Chairman Huffman, Vice Chair Antani, Ranking Member Antonio, and members of the Senate Health Committee. Thank you for your attention to this emergency refill legislation and for the opportunity to testify.

My name is Caylan Fazio and I am the volunteer chapter co-leader of Ohio #insulin4all, a patient-led grassroots movement raising awareness of the high cost of insulin and working for increased transparency and long-term solutions. I have been living with insulin-dependent type 1 diabetes for 8 years.

I and the Ohio Chapter of #insulin4all strongly support HB 37 because it increases access to life-sustaining medications, like insulin, and can drastically lower the cost for those with insurance.

Inability to access insulin is a crisis that results in hyperglycemia, long-term complications, greater risk of infection, weakened immune system, and additionally more financial costs, both for those living with the disease and the insurance providers who would need to cover the long-term complications.

Rationing insulin is a life-threatening tactic to make your supply last longer. This is incredibly dangerous and can lead to emergency room visits and death. Still a 2018 Yale Study shows that 1 out of 4 people living with insulin-dependent diabetes have rationed their insulin due to its high cost. Just like a prescription, cost is a barrier to insulin access. With the insurance mandate, HB 37 can help alleviate that cost in emergency access situations.

In practice the current bill's text, specifically the 30/7/7 day-supplies of nonconsecutive refills would realistically allow for one emergency refill per prescription per year, meaning, within that month after an emergency refill of a chronic medication, the patient must obtain another prescription from a physician since the emergency refills can not be used back-to-back. Best practices should ensure that a patient receives a new prescription. I understand there is even an aspect of the law that requires the pharmacist to contact the prescribing physician to request a new prescription if that therapy is to be continued. Still, as a patient, I have seen many best practices and prescription request systems breakdown.

Realistically, there is such a small chance that the second and third refill will ever be used. In fact, they should not be. The power of the second and third refill is that **they are a fail-safe** used to dispense insulin, or other chronic life-sustaining medications when there is a barrier to prescription access. I see the second and third refills used in only one case: a patient is unable to obtain a new prescription from their doctor within that month's time. If a new prescription is not obtained then it is possible to need more than one emergency refill, but the emergency refills need to be allowed consecutively.

I know how difficult it is to access a new prescription from a specialist, but I always have because my life depends on it. People with diabetes are not trying to afford their doctors; there is another entire set of access issues surrounding medical providers. Here are a few examples of my own inability to access prescription:

(1) My primary care doctor refused to prescribe me insulin – they insisted I see an endocrinologist.
(2) During college I had a difficult time obtaining prescriptions from my pediatrics endocrinologist. Obtaining new prescriptions involved multiple phone calls and my family needed to visit the office in person.
(3) I had an endocrinologist cancel on me. She was phasing out of her career and taking on less patients. Because I was a recent patient for her, the office switched my provider. I had to wait to reschedule an appointment.
(4) In transitioning to a different provider, I've had to wait 3 to 6 months to get a first appointment. Endocrinologists book out quickly, especially good ones who are attentive to their patients' needs and concerns.
(5) Automated communications to my endocrinologist's office for a new prescription have gone ignored for weeks. My family had to get into contact with multiple nurses to ensure the prescription was sent.

Practically speaking, the bill should never be enacted more than once per year. Other states have three or even unlimited refills, like Illinois. In Canada, no prescription is required to purchase insulin.

I do not have much knowledge of the way other chronic medications are managed; all I know is that I will need access to injected insulin every day of my life for the rest of my life. So I want to see as many safety nets as possible.

The three refills in any order is a massive safety net for multiple errors in a system to contact an endocrinologist and obtain a new prescription. This is especially true in getting a new specialist after they retire or when transitioning from a pediatric endocrinologist to an adult provider. More than one refill can be justified if someone is unable to contact their doctor easily. With best practices between the patient, prescribing doctor, and pharmacist, that should never be a need, but it is possible, and it is absolutely vital that those who are insulin-dependent have access to insulin at all times.

So I ask you, the Senate Health Committee, to remember that no one is aware of what will happen when a patient exits the pharmacy without insulin. The best the state of Ohio can do is allow for the widest safety net possible.

Please consider my testimony and the views of Ohio #insulin4all. Support the passage of House Bill 37, and please consider widening the safety net for insulin access and make an exception surrounding insulin: three refills, 30-day supply each, all covered by insurance, in any order that is needed, consecutively or otherwise.

Thank you again for the opportunity to testify. You may contact me by email with any questions you may have.

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Auxiliary HB 37 Information

H.B. 37 I is a continuation of the 131st General Assembly H.B. 188, passed into law in March of 2016. This law is used by a pharmacist when a prescription is empty or expires, and the prescriber cannot be reached to write another prescription. Sub. H.B. No. 37, the expansion of this original law. It provides for up to three life-saving emergency refills and an insurance mandate to cover the cost of the medication **as if** it was prescribed by a physician.

H.B. 37 has bipartisan sponsorship from 45 House Representatives. It passed unanimously out of the House Health Committee, and passed the House on May 5th with a vote 92-to-3. Patients and advocate-constituents have strongly supported this bill providing over 25 independent proponent testimonies in the House Health Committee.

Insulin is only as accessible as it is affordable. Sub. H.B. 37, provides for greater affordability in emergency situations, where the alternatives would be costly emergency room visits or death from diabetic ketoacidosis.

Without the insurance mandate provided by Sub. H.B. 37, a pharmacist would still be able to refill a life-saving medication, like insulin, under the original law, but insurance may choose to not cover the cost, making the patient responsible for the retail price of the prescription. In the case of insulin, this could be $300 to over a thousand dollars, depending on the individual's 30-day supply needs.