09/14/21

Chairman Lipps, Vice Chair Holmes, Ranking Member Russo, thank you for the opportunity to share proponent testimony on HB 37.

My name is Mindi Patterson and I live in Dayton. I am a parent of two sons with Type 1 Diabetes, a wife to a husband with Type 1, and sister-in-law of Meaghan Carter who had Type 1 for 18 years. Type 1 diabetes is an autoimmune disease that attacks and kills the pancreas beta cells that produce insulin. My youngest son, Martin, was diagnosed at 8yo in December of 2013, my oldest son, Pierce, was diagnosed at 14yo in March of 2015, my husband, Roc, was diagnosed in April 2018, and Meaghan was diagnosed in October 2000. I am in support of House Bill 37.

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. Since Ohio passed Kevin's law, twenty other states have done the same and four are currently considering it.

HB37 would expand the refill law to allow for 3 emergency refills per year rather than one. It would also require insurance to cover the cost of that emergency refill. This is the right thing to do as the list price of one vial of insulin without insurance is around $300 a vial, and most type ones need more than one vial a month.

With insulin, there are several reasons someone may need an emergency refill, for example power outages that make the insulin go bad, insulin that is ineffective due to poor production, needing more insulin due to illness or stress, insulin forgotten at home or in the hotel during travel, equipment failures that leads to losing insulin in the reservoir of an insulin pump. With three type ones in my family we have experienced many of these. Just recently my oldest son ran out of insulin due to his needs changing but before his new prescription could be filled. Our pharmacy was able to do an emergency fill, but what happens if he breaks a vial or becomes ill or our power goes out and he needs more than what he is prescribed? We have had pump failures (one time three in a row where we lost almost an entire vial of insulin), and the monetary issue has caused much anxiety and stress for my entire family. We cannot afford to pay out of pocket for insulin. For just one of my children, insulin and the supplies needed for a month would be around $3,000. With children, especially, because of growth hormones their insulin needs are constantly changing.

And “Walmart” insulin is not the answer. My sister-in-law, Meaghan Carter, had Type 1 Diabetes for 18 years. She lost her nursing job and insurance the summer of 2018. She was able to pick up short term employment those last months of her life as a nurse but was let go before she qualified for insurance (90 days) each time. She struggled to afford her prescribed insulin and December 20th with only $50 left she purchased “Walmart” insulin and passed away on Christmas due to the months of rationing and the inability to afford her prescribed medicine. She got her next paycheck December 26th. “Walmart” insulin is an older version of insulin that has not been regularly prescribed for more than 20 years and many, including health care professionals, do not know how to accurately dose for it and if they have to resort to it they aren't necessarily able to afford seeing a professional for help with it.

I urge you to support the passing of HB37 to protect Ohioans in emergency need for life-saving medications. Thank you for your time and efforts.

Sincerely,

Mindi Patterson

Dayton, Ohio 45410