



Maryland
Hospital Association

**Senate Bill 410 –Health Insurance - Coverage for Insulin - Prohibition on Deductible,
Copayment, and Coinsurance**

Position: *Support*

Bill Summary

SB 410 would prohibit, except under certain circumstances, insurance carriers, nonprofit health service plans, and health maintenance organizations from imposing a deductible, copayment, or coinsurance requirement on insulin; and applying the Act to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2020.

MHA Position

Maryland's hospitals support efforts that expand coverage for services to prevent chronic diseases, such as diabetes. Under Maryland's unique Total Cost of Care agreement with the federal government, Maryland's hospitals are working to lower costs and improve population health, including efforts to reduce rates of diabetes in the state.

In addition to treating illness and injury, hospitals are reaching out beyond their four walls to keep people well and improve the health of the communities they serve. The result: hospitals are taking care of the whole person, empowering patients and families, coordinating care among different providers, and addressing social factors that influence people's health.

The proposed first measure for population health accountability is to reduce the incidence of diabetes onset. Despite the growth in scientific advances in management, diabetes continues to be a chronic disease plagued by frequent hospital readmissions. Long-term uncontrolled diabetes contributes to other illnesses, including heart disease and kidney failure. Managing readmissions and the reduction of the disease will require collaboration and coordination across all sectors of the health care field, including insurers.

Using insulin to manage blood sugar can help manage diabetes, and insulin therapy is often an important part of diabetes treatment. It is, therefore, critical that individuals with diabetes manage their insulin intake appropriately and efforts to make this medicine affordable are supported. People with Type 1 diabetes cannot make insulin because beta cells in their pancreas are damaged or destroyed. Therefore, they need insulin injections to allow their body to process glucose and avoid complications from hyperglycemia.

People with Type 2 diabetes do not respond well or are resistant to insulin. They may need insulin shots to help them better process sugar and to prevent long-term complications from this disease. Type 2 diabetes may first be treated with oral medications, along with diet and exercise. Since Type 2 diabetes is a progressive condition, the longer someone has it, the more likely they will require insulin to maintain blood sugar levels. Improvements in population health cannot be realized if the necessary services — including insulin treatment — are not covered by insurance plans. For these reasons, we urge you to give **SB 410 a favorable report.**