

STATEMENT



In Support to Oregon SB 9: Emergency Prescribing and Dispensing of Insulin During Emergencies January 28, 2019

Position: The Pharmaceutical Research and Manufacturers of America (PhRMA) supports Oregon SB 9, allowing pharmacists to prescribe and dispense emergency refills of insulin and associated insulin-related devices and supplies to patients who have evidence of a previous prescription and need it during times of emergencies, and requiring reimbursement for such services. Diabetic patients and their caregivers must have access to these lifesaving medicines and devices during unexpected times of emergency. Diabetic patients cannot afford to wait for prescription verification, provider communication with the pharmacists, or electronic processes to get restored before taking their life saving medicines. This legislation literally throws vulnerable patients a lifeline in tumultuous times of declared emergencies because any amount of waiting can result in serious or life-threatening complications.

Diabetes is a complex, critical chronic condition impacting thousands of Oregonians, leaving patients in vulnerable positions because blood glucose must be constantly maintained at a certain level or they risk severe complications and/or death. While advances in medicine and treatment have caused a decline in diabetes related deaths, it remains clinically factual that patients, regardless of treatment, must constantly monitor their blood glucose and administer and titrate their medications accordingly. While many patients are managed well on oral medicines, the vast majority of diabetics require insulin products, which must be stored at a certain cold temperature to ensure efficacy. Times of emergency and power loss can threaten those conditions where a patient has been able to remain stable. ¹ No patient should have to worry about whether he or she can access needed health care services or insulin products, especially in times of emergency. SB 9 provides a safety net for patients that should a crisis occur, they will ultimately be able to get their medicines, making patients the true beneficiaries of this legislation.

SB 9 Recognizes the Value of Diabetes Medications to Patients and to Oregon

Today, there are 171 medicines in development for type 1 and type 2 diabetes and diabetes-related conditions, such as chronic kidney disease and diabetic neuropathy. All of these medicines are in clinical trials or awaiting review by the U.S. Food and Drug Administration (FDA). The cost of diagnosed diabetes is \$245 billion in the United States due to absenteeism from work and or/school, and unexpected emergency room visits from complications and admissions into the hospital for severe ramifications. Biopharmaceutical researchers are tirelessly working to find new lifesaving and life-changing treatments and cures to address this complex disease and the costs associated with it.

SB 9 Reinforces Benefits of Patient Adherence and Medication Management Follow-up After Dispensing Occurs

Patient adherence, or taking medicines exactly as prescribed, reinforces quality of life for the patient and economic savings for both patients and the state. While nearly half of the close to 20 million Americans treated for diabetes, have the disease successfully controlled, half of all diabetic patients do not have their blood glucose levels under control. With improved diabetes control, Oregon Medicaid could save extraordinary amounts if patients take medicines as directed, along with lifestyle changes. Additionally, in times of emergency and because of SB 9, Oregon can avert spending needless dollars and resources trying to quickly verify that a requesting patient get their insulin products filled until systems and infrastructure are back up and running.

Taking diabetes medicines as directed also reduces the use of costly hospital care. In one study, rates of emergency room visits and hospitalizations were 46% and 24% lower for adherent patients, relative to nonadherent patients. While annual spending on prescription medicines was \$776 higher per adherent patient, each patient saved \$886 in averted hospital costs, resulting in a net savings of \$110 per diabetic patient per year.²

SB 9 also includes important clinical patient protections, such as requiring the pharmacist to have appropriate training in emergency preparedness for dispensing medicines and assessing the need for medicines in patients. It also requires the pharmacist to follow up with the patient's healthcare provider to reinforce the continuity of care and inform the provider what has taken place during a time when the patient's provider could not communicate. Healthcare Ready, a national coalition of stakeholders who mobilized after Hurricane Katrina to provide patients with access to medical care, medicines and supplies during times of disaster has stated that it is critical for states to clearly define the emergency prescription refill protocols and allow pharmacists to dispense medicines, during times of public health emergencies, while working closely with the local, state and federal departments of health during critical times of emergency. Pharmacists are vital members of the healthcare team and with proper infrastructure as laid out with SB 9, they can make a huge impact during a disaster and in the recovery phase for patients and the state of Oregon.

In summary, the biopharmaceutical industry is committed to working with Oregonian lawmakers, patients, health care providers and other health care stakeholders to ensure policies that promote innovation and help ensure consumers have access to needed medicines are enacted. SB 9 is the way to accomplish this important goal during times of emergencies. Therefore, PhRMA respectfully urges lawmakers to support SB 9.

The Pharmaceutical Research and Manufacturers of America (PhRMA) represents the country's leading innovative biopharmaceutical research companies, which are devoted to discovering and developing medicines that enable patients to live longer, healthier, and more productive lives. Since 2000, PhRMA member companies have invested more than \$600 billion in the search for new treatments and cures, including an estimated \$71.4 billion in 2017 alone.

² W. Encinosa et al, "Does Prescription Drug Adherence Reduce Hospitalizations and Costs?" National Bureau of Economic Research Working Paper No. w15691, January 2010.