

Chairman Hackett, Vice Chair Romanchuk, Ranking Member Craig, thank you for the opportunity to share proponent testimony on SB 220 which would cap the monthly cost of insulin at \$35 per prescription.

My name is Cassandra Freeland and I am here today as the mom of a son with Type 1 diabetes. Since his diagnosis in five years ago at age 11, I have involved in diabetes advocacy.

Since 2009, the cost of insulin has gone from \$40 a vial to \$300 a vial with no change in the product.

I'd like to address several misconceptions about insulin. The first is that no one pays the list price of \$300. Over 40% of Americans have high deductible insurance and this is close to the cost they pay before meeting their deductible. Even once they meet their deductible, a copay of 20% of that is still an increase over what the list price used to be. A neighbor of mine who also has a daughter with Type 1 diabetes told me last year that she had no paycheck in January due to buying 90 days' worth of insulin for her college-aged daughter. She had \$14 left over.

The second misconception is that Walmart insulin for \$25 or \$50 is a viable option. It is not the insulin most people are accustomed to using. People with Type 1 diabetes must calculate their insulin dose for meals and change their dosage when necessary. People using modern analog insulins would not necessarily know how to dose older insulins, which requires a rigid schedule of dosing a couple of hours in advance and eating a set amount of food. It is dangerous if you deviate from it, and it is associated with dangerous low blood sugars for people with Type 1 diabetes. That is why they developed newer insulins.

Third, research indicates that as much as 70% of the cost of insulin is made up of pharmacy benefit manager rebates. Net profits on insulin have increased only slightly. You are probably aware that there is no transparency in the area of pharmacy benefit rebates – this has been a problem in the Medicaid system as well. We don't know where the rebates go – probably to reduce other people's premiums - but they do not go to the patient at the point of sale. The Columbus Dispatch did a wonderful series called Side Effects that spelled out how the state was being gauged by PBMs. Well, we are patients, and we are being ripped off, too.

Obviously, you can't solve this from your position as state legislators, but you can address the cost. I'd like to offer a couple pieces of information about insulin coupon programs. They require you do jump through many hoops, including an hour on the phone to sign up for their program. Our mail order pharmacy would not accept the discount card. Insulin purchased with these programs does not count toward your deductible or out of pocket maximum, so you really have to look at all of your medical spending. People with diabetes have other costs as well including monitoring blood sugar levels using a meter and test strips or continuous glucose monitor. Some people use an insulin pump. And people with other family members may have other medical costs as well.

In closing, I would ask you to cap the cost of insulin for people in Ohio in order that they be able to walk into the pharmacy and purchase insulin for a reasonable amount of money. I would be happy to answer any questions.