

STATE OF MAINE

IN THE YEAR OF OUR LORD
TWO THOUSAND TWENTY-TWO

S.P. 574 - L.D. 1729

**Resolve, To Assess the Feasibility of the Production of Insulin and Insulin
Analogues in Maine**

Sec. 1. Commission established. Resolved: That the Department of Health and Human Services shall convene a commission consisting of the following 12 members:

1. The Commissioner of Health and Human Services or the commissioner's designee;
2. A representative of the Department of Health and Human Services, Maine Center for Disease Control and Prevention;
3. An individual involved in biomedical research;
4. A representative of the Department of Professional and Financial Regulation, Maine Board of Pharmacy;
5. A representative of the Department of Professional and Financial Regulation, Bureau of Insurance;
6. A representative of the University of Maine System;
7. A resident of the State receiving treatment for diabetes or a representative of an organization that represents or advocates for residents of the State receiving treatment for diabetes;
8. Two physicians licensed to practice within the State having expertise in the treatment of diabetes and related complications;
9. A research scientist having expertise in the synthesis or production of drugs or biologics, including insulin and insulin analogues;
10. A representative of hospitals and health care providers within the State; and
11. A representative of an organization that advocates for greater access to insulin and insulin analogues and that does not accept funding from an insulin or insulin analogues manufacturer.

Sec. 2. Feasibility assessment. Resolved: That the commission established in section 1 shall assess the feasibility of producing insulin and insulin analogues in the State through the University of Maine System and other appropriate institutions or through a

public-private partnership between the University of Maine System, other appropriate institutions and a licensed drug manufacturer. The commission shall also assess the feasibility of providing the insulin and insulin analogs produced to low-income residents of the State at low or no cost through hospitals, pharmacies and health care providers in the State or at a reduced cost on a means-tested basis. In its assessment, the commission shall consider various factors including:

1. The number of low-income residents of the State who currently require insulin;
2. The ability of the University of Maine System by itself, in partnership with another appropriate institution or through a public-private partnership with a licensed drug manufacturer to produce insulin and insulin analogs in an amount sufficient to fulfill the needs of low-income residents of the State who require insulin;
3. Any long-term cost savings and revenue generation for the State and the University of Maine System;
4. Any long-term cost savings and other benefits to low-income residents of the State who would receive insulin and insulin analogs at low or no cost;
5. Any costs to the University of Maine System and to the State to produce and distribute insulin and insulin analogs, including additional administrative costs;
6. State and federal regulatory or legal obstacles, including requirements for licensure, to the production and distribution of insulin and insulin analogs within the State by the University of Maine System or other appropriate institutions;
7. Available alternative methods for providing insulin and insulin analogs to low-income residents of the State at low or no cost;
8. Options for capping copayments for insulin and insulin analogs provided through private insurers;
9. The potential for the State to engage in volume purchasing of insulin and insulin analogs at reduced cost;
10. The mechanisms by which the State could establish a program to distribute insulin and insulin analogs to residents of the State;
11. Opportunities to establish an interstate compact with other New England states to reduce insulin and insulin analog costs in compact states;
12. Opportunities to establish a public entity to manage the purchasing and distribution of insulin and insulin analogs with the possibility of eventual transition to a private entity;
13. Opportunities to establish a model facility to affordably manufacture insulin and insulin analogs and to distribute insulin and insulin analogs to residents of the State; and
14. Opportunities to procure dedicated funding to support the manufacture of insulin and insulin analogs and the distribution of insulin and insulin analogs to residents of the State.

The commission shall seek input from members of the Legislature when conducting the assessment required by this section.

Sec. 3. Report. Resolved: That, by November 2, 2022, the commission established in section 1 shall provide a report to the Joint Standing Committee on Health and Human

Services that includes its assessment under section 2 of the feasibility of manufacturing insulin and insulin analogs in the State and distributing such insulin and insulin analogs to low-income residents of the State at low or no cost and recommendations, including proposed legislation, for promoting insulin and insulin analogs manufacturing in the State through the University of Maine System or a public-private partnership. The joint standing committee may introduce legislation on the basis of the commission's report during the First Regular Session of the 131st Legislature.