madam Chair, members of the committee, thank you for holding this hearing today. I speak in support of **SB1019**.

My name is Stephen Shaul. I'm a former member of the Maryland State Advisory Council on Health and Wellness. My wife and I have been Baltimore County residents for 30 years this coming September. And I've been living with Type 1 Diabetes for 33 years.

As anyone who's lived with diabetes can tell you, it requires constant work on a daily basis to maintain as healthy a condition as one can muster while requiring insulin every day. I wear an insulin pump and a continuous glucose monitor, all of which are dispensed through a Pharmacy Benefit Manager.

Rebates for PBMs on these and the drugs my wife takes for her AFib can average 48 percent, on insulin exceeding 80 percent at times. That means we overpay for prescriptions. But I have a good job now, we can afford to pay the extra money. Others aren't so lucky. They're where I was twenty-five years ago when decisions had to be made between buying another vial of insulin and paying the utilities. They're living with diabetes, with AFib, cancer, MS, and any number of other conditions and they're experiencing the same issues today that I was a quarter century ago.

Because PBMs hang onto those rebates I mentioned. Instead of using them to lower patient costs, they use them to increase corporate profits. **SB1019** calls for PBMs and health plans to actually rebate a percentage of the rebates they receive back to the patients they serve. That means hundreds of dollars every year back into the budget of Marylanders.

How will this affect premiums in the future? We know that West Virginia and Arkansas have passed similar bills, and rate filings for each state showed no increase in premiums in 2023 or 2024.

In the strongest terms possible, I'm asking that this committee help move the legislation forward. Everyone deserves access to the medications they need, and this will help them do that. Thank you for your consideration of this bill.