



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

**Testimony in Support of HB 939
Health Insurance – Epinephrine Injectors – Limits on Cost Sharing
(Epinephrine Cost Reduction Act of 2024)**

For many Marylanders, an epinephrine injector (e.g. EpiPen) can mean the difference between life and death. This is especially true for children – insurance claims data shows that 63% of claims in Maryland relating to food allergies and anaphylaxis between 2009 and 2016 were for children under 18.¹

Sharply rising costs for epinephrine injectors have led many Marylanders to risk their lives by going without this medication, which is the only way to halt a life-threatening allergic reaction. This legislation will limit out-of-pocket costs to \$60 for each twin-pack to make this life-saving and medically necessary medication more affordable for patients with severe allergies.

High Costs for a Medically Necessary Medication

The rate of life-threatening food allergies has doubled while the costs for epinephrine auto-injectors has increased by 600% over the last decade.

In Maryland, 43.9% of private sector workers utilize high deductible health insurance plans. Such plans often have a deductible of at least \$1,500 for an individual or at least \$3,000 for a family. This forces families with food allergies to pay for epinephrine out of pocket each year before meeting their deductible. According to data from the Maryland Health Care Commission, a typical Maryland family purchases three two-packs of epinephrine auto-injectors per year (e.g. one for home, one for school, one for carrying). The annual cost for insured patients with a high deductible insurance plan can be as much as \$2,100, more than many monthly mortgage payments.

These high costs lead many families to forgo filling or refilling their prescription, putting themselves at risk of a life-threatening allergic reaction. In 2021, Food Allergy Research & Education conducted a survey that found of 6,000 food allergy patients and

¹ [Food Allergy Research & Education](#)

families, nearly all respondents (91%) earned less than \$75,000 per year. When asked about the reasons for leaving their epinephrine prescription unfilled or not refilled, respondents pointed to cost as the number one factor.

The out-of-pocket costs Maryland families are often saddled with are particularly egregious when compared to the cost of manufacturing epinephrine auto-injectors. An auto-injector costs only \$9 to make: \$1 for the epinephrine and \$8 to manufacture an auto-injector.

In a 2023 survey of over 51,000 households, it was found that Asian, Black, and Hispanic individuals were disproportionately more likely to have food allergies compared to their white counterparts. Additionally, the prevalence of food allergies is at its lowest among households in the highest income bracket.²

While this bill may not solve the root causes of disparities in access to epinephrine, it would go a long way in making these medically necessary devices affordable for Maryland families.

Actions in Other States

Several other states have put a price cap on epinephrine injectors. States such as Delaware, Colorado, Illinois, and New Jersey have recognized the need for this accessible life-saving medication and have passed legislation to cap its out-of-pocket costs.

What the Bill Does:

- Defines “epinephrine injector” to include both auto-injectors (e.g. EpiPens) and prefilled epinephrine syringes.
- Only applies to injectors that are FDA-approved and have been deemed medically necessary for the covered individual.
- Limits any cost sharing requirements, including copays, coinsurance, and deductibles for a two-pack of epinephrine injectors to \$60, regardless of the type of injector.
- Allows carriers to set cost-sharing lower than \$60.

² “Racial, Ethnic, and Socioeconomic Differences in Food Allergies in the US.” 2023. Jialing Jiang, Christopher M. Warren, Audrey Brewer, et al. *JAMA Network Open* 6 (6): e2318162.