

April 12, 2021

Senator Heather Sanborn, Senate Chair
Representative Denise Tepler, House Chair
Joint Standing Committee Health Coverage, Insurance and Financial Services
c/o Legislative Information Office
100 State House Station
Augusta, ME 04333

Re: LD 673, An Act to Create the Insulin Safety Net Program

Dear Senator Sanborn, Representative Tepler, and members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services:

The Diabetes Leadership Council (DLC) appreciates this opportunity to provide comments on LD 673, An Act to Create the Insulin Safety Net Program.

DLC is a 501(c)(3) patient advocacy organization comprised of individuals who combine their passion for advocacy with decades of diabetes experience and leadership to advance patients-first policies at the local, state and national levels. Our members – all former leaders of national diabetes organizations – engage policymakers, and public and private sector influencers to call attention to the diabetes epidemic and provide a voice for 34 million Americans with the disease.

We understand and appreciate that the drivers of rising health costs extend beyond a single product, disease or industry so solutions must too. That is why DLC convened the first multi-stakeholder national roundtable on rising insulin costs in 2016, and has since worked with policymakers across the political spectrum to understand this complex topic and advance policies that provide real relief to patients at the pharmacy, where it matters most.

Maine has already taken the important steps of expanding Medicaid, passing Kevin's Law and capping insulin cost sharing in state regulated health plans. This last step means people with diabetes enrolled in MaineHealth will pay a low, predictable monthly cost for lifesaving insulin, rather than high list prices. Combined with increased COVID-19 relief included in the federal American Rescue Plan Act, more Mainers with diabetes will be able to afford comprehensive coverage for insulin and other diabetes medications, testing supplies, insulin pumps, continuous glucose monitors and other standards of diabetes care.

Rather than build on this progress to date, LD 673 would roll it back to create a new state program that duplicates existing national programs offering no- or low-cost insulin. While well intended, LD 673 would commit state resources to a single, product-specific program rather than more comprehensive solutions better suited to a complex chronic condition like diabetes. Mainers with diabetes would be better served by awareness and enrollment in existing programs for which they are eligible. The state could do this for people with diabetes today with no legislation or \$50 out-of-pocket payment required.



Had LD 673 been introduced two years ago, the insulin access landscape would have looked much different. Today, in addition to MaineCare and improved coverage in MaineHealth, there is getinsulin.org, operated by our advocacy partners Beyond Type 1, the Association of Diabetes Care & Education Specialists, JDRF and others. Getinsulin.org was developed by the diabetes community for the diabetes community, to address urgent and long-term needs. It serves as a single point of access to insulin manufacturer programs and provides additional resources to meet diverse needs, from insurance literacy to food security.

Our [website](#) and getinsulin.org also help people with diabetes locate federally qualified health centers and free clinics in their communities. These public safety net providers can provide insulin for pennies per unit plus other deeply discounted prescriptions when they extend federal 340B prices to patients using their pharmacies.

We also encourage states interested in prescription assistance to consider a broader model like the Kentucky Patient Assistance Program (KPAP). Whereas the Minnesota insulin program LD 673 models helped about 450 people in its first year of operation, KPAP helped more than 9,000 Kentuckians secure \$28 million in free medications. KPAP works with assistance program sponsors, health care providers, faith-based organizations and social service agencies to streamline access and navigate patients toward programs suited to their needs.

DLC welcomes the opportunity to work with Joint Committee members to advance patient-centered policies that improve access to insulin and other standards of diabetes care. Please email contact@diabetesleadership.org or call 859-977-9456 if we can be of assistance.

Sincerely,

R. Stewart Perry
Board Chair

Erika B. Emerson
Executive Director