

Testimony in Support of An Act Concerning Diabetes and High Deductible Health Plans (LCO 3610)

Universal Health Care Foundation of Connecticut July 20, 2020

Universal Health Care Foundation of Connecticut thanks the Insurance and Real Estate Committee for the opportunity to submit written testimony in support of LCO 3601: An Act Concerning Diabetes and High Deductible Health Plans. We are grateful that this important legislation is one of the few bills being considered during the July special session. We strongly support the legislation but would also like to see it improved.

The Foundation envisions a health system that is accountable and responsive to the people it serves, and that supports our health, takes excellent care of all of us when we are sick, at a cost that doesn't threaten our financial security.

People living with diabetes in Connecticut are at risk of serious illness and death because they cannot afford their medication. The disease brings with it a disproportionate financial burden. Those living with diabetes face medical expenditures that are two times higher than the medical expenses of people without diabetesⁱ. As the prices of insulin and other diabetes medications continue to rise, and more and more people in our state are covered by high deductible health plans, this financial burden is increasing.

COVID-19 poses a major threat to the life and health of diabetics.ⁱⁱ Now, more than ever, Connecticut must do everything we can to ensure that people living with diabetes have affordable access to life-saving medications and supplies.

Section 3 of this bill would help insulin-dependent diabetics gain access to emergency doses of insulin and/or prescription equipment and supplies needed to administer insulin, if the pharmacist determines that the patient "will suffer significant physical harm within seven days". This access could be crucial, for example, in the event of miscommunication between physician offices and pharmacies around the renewal of a prescription.

Similar bills, also known as Kevin's Law, have been passed by at least seventeen other statesⁱⁱⁱ. Connecticut should add its name to this growing list. We are glad to see the bill allows up to a 30-day supply once every 12 months.

We are concerned, however, that there is a lot of language in this section and sections 4 and 5 regarding an electronic prescription drug monitoring program and required reporting that could set up unnecessary barriers. The goal should be to implement this program in a way that protects the life and health of the patient. Please remember Kevin's Law is named after a real person-Kevin Houdeshell - who died in 2014 at the age of 36 because he could not get emergency access to life-sustaining insulin.

Another important provision of the bill sets out-of-pocket monthly caps of:

- Twenty-five dollars for each insulin and noninsulin diabetes prescription drug
- One hundred dollars for a thirty-day supply of medically necessary covered diabetes equipment and supplies
- A total cap of one hundred dollars for diabetes medication and supplies in any thirty-day period

These provisions would provide key financial protections to those with individual insurance, small group insurance and those covered by large group fully insured plans, without leading to higher premiums.

Finally, the bill proposes that the Commissioner of the Department of Social Services establish a working group to look into possible ways to assist low-income residents to gain affordable access to diabetes medication, equipment and supplies. Diabetes is much more prevalent among adults with low incomes^{iv}.

The working group would focus on ways that people in need could be referred to federally qualified health centers and other entities that have the ability to provide free or low-cost care and medications to the uninsured and underinsured. The legislation also proposes that the working group might subsequently look into whether the state should apply for a Section 1115 Medicaid waiver as another possible mechanism to provide affordable access to diabetes medications.

We are pleased to see that three advocates will be included on the working group. But we are sorry to see that this working group will not be tasked to looking into legislation along the lines of the bill passed this year in Minnesota^v, sometimes known as the Alec Smith law, with perhaps a different funding mechanism.

Why not require the three producers of insulin to provide the funds needed to help residents of our state afford access to diabetes medications and supplies? It is the monopoly pricing of prescription drugs that is the root cause of this crisis. The companies responsible for these indefensible high prices should be held accountable for providing the revenue needed to solve it.

Please improve and pass this bill.

ⁱ Healthy Connecticut 2020, State Health Assessment, page 81 <u>https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/state_health_planning/SHA-SHIP/hct2020/hct2020statehlthassmt032514pdf.pdf%20class='no-direct-text-content'?la=en</u>

ⁱⁱ COVID-19 in People with Diabetes: Understanding the Reasons for Worse Outcomes, The Lancet, July 17, 2020 https://www.thelancet.com/journals/landia/article/PIIS2213-8587(20)30238-2/fulltext

ⁱⁱⁱ Kevin's Law Sparks New Conversations About Insulin Rationing, T1D Exchange Glu, December 19, 2019, <u>https://myglu.org/articles/kevin-s-law-sparks-new-conversations-about-insulin-</u>

rationing#:~:text=It%20just%20saves%20lives%20and,%2C%20West%20Virginia%2C%20and%20Indiana. ^{iv} Healthy Connecticut 2020, State Health Assessment, page 82

^v Advocates Celebrate Passage of Alec Smith Bill in Minnesota, T1 International blog post, April 15, 2020 <u>https://www.t1international.com/blog/2020/04/15/alecs-insulin-bill-passes-minnesota/</u>