

## Proponent Testimony on HB 37

Chairman Huffman, Vice Chair Antani, Ranking Member Antonio, thank you for the opportunity to share proponent testimony on HB 37. My name is Cassandra Freeland, and I am here on behalf of my teenage son and all the other people I have met who live with Type 1 diabetes.

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. I know you have already heard from his father, Dan. Since Ohio passed Kevin's law, 22 other states have done the same and others 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. The first refill would be for 30 days the subsequent ones for seven days. It would also require insurance companies to cover that emergency refill. I would encourage you to set the subsequent refills at 30 days as well. I don't understand the OSMA's initial support for this bill and their subsequent recommendation to limit second and third refills. I can share that there are two providers of pediatric endocrinology services in this area. One often does not return calls for 2-3 days. The other accepts prescription refill requests only via email, to the general mailbox. So, it is not always possible to get a same-day refill that way. In addition, I met someone whose insurance benefits were changed without notice. She found out she had to get her child's supplies somewhere different when it came time to get their next 30 days of supplies (which were all they would allow at one time), and they did not get their supplies in time. She had to rely on the informal network of others living with this disease to help until they could sort that out. There was no "same day" remedy for this.

Not only is this bill the right thing to do, but it is also more cost effective than an ER visit to stabilize blood sugars which costs \$10,000 on average according to my son's endocrinology practice manager.

The reason it is necessary for insurance to cover these emergency refills is because of the outrageous cost of insulin. 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](#). A STAT News article from last year describes this as “pin the tail on the patient.” It also worth mentioning that [“Walmart” insulin is not the answer](#)...it is an older version of “human” insulin that that was once the best option but has not been for 20 years. Many people do not know how to accurately dose it.

Where insulin is concerned 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, this happens), 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) and equipment failures that lead to losing the insulin in the reservoir of an insulin pump.

Insulin is available over the counter in Canada for less than \$30 a vial. It is unconscionable that patients still struggle to obtain their insulin with our advanced health care system. I urge you to pass HB 37 to make it easier for them to obtain insulin in emergency situations. We have the most advanced health care in the world, and people in the United States should be able to walk into the pharmacy and get their medication at a reasonable price without delays.

Sincerely,

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