



**Representative John M. Rogers**  
**60<sup>th</sup> House District**

**HOUSE BILL 512 SPONSOR TESTIMONY**  
**HOUSE INSURANCE COMMITTEE**

Chairman Brinkman, Vice-chair Antani, Ranking Member Boggs and members of the House Insurance Committee, thank you for allowing me the opportunity today to provide testimony on House Bill 512. This legislation proposes addressing the accessibility and affordability of epinephrine and glucagon for children.

For those individuals with severe allergies, epinephrine is injected to treat anaphylactic shock, a life-threatening allergic reaction. Glucagon is used to treat severe hypoglycemia (low blood sugar) in diabetics (frequently in children with Type I diabetes) when a life threatening situation arises and the person or child is too weak or unconscious, thereby unable to take the necessary steps to raise their blood sugar. Both of these medications are used in life-threatening emergencies and seldom used otherwise.

Each of us are well aware of the concerns and discussion regarding the unaffordability of some of our most crucial prescription medications. This legislation addresses the two issues when dealing with either epinephrine and or glucagon: the general cost of the medicine and the disparity in cost between the different forms of these medications. For parents of children diagnosed with Type I diabetes or suffering from severe allergies, the initial cost is not the only consideration facing a parent, but also the necessity of having to purchase multiple doses of either drug can present financially difficult choices. Consider that a family may want to make sure that there is a dosage of the medication not only at home, but at school, on the child's person, or elsewhere. And, given that these medications expire as frequently as every two years or earlier and must be purchased again, these costs are multiplied further.

Senate Bill 99 enacted in the 130<sup>th</sup> General Assembly, sponsored by then Senators Oelslager and Tavares, legislatively provided a means to address the significant cost

disparity between intravenous and orally administered potentially life-saving cancer medications. House Bill 512 effectively does the same thing.

As proposed:

1. Health insurers and Medicaid would be required to cover both epinephrine and glucagon, in any form, for those individuals 18 years of age or younger;
2. one form of epinephrine or one form of glucagon, cannot be more expensive than another (e.g. injectable vs nasal); and
3. any co-pays or cost sharing requirements under insurance plans for these two specific medications would be capped at \$100 per prescription fill.

In emergencies, time is of the essence! The EpiPen auto-injector represents a major advancement in terms of its ease of use for administering this life saving drug. Similarly, new nasal and auto-injector forms of glucagon, make administering this emergency medication just as simple.

All of us are aware of the ongoing national concerns and discussions dealing with the cost of health care and medications. With these two specific medications, there is evidence that some, in both the private and public sectors, have begun to take a leadership role in this arena. Last year for instance, the State of Illinois passed legislation requiring insurance coverage of EpiPen injectors for children. Pharmaceutical companies have also created rebate and cost reduction programs for certain forms of these medications too.

House Bill 512 focuses on children, those least able to financially provide for themselves. This legislation recognizes the importance of making life saving emergency medications available and affordable to those who might not otherwise have the resources or insurance benefits to obtain them. Furthermore, the bill ensures that Ohio's children, along with their families, have the opportunity of accessing the most recent forms of the medication; effectively providing families with broader access to the variety of treatment options available, while ensuring an equitable price.

Chairman Brinkman, Vice-chair Antani, Ranking Member Boggs and members of the House Insurance Committee, I thank you for your consideration of House Bill 512 and would respectfully ask you for your support of this legislation. I welcome any questions you might have at this time.