



**House Bill 418  
Proponent Testimony**

Gary Dougherty  
Director, State Government Affairs  
American Diabetes Association  
House Health Committee  
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Chairman Lipps and Members of the House Health Committee:

My name is Gary Dougherty and I am the Director of State Government Affairs for the American Diabetes Association.

On behalf of the more than 4.3 million Ohioans with or at risk for diabetes, the American Diabetes Association (ADA) thanks Representatives Carruthers and Clites for their leadership in championing efforts to protect patients from mid-year changes in their health care coverage by sponsoring House Bill 418.

Many health insurance plans use prescription formularies, or lists of covered medications, to help manage the utilization of medications. Such lists can also be tiered with different levels of patient cost sharing. Whether a medication is included on a health plan formulary and at what level of cost-sharing is contingent on many factors, including the medication's clinical profile and cost.

Diabetes is a serious disease, and effectively managing it is not a one-size-fits-all proposition. The ADA believes that every person living with diabetes should have access to the care, treatments, tools, and information they need to successfully manage their diabetes.

We know that a single therapeutic approach does not work for all people with diabetes. The complexities of managing diabetes are unique to each individual, based on health history, co-morbidities, lifestyle, and other important factors. Day-to-day management of diabetes rests squarely with the individual living with the disease. It is critical that these individuals have the opportunity to work with their health care providers to choose the therapeutic approaches that best meet their needs, including access to the brand and type of insulins and durable medical equipment deemed necessary to meet their management goals.

The ADA is concerned with mid-year changes to a plan, such that a medication that is on the formulary when the patient signs up for the plan can be moved off the formulary or shifted to a more expensive tier later in the plan year. Such changes can disrupt the continuity of care,

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Gary Dougherty  
Director, State Government Affairs  
1-800-676-4065 Ext. 4832  
[gdougherty@diabetes.org](mailto:gdougherty@diabetes.org)

1-800-DIABETES (342-2383)

**diabetes.org**  
**@AmDiabetesAssn**



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result in unexpected and significant expenses for the patient, and may jeopardize their health as most enrollees don't have the option to switch mid-year to another plan with appropriate coverage.

The ADA advocates for many public policies designed to support patient-centered care, and HB 418 will help achieve that goal. Specifically, we support policies prohibiting health plans from making changes to formularies during the plan year. To protect patients from mid-year formulary changes, the American Diabetes Association supports House Bill 418 and urges your support as well.

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