



**House Bill 134  
Proponent Testimony**

Matt Ferrante  
Advocacy Chair and Community Leadership Board Member  
American Diabetes Association  
House Health and Government Operations Committee  
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Chair Pendergrass and Members of the House Health and Government Operations Committee:

My name is Matt Ferrante and I serve as the volunteer advocacy chair for the American Diabetes Association in Maryland. Both my wife and I live with Type 1 Diabetes.

Today I represent more than 2.2 million Marylanders who have or are at risk for diabetes<sup>1</sup>. Everyone with type 1 diabetes and many with type 2 diabetes rely on insulin. We rely on insulin to live. Without it, our health suffers, we develop serious and costly complications, and we die.

The cost of insulin, a life-sustaining drug, has skyrocketed over the years. According to the ADA, insulin prices have tripled between 2002 and 2013.<sup>2</sup> In much of Europe, insulin costs about one-sixth of what it does in the United States.<sup>3</sup>

In the spring of 2017, the ADA Board of Directors convened an Insulin Access and Affordability Working Group to examine the full scope of the insulin affordability issue. The Working Group's findings were published in a White Paper that also included a variety of recommendations to combat increasing insulin costs.<sup>4</sup>

Among the recommendations were to lower or remove patient cost-sharing for insulin, specifically noting that cost-sharing for insured people with diabetes should be based on the lowest price available.

House Bill 134 will help to accomplish this goal.

House Bill 134 would help people in state-regulated health plans by capping the cost they are paying for their insulin at \$100 per 30-day supply, regardless of the type or amount of insulin a person is prescribed.

As a teacher in Frederick County, I'm fortunate to have good health insurance that covers my wife and me, and keeps insulin affordable for us. If not, we couldn't afford to pay our mortgage,



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buy groceries, or consider starting a family. But many Marylanders, including friends and colleagues of mine, as well as your constituents, have high deductible health plans that force them to make these tough financial decisions, between paying their bills and living happy lives or affording a medicine which is a necessity. Sometimes they are forced to dangerously ration insulin which can often lead to serious complications, or even death.

Maryland should follow the lead of Colorado and Illinois which have already enacted insulin co-pay caps. Several other states are in varying stages of considering similar legislation including our neighboring states of Virginia, West Virginia, Pennsylvania, and Delaware.

On behalf of all Marylanders with diabetes and, especially those who rely on insulin to live, I urge you to pass House Bill 134. No one should be forced to choose between lifesaving insulin and rent, food, or utilities.

Thank you for your kind attention and I will try to answer any questions you may have.

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<sup>1</sup> Diabetes Care 2019;42:1661–1668 | <https://doi.org/10.2337/dc18-1226>

<sup>2</sup> Diabetes Care 2018;41:1299–1311 | <https://doi.org/10.2337/dci18-0019>

<sup>3</sup> <https://makeinsulinaffordable.org/the-issue/#fast-facts>

<sup>4</sup> <https://care.diabetesjournals.org/content/41/6/1299>