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Date: (Filing No. S-)

HEALTH AND HUMAN SERVICES

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**STATE OF MAINE
SENATE
130TH LEGISLATURE
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT “ ” to S.P. 574, L.D. 1729, “Resolve, To Assess the Feasibility of the Production of Insulin in Maine”

Amend the resolve by striking out the title and substituting the following:

'Resolve, To Assess the Feasibility of the Production of Insulin and Insulin Analogs in Maine'

Amend the resolve by striking out everything after the title and inserting the following:

'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 analogs;
10. A representative of hospitals and health care providers within the State; and

COMMITTEE AMENDMENT

1 11. A representative of an organization that advocates for greater access to insulin and
2 insulin analogs and that does not accept funding from an insulin or insulin analogs
3 manufacturer.

4 **Sec. 2. Feasibility assessment. Resolved:** That the commission established in
5 section 1 shall assess the feasibility of producing insulin and insulin analogs in the State
6 through the University of Maine System and other appropriate institutions or through a
7 public-private partnership between the University of Maine System, other appropriate
8 institutions and a licensed drug manufacturer. The commission shall also assess the
9 feasibility of providing the insulin and insulin analogs produced to low-income residents
10 of the State at low or no cost through hospitals, pharmacies and health care providers in the
11 State or at a reduced cost on a means-tested basis. In its assessment, the commission shall
12 consider various factors including:

13 1. The number of low-income residents of the State who currently require insulin;

14 2. The ability of the University of Maine System by itself, in partnership with another
15 appropriate institution or through a public-private partnership with a licensed drug
16 manufacturer to produce insulin and insulin analogs in an amount sufficient to fulfill the
17 needs of low-income residents of the State who require insulin;

18 3. Any long-term cost savings and revenue generation for the State and the University
19 of Maine System;

20 4. Any long-term cost savings and other benefits to low-income residents of the State
21 who would receive insulin and insulin analogs at low or no cost;

22 5. Any costs to the University of Maine System and to the State to produce and
23 distribute insulin and insulin analogs, including additional administrative costs;

24 6. State and federal regulatory or legal obstacles, including requirements for licensure,
25 to the production and distribution of insulin and insulin analogs within the State by the
26 University of Maine System or other appropriate institutions;

27 7. Available alternative methods for providing insulin and insulin analogs to low-
28 income residents of the State at low or no cost;

29 8. Options for capping copayments for insulin and insulin analogs provided through
30 private insurers;

31 9. The potential for the State to engage in volume purchasing of insulin and insulin
32 analogs at reduced cost;

33 10. The mechanisms by which the State could establish a program to distribute insulin
34 and insulin analogs to residents of the State;

35 11. Opportunities to establish an interstate compact with other New England states to
36 reduce insulin and insulin analog costs in compact states;

37 12. Opportunities to establish a public entity to manage the purchasing and distribution
38 of insulin and insulin analogs with the possibility of eventual transition to a private entity;

39 13. Opportunities to establish a model facility to affordably manufacture insulin and
40 insulin analogs and to distribute insulin and insulin analogs to residents of the State; and

1 14. Opportunities to procure dedicated funding to support the manufacture of insulin
2 and insulin analogs and the distribution of insulin and insulin analogs to residents of the
3 State.

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

6 **Sec. 3. Report. Resolved:** That, by November 2, 2022, the commission established
7 in section 1 shall provide a report to the Joint Standing Committee on Health and Human
8 Services that includes its assessment under section 2 of the feasibility of manufacturing
9 insulin and insulin analogs in the State and distributing such insulin and insulin analogs to
10 low-income residents of the State at low or no cost and recommendations, including
11 proposed legislation, for promoting insulin and insulin analogs manufacturing in the State
12 through the University of Maine System or a public-private partnership. The joint standing
13 committee may introduce legislation on the basis of the commission's report during the
14 First Regular Session of the 131st Legislature.'

15 Amend the resolve by relettering or renumbering any nonconsecutive Part letter or
16 section number to read consecutively.

17 SUMMARY

18 This amendment replaces the resolve and makes the following changes. It:

- 19 1. Replaces the term "insulin" with "insulin and insulin analogs" throughout;
- 20 2. Adds to the commission a representative of an organization that advocates for
21 greater access to insulin and insulin analogs and that does not accept funding from an
22 insulin or insulin analogs manufacturer;
- 23 3. Adds the following factors to the feasibility assessment:
 - 24 A. Options for capping copayments for insulin and insulin analogs provided through
25 private insurers;
 - 26 B. The potential for the State to engage in volume purchasing of insulin and insulin
27 analogs at reduced cost;
 - 28 C. The mechanisms by which the State could establish a program to distribute insulin
29 and insulin analogs to residents of the State;
 - 30 D. Opportunities to establish an interstate compact with other New England states to
31 reduce insulin and insulin analog costs in compact states;
 - 32 E. Opportunities to establish a public entity to manage the purchasing and distribution
33 of insulin and insulin analogs with the possibility of eventual transition to a private
34 entity;
 - 35 F. Opportunities to establish a model facility to affordably manufacture insulin and
36 insulin analogs and to distribute insulin and insulin analogs to Maine residents; and
 - 37 G. Opportunities to procure dedicated funding to support the manufacture of insulin
38 and insulin analogs and the distribution of insulin and insulin analogs to Maine
39 residents; and

