

Double dog dare you to lead by action and Support HB1114 - The insulin bill

The 2-year trial using NDPERS, is complete.

RESULTS: negligible premium increase, no increase in utilization with insulin prescriptions.

BONUS: costs were even lower with the cap than previous period, due to lower insulin price

NDPERS recommendation: IN SUPPORT for State Employees, NEUTRAL for commercial market.

During this time, the Insurance Commissioner, implemented a copay cap of \$35 for insulin as an essential health benefit for all Individual and Small Group Market plans. One-third of the market now has a copay cap.

Another third of the market, Self-Funded Employer plans choose how they want to cover insulin. Employers I have asked assume they already cover insulin at a similar copay cost on their plan or they reply that they don't even know how their plan covers it because it isn't discussed in detail.

The final portion of the market deserves this safety net for their lives too. The Large Group Market plans will be affected by this bill. To be transparent, the only way this will benefit me is to put further downward pressure on the price of insulin, since my plan crosses state lines.

Insulin does not operate in a free market, and the advocacy efforts over many years are finally working to resolve that issue, but we need the entire supply chain, manufacturer to consumer to come to the table in a good faith effort to solve this problem.

This isn't technically asking for cost shifting, it is taking back a very small fraction of the money insulin has been supplying to the rebate pool, to the people who actually pay it.

Health plans in ND mention they have lowered the copay on their plans, it was done AFTER I brought this bill to ND. They held a meeting with me almost 2 months before they did it.

Not one employer I have talked to knows HOW their plan covers insulin and basic supplies. It should not surprise anyone that patients\consumers do not know how their health plan is funded.

I serve on a regional advocacy council for American Diabetes Association which is from ND to NE, and all states west to the coast and Alaska. I am aware of what other states are doing, and this is by far the lowest bar we are asking for. It isn't even the standard of care for a Type 1 Diabetic in today's world. And we all talk about how much money we put into research for the latest discovery, but for what, if you are continuing to suggest that patients be happy with prescriptions from 40 years ago, every one should be.

Patients have absolutely NO VOICE in which insulin we want, what works best for us, and where we want to get it. It is all decided by the PBMs and the Insurance Carrier.

I was fortunate while employed at Great Plains Software, to have had Jeff Young as a leader and friend. One day he said something to me that has stuck with me. Whatever you choose in life, don't let it be a checklist to perform. Use your skills as a natural leader to accomplish what you are compelled to do. Then use it to enhance the community around you.

I never thought it would be years of advocating to save someone's eyesight, kidneys, limbs or even their LIFE because they, like our daughter, are dependent on insulin to survive.

Lack of Insulin Stops a Beating Heart

Danelle R. Johnson, Horace, ND 701-261-1687