Committee:	**House Health and Government Operations Committee**
Bill Number:	**House Bill 939 – Health Insurance – Epinephrine Injectors – Limits on Cost Sharing (Epinephrine Cost Reduction Act)**
Hearing Date:	**February 22, 2024**
Position:	**Support**

The Maryland Nurses Association and The Maryland Association of School Health Nurses support *House Bill 939 – Health Insurance – Epinephrine Injectors – Limits on Cost Sharing (Epinephrine Cost Reduction Act)*. The bill would limit copayments imposed by state-regulated private insurance plans on epinephrine.

Families with children are disproportionately impacted by cost-sharing for epinephrine

Food allergies affect adults and children alike, but the research indicates that the majority of people with food allergies are children. In Maryland, an evaluation of insurance claims data showed that 63% of claims were for children in the period between 2009 and 2016.[i] Yet, children comprise about 26% of Maryland's population.[ii]

Other research also demonstrates that families with children are disproportionately impacted by high out-of-pocket costs for epinephrine. In an article published in the July 2022 issue of the Journal of General Internal Medicine, researchers found that:

> "Out-of-pocket spending for epinephrine auto-injectors decreased among privately insured patients in 2017, coinciding with increased use of lower-priced non-branded products. In 2019, most patients paid $20 or less for epinephrine auto-injectors, **but 1 in 13 paid more than $200** . . . . **Among the 11,863 patients with annual out-of-pocket spending exceeding $200 in 2019, 7509 (63.3%) were children**(.)"[iii] (emphasis added).

The article concluded that "(O)ut-of-pocket spending was dominated by deductibles and co-insurance, cost-sharing mechanisms that expose patients to drug list prices"[iv] Out-of-pocket spending was not driven by the cost of the medication, as new low-cost generics have come on the market since 2016.

Impact of Cost-chasing in Medication Utilization and Risk for Anaphylaxis

Families must stock epinephrine in their homes at all times if their children have food allergies. They may also need to stock epinephrine in other locations such as schools, in children's backpacks, and the homes of friends and family. Epinephrine must be replaced as it has a relatively short shelf-life.

For any medication, high cost-sharing rates impact medication utilization and adherence to Increases in copayments and other cost-sharing mechanisms, such as deductibles, have a direct impact on adherence to medication.[v] In the case of epinephrine, we are very concerned about the risk created by any lapses in stocking unexpired epinephrine in the home and other locations. Harvard Health, the Cleveland Clinic, and the Mayo Clinic all warn families about the risk of anaphylaxis when untreated by epinephrine.[vi. vii, viii]

Maryland should follow the model established for insulin. Cost-sharing should be capped for life saving medications.

Maryland already has a model for another life-saving medication, insulin. In 2022, the Maryland General Assembly enacted similar legislation to cap copayments for insulin in an effort to ensure Marylanders could access life-saving medication. HB 1325 was sponsored by Delegate Pena-Melnyk along with bipartisan representation from the House and Government Operations Committee. The legislation received a unanimous vote in the House and Senate, and was signed into law by Governor Hogan. Now Maryland is among the 25 states with caps on copayments for insulin in effect.[ix]

Other states have followed suit with enacted caps on epinephrine: There are four states with laws, including copayment caps, that address the need for affordable epinephrine: Delaware, Illinois, Colorado, and Rhode Island.[x] There is legislation currently pending in other states, including Washington State.

We ask that Maryland follow the same pathway to ensure that life-saving insulin is affordable. Please vote favorably on HB 939 so that families can afford life-saving epinephrine. If you have any additional questions, please contact Robyn Elliott at relliott@policypartners.net.

[i] https://www.foodallergy.org/resources/state-state-data-food-allergy

[ii] https://www.pgchealthzone.org/demographicdata?id=23&sectionId=935

[iii] https://link.springer.com/article/10.1007/s11606-022-07694-z

[iv] Ibid

[v] https://www.jmcp.org/doi/full/10.18553/jmcp.2022.21270

[vi] https://www.health.harvard.edu/blog/epinephrine-is-the-only-effective-treatment-for-anaphylaxis-2020070920523

[vii] https://www.mayoclinic.org/diseases-conditions/anaphylaxis/symptoms-causes/syc-20351468

[viii] https://www.mayoclinic.org/diseases-conditions/anaphylaxis/symptoms-causes/syc-20351468

[ix] https://diabetes.org/tools-resources/affordable-insulin/state-insulin-copay-caps

[x] https://www.ncsl.org/state-legislatures-news/details/access-affordability-were-top-priorities-in-2023-prescription-drug-bills