

# MARYLAND STATE ADVISORY COUNCIL ON HEALTH AND WELLNESS

## **MEMBERS**

*Jessica Kiel, R.D., Chair*

*Mary Backley*

*Sumit Bassi, M.D.*

*Angela Deal*

*Jennifer Eastman, M.B.A.*

*Mychelle Farmer, M.D.*

*Lois Freeman, D.N.P.*

*Gary Gerstenblith, M.D.*

*Donna Gugel, M.H.S.*

*Margaret Gwaltney, M.B.A.*

*Roger Harrell, M.H.A.*

*Linda Kline*

*Namisa Kramer*

*Seth Martin, M.D.*

*David McShea*

*Aruna Nathan, M.D.*

*Donna Nordstrom, R.N.*

*Joanne Ogaitis, R.N.*

*Rachel Pigott, O.T.R./L, M.P.H.*

*Cameron Pollock, M.P.H.*

*Vivienne Rose, M.D.*

*Jason Semanoff, M.S.*

*Teresa Titus-Howard, PhD.*

*Kristin Watson, PharmD.*

*Anne Williams, D.N.P.*

*Vanina Wolf, L.Ac.*

*Pamela Xenakis, R.D.*

February 6<sup>th</sup>, 2020

Delegate Shane Pendergrass  
Chair, Health and Government Operations  
Room 241 House Office Building  
Annapolis, MD 21401

## **RE: HB 134 - Health Insurance - Prescription Insulin Drugs - Limits on Copayment and Coinsurance**

Dear Chair Pendergrass:

The Maryland State Advisory Council on Health and Wellness (the Council) is submitting this letter of support for House Bill 134 (HB 134), titled: "Health Insurance – Prescription Insulin Drugs – Limits on Copayment and Coinsurance." HB 134 requires certain insurers, nonprofit health service plans, and health maintenance organizations to limit the cumulative amount a covered individual is required to pay in copayments or coinsurance for a covered prescription insulin drug to a certain amount.

The Council supports HB 134, as it seeks to promote health and prevent disease by limiting the cost of all insulin products, ensuring people with diabetes can afford their medication and avoid both short and long term health consequences.

Over 10 percent of Marylanders have been told by a health care provider they have diabetes.<sup>i</sup> In 2018, diabetes was the sixth leading cause of death among all Maryland residents and the fifth leading cause of death among black Maryland residents.<sup>ii</sup> In addition to the health and lifestyle complications associated with the disease, diabetes is also a major risk factor for developing cardiovascular disease, the number one cause of death both in Maryland as well as nationwide.<sup>ii</sup> Diabetes and its complications cost the state over \$4.7 billion per year, and an additional \$1.8 billion in lost productivity.<sup>iii</sup> Approximately 4.6 percent of adults in the U.S. are thought to have undiagnosed diabetes based on clinical studies.<sup>iv</sup>

Medical expenses for persons with diabetes are more than twice that of those who do not have diabetes. In 2017 alone, \$4.9 billion was spent on direct medical expenses for diabetes in Maryland.<sup>v</sup> Compliance in adhering to treatment plans also increases the risk for costly diabetes-related emergency department visits and hospitalizations.

The Council agrees with the following statements as they relate to the passage of HB 134:

- When patients are unable to afford their medications, they may ration their supplies to last longer or may stop taking the medication altogether. Patients who are not able to take the insulin they need are at greater risk for both acute and chronic diabetes complications.
- Achieving glycemic control and controlling cardiovascular risk factors have been conclusively shown to reduce diabetes complications, comorbidities, and mortality.<sup>vi</sup>
- List prices for insulin have risen severely in recent years. Between 2002 and

2013, the average price of insulin nearly tripled.<sup>vi</sup>

- People with diabetes are financially disadvantaged by the cost of care. As a result, medical care can be adversely affected by high list prices and high out-of-pocket costs.<sup>vi</sup>
- People with high cost-sharing are less adherent to recommended dosing, which results in short- and long-term harm to their health.<sup>vi</sup>
- Uninsured people with diabetes should have access to high-quality, low-cost insulin.<sup>vi</sup>

The Council respectfully urges this Committee to approve HB 134 as a critical public health measure to help reduce the financial burden for people living with diabetes in Maryland. Ensuring deductibles are affordable for people who use insulin could significantly increase adherence to treatment plans, achieve glycemic control, reduce diabetes complications and mortality, and manage both their diabetes as well as their overall health for a lifetime.

Sincerely,



Jessica Kiel, R.D., Chair, State Advisory Council on Health and Wellness

---

<sup>i</sup> 2018 Maryland Behavioral Risk Factor Surveillance System (BRFSS)

<sup>ii</sup> <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

<sup>iii</sup> Maryland Vital Statistics Annual Report 2018

<sup>iv</sup> American Diabetes Association. The Burden of Diabetes in Maryland. Accessed January 17, 2020 at <http://main.diabetes.org/dorg/PDFs/Advocacy/burden-of-diabetes/maryland.pdf>

<sup>v</sup> Cheng YJ, et al, Prevalence of Diabetes by Race and Ethnicity in the United States, 2011-2016, JAMA. 2019;322(24):2389-2398. doi:10.1001/jama.2019.19365

<sup>vi</sup> American Diabetes Association, The Burden of Diabetes in Maryland. Access January 17, 2020 at <http://main.diabetes.org/dorg/PDFs/Advocacy/burden-of-diabetes/maryland.pdf>

<sup>vii</sup> Cefalu, William T, Insulin Access and Affordability Working Group: Conclusions and Recommendations, Diabetes Care 2018 Jun; 41(6): 1299-1311