

Chairman Lipps, Vice Chair Holmes, Ranking Member Russo, and members of the House Health Committee. Thank you for your continued attention to this emergency refill legislation and for the opportunity to testify.

My name is Caylan Fazio and I am the volunteer chapter 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 live in Columbus, Ohio and am a constituent of Ranking Member Russo. Additionally I live with insulin-dependent type 1 diabetes.

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. In this testimony I would like to discuss the recently proposed amendments and how these amendments would reflect on the patient experience.

As a patient-advocate I want to see the widest safety net possible for insulin access, yet I understand there is another discussion surrounding health and safety when dispensing drugs without a prescription.

In practice the proposed amendments would 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. 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 of 30-day supplies is that **they are a fail-safe** used to dispense insulin, or 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 couple 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 endocrinologists 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 House Health Committee, to remember that Kevin Houdeshell was a type 1 diabetic, a son, an Ohioan; he is not just a talking point for our cause. 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.

At the end of the day, I hope that anything with even one insurance mandate will pass through Committee. 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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