

MCHI_FAV_SB989.pdf

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Position: FAV



TESTIMONY IN SUPPORT OF SENATE BILL 989

Epinephrin Cost Reduction Act of 2024

Before the House Health and Government Operations Committee

By Catherine Kirk Robins, Deputy Director, Maryland Citizens' Health Initiative

March 6, 2024

Madam Chair, Madam Vice Chair, and Members of the Senate Finance Committee, thank you for the opportunity to testify in support of **Senate Bill 989, the Epinephrin Cost Reduction Act**. Too many Marylanders struggle to afford the epinephrin injectors they need to ensure they are safe in an allergy-related emergency. These auto-injectors can cost hundreds of dollars, even with insurance coverage, placing unnecessary financial stressors on Maryland patients and families. SB 989 would establish a cap on copayments and coinsurance to limit what covered patients are required to pay to no more than \$60 for epinephrin injector prescriptions. We thank Senator Lam and Delegate Palakovich Carr for sponsoring this critical legislation, which would further establish important patient protections for covered Marylanders.

In 2016, Mylan (the maker of EpiPens) became the poster child for the dysfunction of the pharmaceutical industry after it raised the price of their auto-injector to \$600—a 400% increase since the company acquired the brand. At that time, industry experts estimated that the cost to produce an EpiPen was approximately \$30, with there being less than \$1 of epinephrin inside the device.¹ While additional generics and alternative brands have since come to market, their effects on bringing prices down have been muted at best. Many Maryland families are still likely paying hundreds if not thousands of dollars each year, particularly in cases where multiple members require auto-injectors and need them stocked in places like school, daycare, home, in travel bags, and in the hands of regular caregivers. Epinephrin injectors can be the difference between death and survival for those experiencing anaphylaxis, so there is no avoiding the steep costs of this life-saving medication. SB 989 offers our state the opportunity to ensure more Marylanders have access to this essential prescription without forcing them into financial crisis, joining the ranks of several other states, including Colorado, Illinois, and New Jersey that have recently passed laws establishing copay caps on epinephrin injectors.

This Committee has a long history of establishing innovating approaches to ensuring Marylanders can afford the prescription drugs they need, including passage of Maryland's Insulin Cost Reduction Act which went into effect in January of 2023 and is modeled similarly to this bill. Maryland also established the first-in-the-nation Prescription Drug Affordability Board in 2019, which examines the entirety of the supply chain in its review of high-cost prescription drugs. In addition to this legislation, we encourage this issue to be further examined by the Prescription Drug Affordability Board so that all Marylanders who rely on epinephrin injectors, including the uninsured, can afford this life-saving medication. Prescription drug pricing is a complex issue, and a comprehensive solution requires thorough review of several factors, including unintended consequences that may result.

MCHI remains committed to ensuring all Marylanders have access to their medication, because drugs don't work if people can't afford them. We urge a favorable report of this legislation and thank the Committee for its ongoing commitment to ensuring all Marylanders have access to quality, affordable health care.

¹ <https://www.nbcnews.com/business/consumer/industry-insiders-estimate-epipen-costs-no-more-30-n642091>

SB0989_FAV_MedChi, MDAAP_HI - Epi. Injectors - Lim

Uploaded by: Danna Kauffman

Position: FAV

MedChi

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TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Clarence K. Lam

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
Andrew G. Vetter
Christine K. Krone

DATE: March 6, 2024

RE: **SUPPORT** – Senate Bill 989 – *Health Insurance – Epinephrine Injectors – Limits on Cost Sharing (Epinephrine Cost Reduction Act of 2024)*

On behalf of The Maryland State Medical Society and the Maryland Chapter of the American Academy of Pediatrics, we submit this letter of **support** for Senate Bill 989. This bill specifies that an entity must limit the total amount a covered individual is required to pay in copayments, coinsurance, and deductibles for a twin-pack of medically necessary prescription epinephrine injectors to not more than \$60, regardless of the type of epinephrine injector needed to fill the covered individual's prescription.

