

PROPONENT TESTIMONY

for

Ohio HB 37

134th General Assembly

Senate Health Committee

Dear Chairman Huffman, Vice Chair Antani, Ranking Member Antonio, and members of the Senate Health Committee.

My name is Danny Houdeshell from Avon Lake, Ohio and I represent the Houdeshell family and our son Kevin from Avon Lake, Ohio. I am submitting proponent testimony about proposed HB 37 as submitted by House Representative Gayle Manning and amended by the House Health Committee.

As the committee is well aware there are 2 components to this bill. First expanding the number of refills allowed from 1 to 3 per year and second is insurance coverage.

The main focus since the passage of HB 188 in 2015 is to protect the people with chronic diseases as their medications can keep them from ER visits to a hospital or even death. As you will hear or have heard in other testimony there are a multitude of reasons for instance that a vial of insulin will need refilled immediately. Ohio's Kevin's Law covers all types of prescriptions while other states their laws have focused on just insulin and supplies. Kevin died because he could not refill his insulin so I will speak primarily about insulin and T1 diabetics.

Firstly, I will address the expansion of the number of refills. One may not be enough within a year for diabetics. As I stated others have or will address the number of reasons a T1 may need to refill their insulin in an emergency situation. In the past 6 plus years since Ohio updated this law almost half of our states have upgraded their laws and as I stated focusing primarily on insulin and supplies.

You can see the map I have provided the grass roots efforts made across our country. Also, involved have been many pharmacists and law makers. Law makers that have T1 themselves or have family members and they see how this disease affects loved ones on a daily basis. In fact constantly throughout each day. Most states have adopted the 3 times per year or in a few cases they have no restrictions at all. Plus the 30 days for each refill is not an issue.

Representative Manning's initial proposal was allowing 3 thirty day refills which the House changed to allowing the first refill as 30 days and the next 2 only allowing 7 day refill. That immediately takes people with chronic issues out of the picture and puts them back at risk. Through a grass roots effort of phone calls and emails we were able to get the following amendment added:

Under Sec. 4729.281 page 4 paragraph (b) last 4 words. “ the lowest available supply”. Most chronic disease meds are packed in vials or puffers or blister packs and a 7 day supply cannot be broken out by the pharmacist. This short phrase is vital to the success of this version of the law and should not be dismissed or overlooked. Hopefully the state board of pharmacy will highlight that when they brief the pharmacy world. I truly have no idea what OSMA's issue with 3 thirty day refills are because that would be crucial to saving lives. SB 155 was the pharmacist portion and 156 is the insurance coverage. If a person has insurance they should be covered as the coverage outlines.

Additionally this year 2 states recently passed their version of Kevin's Law and addressed the amount of refills being more than 1 plus insurance coverage. Texas HB 1935 went into effect on 9/1/2021 which included insulin and supplies. Michigan SBs 155 and 156 effective 7/15/2021.

Next speaking about insurance coverage. Under this law insurance companies would cover no more expenses than under regular conditions. So no financial impact. One other comment about insurance that many of us in the diabetic community discuss. Is the cost of a refill not far more efficient than denying the refills and paying for ambulance costs, ER visits, maybe even ICU visits. Which is not uncommon with diabetics experiencing DKA (Diabetic Ketoacidosis).

Our legislators need to give pharmacists the tools they need to do the job they are trained for and very good at to help their patients!!

Our efforts as a family is to make life easier less stressful for those in need and definitely save lives. This is not a be all end all law. It is a small but important part of a much larger issue that of making insulin available and easier access for T1 and T2s.

Respectfully submitted

Dan Houdeshell on behalf of the Houdeshell family and our son Kevin who died needlessly and sensously.