



Maryland
Hospital Association

House Bill 134 – Health Insurance - Prescription Insulin Drugs - Limits on Copayment and Coinsurance

Position: Support

February 6, 2020

House Health & Government Operations Committee

MHA Position

Maryland's 61 nonprofit hospitals and health systems care for millions of people each year, treating 2.3 million in emergency departments and delivering more than 67,000 babies. The 108,000 people they employ are [caring for Maryland](#) around-the-clock every day—delivering leading edge, high-quality medical service and investing a combined \$1.75 billion in their communities, expanding access to housing, education, transportation, and food.

More than 10% of the state's adult population has diabetes—the sixth leading cause of death in Maryland—and an estimated 1.6 million have prediabetes.ⁱ This is one reason why hospitals' first measure for population health accountability established under Maryland's Total Cost of Care Model is diabetes prevention. Despite scientific advances to manage diabetes, those with this chronic disease often are at higher risk of frequent hospital readmissions. Long-term, uncontrolled diabetes contributes to other illnesses, including heart disease and kidney failure.ⁱⁱ Managing readmissions and the reduction of the disease will require collaboration and coordination across all sectors of the health care field, including insurers.

Insulin is a hormone released by the pancreas that allows the body to use or store blood sugar.ⁱⁱⁱ Insulin therapy is often an important part of diabetes treatment. It is, therefore, critical that individuals with diabetes manage their insulin intake appropriately and have access to affordable insulin. Type 1 diabetes results from the pancreas' inability to produce insulin.^{iv} Therefore, patients with Type 1 diabetes 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.^v They may need insulin shots to help process sugar and prevent long-term complications. 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 a *favorable* report.

For more information, please contact:

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ⁱ Maryland Department of Health. “Maryland Diabetes Action Plan”.

<http://health.maryland.gov/diabetes-action-plan>

ⁱⁱ Cleveland Clinic. “Diabetes: Complications”.

<https://my.clevelandclinic.org/health/articles/11877-diabetes-complications>

ⁱⁱⁱ American Diabetes Association. “Insulin Basics”.

<https://www.diabetes.org/diabetes/medication-management/insulin-other-injectables/insulin-basics>

^{iv} Maryland Department of Health. “Maryland Diabetes Action Plan”.

<http://health.maryland.gov/diabetes-action-plan>

^v Ibid.