Epinephrine is the only drug that can halt and reverse anaphylaxis – a life threatening reaction to an allergy. Those with allergies susceptible to a reaction are advised to carry two epinephrine auto-injectors and are also encouraged to ensure that the injectors are readily available for them at school or at work. Unfortunately, injectors have a relatively small window of use and generally expire within 12-18 months. The goal of this legislation is to ensure that individuals who need this life-saving drug have access to it and are not priced out from obtaining it. This bill is similar to the bill passed on limiting costs for insulin. MedChi and MDAAP urge a favorable report.

For more information call:

Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
Andrew G. Vetter
Christine K. Krone
410-244-7000

SB 989 - SUPP - FIN COMMITTEE - March 6 Epinephri

Uploaded by: Henry Bogdan

Position: FAV

March 6, 2024

Testimony on Senate Bill 989
Health Insurance - Epinephrine Injectors - Limits on Cost Sharing
(Epinephrine Cost Reduction Act of 2024)
Senate Finance Committee

Position: Favorable

Maryland Nonprofits is a statewide association of almost 1800 nonprofit organizations and institutions. We urge you to support Senate Bill 989, to limit the amount a covered individual is required to pay in copayments, coinsurance, and deductibles for a covered prescription epinephrine injector to no more than \$60.

This bill is very similar in concept to the insulin ‘co-pay cap’ that you passed two years ago, and deals with a very similar problem. Epinephrine auto-injectors are critical life-saving devices that should be available to, and carried at all times by both adults and children at risk for, or who have a history of serious allergic emergencies. Anaphylaxis can be life threatening, happen within minutes and can be caused by stinging and biting insects, allergy injections, foods, medicines, exercise, or unknown causes.

Persons at risk are advised to always have at least two on their person. For a child at risk these should be available at home, at day care or school, and while traveling. But many Marylanders, even with good insurance coverage, are currently paying hundreds per prescription. For those of low- or moderate income, more likely to be underinsured, the cost burden is severe and sometimes prohibitive.

Senate Bill 989 clearly addresses an issue of health equity in our society.

We urge you to give this legislation a **favorable report**.

Ayres_SB939_2.pdf

Uploaded by: Kristen Ayres

Position: FAV

STATEMENT OF Kristen Ayres
who resides at 9802 Pebble Beach Court, Ijamsville, Maryland 21754
before the
Finance Committee
March 5, 2024
Position: Favorable SB 939

Members of the Finance Committee:

I am the parent of two children with severe and life threatening food allergies. I support Senate Bill 939. Insurers, nonprofit health service plans and health maintenance organizations should be required to limit the amount a covered individual is required to pay in copayments, coinsurance, and deductibles for a covered prescription epinephrine injector to not more than \$60.00. The out-of-pocket costs of epinephrine injectors is a financial burden for families who have one or more children with food allergy disease. Families must purchase a set of epinephrine injectors for each child and often additional injectors for day care, school, camp, grandparents and other family members who provide regular care. Since an accidental exposure can happen anywhere and anytime, safety precautions including maintaining injectors in a single place continuously within the home or a facility are necessary. An injector that is moved to support an activity raises the likelihood that it will be difficult to locate at a critical moment when seconds matter. The cost of additional injectors add to the overall cost. Additional costs arise when injectors are sold with an expiration date of less than 12 months requiring replacement more frequently. In addition, when children misplace their injector, a new one must be purchased. Parents concerned about their safety will take necessary measures to ensure their family, friends, camp counselors, and other adults monitoring their child have an extra set of injectors in the event of an emergency. The cost of these necessary emergency preparedness purchases is high. We have paid over \$100 for a set of epinephrine injectors. In a given year, we may purchase as many as 4 sets for each child. Budgeting for this expense is difficult. The out-of-pocket cost often fluctuates as does the availability of injectors with a full twelve month expiration. These fluctuations and the unpredictability of situations requiring a new set makes it difficult to maintain a budget and bare the expense. Capping the price would help parents who are already financially burdened maintaining high-priced special diets not covered by insurance as well as expensive accommodations such as kitchenettes when traveling afford essential emergency care epinephrine injectors.

