Proponent Testimony on HB 37

Chairman Lipps, Vice Chair Holmes, Ranking Member Russo, thank you for the opportunity to share proponent testimony on HB 37. My Name is Robert W. Camp and I am a parent of a Type One Diabetic (T1D) daughter. My daughter used to be on my medical insurance, but now she is living by herself, employed as an elementary school teacher with her own medical insurance. Needless to say, medical insurance companies make it very difficult for T1D people to get the insulin they need, especially when you switch medical insurance companies when open enrollment happens at your employer.

In 2015, Ohio passed an emergency prescription refill law (HB 188) called Kevin's Law. It was named for Kevin Houdeshell, who lost his life because he was unable to refill his insulin prescription on a holiday weekend. His pharmacist could not reach his doctor and could not fill the prescription as a result. Since Ohio passed Kevin's law, 20 other state have done the same and four are currently considering it, thanks to the tireless efforts of his family who do not want this tragedy for anyone else.

HB 37 would expand that emergency prescription refill law to allow for 3 emergency refills per year rather than one. It would also require insurance companies to cover that emergency refill. Not only is this the right thing to do, but it is also more cost effective than the alternative. An ER visit to stabilize blood sugars costs $10,000 on average – a high cost for a medical insurance company and for T1D persons, especially if they happen to be a teacher like my daughter, this could be financially devastating.

There are several reasons someone may need an emergency refill, including a broken vial, insulin that was left in the heat (during power outages, for example), a bad vial (yes, manufacturing mistakes happen), needing more insulin than usual due to illness or stress, insulin forgotten at home or in a hotel room (as it is often kept in the refrigerator), delays in shipping insulin from mail order pharmacy, and equipment failures that lead to losing the insulin in the reservoir of an insulin pump. My daughter has experienced several of these issues, especially with her insulin pump, but luckily, she has had back-up vials or we had taken additional steps to protect vials – Not every T1D person is as fortunate.

It is necessary for insurance to cover this because of the outrageous cost of insulin, especially Humalog from Eli Lilly. Since 2009, the cost of insulin has gone from $40 a vial to around $300 a vial with no change in the product. Research indicates that as much as 70% of the cost of insulin is made up of pharmacy benefit manager rebates, which do not trickle down to the T1D user. Please know that "Walmart" insulin is not the answer…it is an older version of insulin that that was once the best option but has not been for nearly 20 years. Many people do not know how to accurately dose it and for some, like my daughter, her body does not react to it.

This legislation is a matter of life or death for many T1D Ohioans that have limited choices. You have the opportunity to help preserve life of T1D citizens in Ohio that have an emergency need for insulin.

I urge you to pass HB 37 to make it easier for them to obtain insulin in emergency situations.

Sincerely,
/s/ Robert W. Camp
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