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Testimony in Support of
Senate Bill 1: An Act Concerning Diabetes and High Deductible Health Plans
House Bill 5175: An Act Concerning Diabetes and High Deductible Health Plans

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Universal Health Care Foundation of Connecticut thanks the Insurance and Real Estate Committee for the opportunity to submit testimony in support of Senate Bill 1 and House Bill 5175: An Act Concerning Diabetes and High Deductible Health Plans.

The Foundation envisions a health system that is accountable and responsive to the people it serves, and that supports our health, takes excellent care of all of us when we are sick, at a cost that doesn't threaten our financial security.

People living with diabetes in Connecticut are at risk of serious illness and death because they can not afford their medication. The disease brings with it a disproportionate financial burden. Those living with diabetes face medical expenditures that are two times higher than the medical expenses of people without diabetesⁱ. As the price of insulin continues to rise, and more and more people in our state are covered by high deductible health plans, this financial burden is increasing.

Sb 1 and HB 5175 would help insulin-dependent diabetics gain access to emergency doses of insulin and/or prescription diabetes equipment and supplies, "necessary to ensure that such individual does not suffer immediate physical harm because such individual does not possess such insulin drug or diabetes equipment and supplies". This access could be extremely helpful, for example, in the event of miscommunication between physician offices and pharmacies around the renewal of a prescription.

Similar language, also known as Kevin's Law, has been passed by at least thirteen other statesⁱⁱ. Connecticut should add its name to this growing list. This legislation provides necessary augmentation of existing state law which already permits pharmacists to dispense a seventy-two-hour emergency dose of medication. Insulin is not currently covered by this law, because it is not available in seventy-two-hour doses.

This section of the bills could be improved by specifying that a thirty-day supply of insulin or supplies would be dispensed and making sure that people could access this benefit a minimum of once a year.

Another important provision of these bills is the setting of out-of-pocket monthly caps of:

- Fifty dollars for insulin and noninsulin diabetes prescription drugs
- One hundred dollars for a thirty-day supply of medically necessary covered diabetes equipment and supplies

These provisions would provide crucial financial protections to those with individual insurance, small group insurance and those covered by large group fully insured plans. As many diabetics take more than one prescription diabetes medication, the language should clearly state that the monthly dollar amount cap is for all diabetes medications or supplies and is not a per-prescription or per-supply monthly cap.

Finally, the bills propose that the Commissioner of the Department of Social Services conduct a study to determine how to assist low-income residents to pay for insulin and diabetes equipment and supplies. Diabetes is much more prevalent among adults with low incomesⁱⁱⁱ. They need help now and should not have to wait for a study. Furthermore, there is an obvious source of revenue to support such a fund. Why not tax the three producers of analog insulin, as is being proposed in Minnesota, to provide support for that fund^{iv}? It is the monopoly pricing of insulin that is causing this crisis – the companies responsible for these indefensible high prices should be responsible for helping low income residents gain affordable access to life-saving medications and supplies.

Diabetics aren't the only people living in fear of affording their medications. A poll conducted by Altarum's Healthcare Value Hub in 2018 found that among Connecticut residents who regularly take prescription drugs, eighty-eight percent (88%) are worried they won't be able to afford their medications^v. Worse, twenty percent (20%) of Connecticut residents said they either did not fill a prescription, cut pills in half, or skipped a dose due to concerns about cost.

The Foundation would like to see out-of-pocket protections, like those proposed in these bills, expanded to cover all prescription drugs, not only diabetic medications and supplies. High deductible health plans simply do not provide adequate financial protection for people living with chronic illness.

But ultimately it is the high and rising prices of prescription drugs that are the root of the problem. Insulin is a particularly egregious example of how our system is prioritizing profits over people. Please improve and pass SB 1 and HB 5175.

ⁱ Healthy Connecticut 2020, State Health Assessment, page 81 https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/state_health_planning/SHA-SHIP/hct2020/hct2020statehlthassmt032514pdf.pdf%20class='no-direct-text-content'?la=en

ⁱⁱ Kevin's Law – Kevin's Legacy: Pennsylvania and Other States Enacting Emergency Prescription Refill Laws, AADE Advocacy Blog, January 17, 2019 <https://www.myaadenetwork.org/p/bl/et/blogaid=2206>

ⁱⁱⁱ Healthy Connecticut 2020, State Health Assessment, page 82

^{iv} Minnesota House Passes Alec Smith Emergency Insulin Act, Legislative News and Views, Minnesota House of Representatives, April 26, 2019 <https://www.house.leg.state.mn.us/members/profile/news/15518/25226>

^v *Connecticut Residents Worried About High Drug Costs – Express Bi partisan Support for a Range of Government Solutions: Data Brief No. 1*, April 2018, Altarum Healthcare Value Hub Consumer Health Experience State Survey, <http://33mos02k3jgi1zuad217yk0o-wpengine.netdna-ssl.com/wp-content/uploads/2018/10/Hub-Altarum-Data-Brief-No.-1-Prescription-Drug-Prices-in-Connecticut.pdf>

Universal Health Care Foundation of Connecticut's mission is to serve as a catalyst that engages residents and communities in shaping a democratic health system that provides universal access to quality, affordable, equitable health care and promotes health in Connecticut. We believe that health care is a fundamental right and that our work is part of a broader movement for social and economic justice.