Senate Bill 939 ensures every family has the epinephrine injectors they need eliminating high prices as a barrier to safety.

2024 SB 989 LOS MD NAPNAP.pdf

Uploaded by: Lindsay Ward

Position: FAV



National Association of
Pediatric Nurse PractitionersSM
MD: CHESAPEAKE

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

3/3/24

Maryland Senate
Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Dear Honorable Chair, Vice-Chair and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, I am writing to express our support of **SB 989 Health Insurance - Epinephrine Injectors - Limits on Cost Sharing (Epinephrine Cost Reduction Act of 2024)**.

The goal of this legislation is to ensure that individuals who need life-saving epinephrine have access to it. This bill is similar to the bill passed on limiting costs for insulin. Epinephrine is the only drug that can halt and reverse anaphylaxis – a life threatening reaction to an allergy. Patients with allergies susceptible to anaphylaxis should be prescribed multiple epipens to keep at home, school and work. They are also expected to have two of these at each location. These injectors are very expensive and have a small window of use and generally expire within 12-18 months leading to the patient having to continually replace these epipens. This very costly and limiting cost for patients will allow them to have access to this life saving medication without being priced out of it.

For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their support to **SB 989 Health Insurance - Epinephrine Injectors - Limits on Cost Sharing (Epinephrine Cost Reduction Act of 2024)** and requests a favorable report.

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The members of Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners memberships includes over 200 primary and acute care pediatric nurse practitioners who are committed to improving the health and advocating for Maryland's pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact Lindsay J. Ward, the Chesapeake Chapter President at 410-507-3642 or MDChesNAPNAPLeg@outlook.com .

Sincerely,

Lindsay J. Ward CRNP, RN, IBCLC, MSN, BSN



Certified Registered Nurse Practitioner- Pediatric Primary Care
International Board-Certified Lactation Consultant
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter President

Evgenia Ogordova

Evgenia Ogordova-DNP
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter Legislative Chair

SB0989-FIN-FAV.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

SB0989

March 6, 2024

TO: Members of the Senate Finance Committee

FROM: Nina Themelis, Director of Mayor's Office of Government Relations

RE: Senate Bill 989 - Health Insurance – Epinephrine Injectors – Limits on Cost Sharing (Epinephrine Cost Reduction Act of 2024)

POSITION: FAVORABLE

Chair Beidle, Vice Chair Klausmeier, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 989.

SB 989 requires certain insurers, nonprofit health service plans, and health maintenance organizations to limit the amount a covered individual is required to pay in copayments, coinsurance, and deductibles for a covered prescription epinephrine injector (commonly referred to as an “epi pen”). Under SB 989, people would have to pay no more than \$60 for a pack of two epinephrine injectors, regardless of the type of injector.

Epinephrine injectors are portable drug delivery devices that contain doses of epinephrine used for severe life-threatening allergic reactions. Even when people have insurance, copays, coinsurance, and deductibles can lead to high out-of-pocket costs. A cost review of epinephrine drug prices showed that during 2019, 1 in 13 patients with private health insurance paid more than \$200 for two injectors.ⁱ Costs vary widely by type and brand of injector, as well as based on whether someone has a health insurance plan with a high deductible.ⁱⁱ High costs of epinephrine injectors can prevent patients from carrying this necessary medication, putting their lives at risk.ⁱ Other states, including Illinois and Colorado, have already passed legislation limiting the cost of a two-pack of epinephrine injectors to a maximum of \$60.ⁱⁱⁱ SB 989 protects patients by limiting their out-of-pocket spending for epinephrine which can lead to lives saved.

For these reasons, the BCA respectfully request a **favorable** report on SB 989.

