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THE SENATE OF MARYLAND ANNAPOLIS, MARYLAND 21401

Testimony

SB 646: Health Insurance - Insulin - Prohibition on Step Therapy or Fail-First Protocols

Good afternoon, Chair Beidle, Vice Chair Hayes and Members of the Finance Committee. Senate Bill 646, Health Insurance - Insulin - Prohibition on Step Therapy or Fail-First Protocols would **prohibit** insurance companies, nonprofit health service plans, and health maintenance organizations (HMOs) from requiring a step therapy or fail-first protocol for insulin and similar diabetes medications. Maryland has been a leader in protecting and expanding access to insulin and other essential treatments for patients with diabetes.

In 2022, bill sponsors Chair Pena Melnyk and Chair Feldman made significant steps to protect patients by capping insulin prescription copayments at \$30 for a 30-day supply. This measure helped shield individuals from excessive out-of-pocket costs. However, insurance policies mandating step therapy or fail-first protocols continue to create barriers, as patients are required to try and fail on less expensive medications before they can access their prescribed insulin therapies.

SB 646 builds on Maryland's progress in protecting patients by prohibiting insurers, nonprofit health service plans, and health maintenance organizations from imposing unnecessary delays in providing insulin and similar medications. Healthcare providers should have the final say in selecting the appropriate insulin, as insulin needs vary significantly from patient-to-patient. Patients should be able to access their treatments that their healthcare providers deem most effective without jumping through bureaucratic hoops.

By eliminating these restrictions on insulin and related medications, this bill:

- 1. Allows for personalized care based on medical necessity rather than cost-saving mechanisms imposed by insurers; and
- 2. Ensures patients receive their prescribed insulin promptly is likely to prevent complications, emergency room visits, hospital admissions, and costly interventions.

The General Assembly's past efforts to make insulin more affordable underscores its crucial role in diabetes management. However, affordability means little if patients face delays in accessing the most appropriate insulin due to step therapy restrictions. Such delays can result in uncontrolled blood sugar levels, leading to severe complications like neuropathy, kidney failure, and cardiovascular diseases. By ensuring immediate access to prescribed insulin therapies, we

not only prevent unnecessary suffering but also reduce the long-term healthcare costs associated with managing preventable diabetes complications.

It is for these reasons; I respectfully urge a favorable report for SB 646.