



Statement of Maryland Rural Health Association (MRHA)

To the Health and Government Operations

Chair: Delegate Joseline A. Pena-Melnyk

February 20, 2024

House Bill 0939: Health Insurance - Epinephrine Injectors - Limits on Cost Sharing (Epinephrine Cost Reduction Act of 2024)

POSITION: SUPPORT

Chair Pena-Melnyk, Vice Chair Cullison, and members of the committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of House Bill 0939: Health Insurance - Epinephrine Injectors - Limits on Cost Sharing (Epinephrine Cost Reduction Act of 2024).

When someone with an allergy becomes exposed to an allergen, their body will recognize the allergen as a threat which can trigger an allergic reaction. Depending on the severity of the allergy, the person may then go into anaphylaxis. Anaphylaxis is a body-wide immune response that can be life-threatening if not treated promptly. The only treatment option to reverse anaphylaxis is through the use of epinephrine (also known as adrenaline). In such a situation, the time it takes to administer epinephrine can be the determining factor if the person survives the reaction or not. With the understanding of the vital role epinephrine plays in an allergic reaction, it is ideal that those with allergies are able to carry an epinephrine injector on their person at all times. Due to the rising cost of epinephrine injectors, that unfortunately has not been the case in recent years. Within the last decade, the standard cost of epinephrine autoinjectors has gone from roughly \$100 to over \$600. Those with insurance are also struggling with the increase in price as they are required to meet higher deductibles for the sake of manageable monthly insurance payments (Bryan, 2024). Considering the life-saving impact epinephrine injectors have on those with allergies, the Maryland Rural Health Association supports the passing of HB0939. By setting a copayment limit to no more than \$60, those with allergies have a greater chance of affording an epinephrine injector and will be able to better protect themselves from a severe allergic reaction. Improving affordability of the autoinjectors may also reduce the burden on emergency rooms and hospitals since they would be admitting and treating less patients in anaphylaxis, but rather assess them post-epinephrine administration.

*On behalf of the Maryland Rural Health Association,
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