ⁱ Chua, KP., Conti, R.M. Out-of-Pocket Spending on Epinephrine Auto-Injectors Among the Privately Insured, 2015–2019. J GEN INTERN MED 38, 538–541 (2023). <https://doi.org/10.1007/s11606-022-07694-z>

ⁱⁱ Illinois General Assembly. (2023). Public Health - (410 ILCS 27/) Epinephrine Injector Act. Retrieved from <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3725&ChapterID=35>

ⁱⁱⁱ Colorado General Assembly. (2023). HB23-1002 - Epinephrine Auto-injectors. Retrieved from <https://leg.colorado.gov/bills/hb23-1002>

SB 989- LWVMD- FAV- Health Insurance- Epinephrine

Uploaded by: Nora Miller Smith

Position: FAV



TESTIMONY TO THE FINANCE COMMITTEE

SB0989: Health Insurance- Epinephrine Injectors- Limits on Cost Sharing (Epinephrine Cost Reduction Act of 2024)

POSITION: Support

BY: Linda Kohn, President

DATE: March 6, 2024

The League of Women Voters is a nonpartisan organization that works to influence public policy through education and advocacy. **The League believes that health care is a human right, and that every resident should have access to affordable, equitable, quality health care, including essential medications.**

The League of Women Voters Maryland thus supports **Senate Bill 989: Epinephrine Cost Reduction Act of 2024**, which would cap the cost of a twin-pack of medically necessary prescription epinephrine injectors for a covered individual to no more than \$60.

Epinephrine is a life-saving medication that treats potentially deadly allergic reactions (anaphylaxis) in children and adults with severe allergies. Because these reactions can happen within minutes of exposure, the epinephrine is delivered in an easy-to-use injectable form -- an "EpiPen" -- that can be quickly administered by an untrained person, or even by an affected child. **An EpiPen is thus a critically important medication to have on hand for the more than 33 million Americans with potentially life-threatening food allergies.**¹

EpiPens were previously priced low enough to enable parents of children with severe peanut allergies, for example, to have one auto-injector available at school and another at home. But the price of this life-saving medication has risen dramatically, so that it is no longer readily available to all children and adults who need it.

Last year Colorado, Minnesota, New Jersey, and Rhode Island² passed legislation limiting out-of-pocket costs for epinephrine auto-injectors, and in January 2024 the EPIPEN Act (Epinephrine's Pharma Inflated Price Ends Now Act) was introduced in Congress, which would cap the cost of EpiPens at \$60 per twin-pack.

Life-saving medications are useless if people can't afford them. Passage of this legislation would help Marylanders afford another life-saving medication, just as was done in 2022 with the Insulin Cost Reduction Act. **The League of Women Voters Maryland, representing 1,500+ concerned members throughout Maryland, urges a favorable report on Senate Bill 989.**

¹ <https://www.foodallergy.org/media-room/fare-endorses-rep-maxwell-alejandro-frosts-d-fl-10-epipen-act>

² <https://www.healio.com/news/allergy-asthma/20230712/new-jersey-caps-outofpocket-inhaler-epinephrine-autoinjector-costs>

2024 MNA and MASHN SB 989 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 989 – Health Insurance - Epinephrine Injectors - Limits on Cost Sharing (Epinephrine Cost Reduction Act of 2024)

Hearing Date: March 6, 2024

Position: Support

The Maryland Nurses Association and The Maryland Association of School Health Nurses support *Senate Bill 989 – Health Insurance - Epinephrine Injectors - Limits on Cost Sharing (Epinephrine Cost Reduction Act of 2024)*. 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}

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.^{viii}

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.^{ix} 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 SB 989 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§ionId=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://diabetes.org/tools-resources/affordable-insulin/state-insulin-copay-caps>

^{ix} <https://www.ncsl.org/state-legislatures-news/details/access-affordability-were-top-priorities-in-2023-prescription-drug-bills>