Testimony Before the Insurance and Real Estate Committee
February 25, 2020

HB 5175/SB 1: AN ACT CONCERNING DIABETES AND HIGH DEDUCTIBLE HEALTH PLANS

Chairman Scanlon and members of the Committee:

Thank you for this opportunity to provide testimony regarding HB 5175/SB 1 An Act Concerning Diabetes and High Deductible Health Plans. The Connecticut Pharmacists Association represents more than 1,000 pharmacists, technicians, and students across all sectors of the pharmacy profession in Connecticut and we appreciate the time you have already taken to work with us regarding details of the bill.

We are separately providing draft language in response to the issues discussed in this testimony and look forward to working with you further.

As you know, the average price of insulin, versions of which have been around since the 1920s, roughly doubled to about $450 a month in 2016 from around $234 a month in 2012, according to the Health Care Cost Institute. And the cost has risen even higher since 2016, putting people without insurance and those with high-deductibles at risk of rationing their doses and, in some cases, going without treatment.

Section 3 of HB 5175/SB 1 requires licensed pharmacists to dispense insulin, equipment, and supplies without a prescription in certain circumstances. Historically, insulin did not require a prescription and most people purchased it over the counter. Currently, some Human Insulin (but not Analog) supplies do not require a prescription and pharmacists can provide a limited supply of syringes/needles without a prescription. Recently, a small number of low-cost, generic insulins have entered the market.

In order for HB 5175/SB 1 to be successful, it should both serve the needs of patients and protect the pharmacists who dispense the drug, and several questions should be considered.

1) In the context of this bill, what would be considered a minimum supply? There are five different "classes" of insulins (rapid, short, intermediate, long, and ultra-long acting); there are also mixed-insulins; and there are far more prescription brands that offer the medication in its main forms. These brands may vary by the type of insulin, dosing, and how it is delivered, among other factors. In retail pharmacies, insulin is generally dispensed in 10ml vials and pre-filled pens (3ml per pen), which come in 5-pen packages. On the other hand, hospital pharmacies generally stock 3ml vials as well, so establishing a minimum supply could be difficult. It might

be easier to establish a maximum quantity (for example, Walmart's low-cost behind-the-counter brand ReliOn is limited to four 10ml vials or five 5-pen boxes per transaction).

2) Would pharmacists be required to maintain a special stockpile of insulin for such emergency dispensement? If so, would this include all the various types of insulin on the market? Independent pharmacies tend to keep a very limited amount of insulin in stock, sometimes maintaining just one box of the common items on the shelf. In doing so, these pharmacies can give a partial dispense and order the remainder for the following day (if needed). If pharmacies were required to stock one of each type of insulin, that would be several thousand dollars in inventory costs that could be sitting in the refrigerator unused. Even if the insulin were used before expiring, it would be a costly expense that might never be reimbursed. In the case of pens, if a pharmacy was required to open a box due to maximum dispensing limits, chances are there would be unused inventory that would eventually expire and cost the pharmacy hundreds of dollars

3) Regarding reimbursement: without a valid prescription, pharmacies generally cannot make a reimbursement claim to a payor for any drug. In the case of the present proposal, if a patient has insurance (whether commercial or otherwise), the payor should be required to fully reimburse such claims, regardless of any other factors. But if a patient has no insurance, there must be an established process for reimbursing the pharmacy's considerable investment.

4) There is an ongoing insulin "shortage" which can make it difficult for some pharmacies, especially small and independent ones, to keep certain insulins affected by the shortage at the time in stock. This could be further exacerbated by any stockpiling requirements.

5) Are there provisions to minimize fraud and abuse of the system? There is already a broad and active black market for insulin of all types. Unscrupulous individuals could potentially utilize the emergency insulin system to access product (possibly from multiple pharmacies over a period of time) and illegally resell it. A pharmacist would not necessarily have specific knowledge about an incoming patient—including whether the patient is actually diabetic or whether that patient might have a valid prescription at a different pharmacy.

6) A pharmacist's liability must be considered. Insulin is considered a "high-risk" medication and can cause, among other things, hypoglycemia which can be life threatening. Pharmacists should be fully and completely protected from any liability associated with the transaction, including any adverse reactions.

Connecticut Pharmacists Association believes that, with thoughtful revision, HB 5175/SB 1 can be helpful in assuring insulin access and affordability for patients and we appreciate the opportunity to comment.

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