



## House Bill 5939

Gary Dougherty  
Director, State Government Affairs  
American Diabetes Association  
House Health Policy Committee  
September 1, 2020

Chairman Vaupel and Members of the House Health Policy Committee:

My name is Gary Dougherty and I am the Director of State Government Affairs for the American Diabetes Association.

I regret that I am unable to join you this afternoon; however, on behalf of the more than 3.8 million Michiganders with or at risk for diabetes, the American Diabetes Association (ADA) strives to protect patients from mid-year changes in their health care coverage. As currently written, House Bill 5939 does not provide these necessary protections.

The American Diabetes Association is firm in its belief that restrictive changes should not be made to formularies after a plan year has begun. A patient makes a decision regarding their health insurance coverage based upon the formulary and the plan's policies in effect at the time of enrollment for the coming plan year. It is rare that the patient is able to switch health plans in the middle of the year; therefore, the insurer should not be permitted to make changes that adversely affect an insured's coverage without, at least, providing exemptions and an opportunity to appeal a negative decision. Such changes can disrupt the continuity of care, result in unexpected and significant expenses for the patient, and may jeopardize their health.

Diabetes is a serious disease, and effectively managing it is not a one-size-fits-all proposition. The ADA believes that every person living with diabetes should have access to the care, treatments, tools, and information they need to successfully manage their diabetes.

We know that a single therapeutic approach does not work for all people with diabetes. The complexities of managing diabetes are unique to each individual, based on health history, comorbidities, lifestyle, and other important factors. Day-to-day management of diabetes rests squarely with the individual living with the disease. It is critical that these individuals have the opportunity to work with their health care providers to choose the therapeutic approaches that best meet their needs, including access to the brand and type of insulins and durable medical equipment deemed necessary to meet their management goals.

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Currently, House Bill 5939 contains provisions to skirt protections afforded by non-medical switching policies, namely still allowing restrictive changes to occur as long as a patient is notified within 60 days of a drug being removed from the formulary. This is unacceptable since patients are unlikely to be able to switch plans in the middle of the year if the change is particularly adverse to their health care.

Additionally, restrictive changes would be allowed to occur if an insurance company's pharmacy and therapeutics committee okays the change. These actions are beyond the control of the patient and their health care provider and may result in negative health consequences.

The ADA advocates for many public policies designed to support patient-centered care and we are eager to join with other stakeholders to work with you to make necessary improvements to House Bill 5939 to prohibit health plans from making restrictive changes to a patient's coverage after a plan year has begun.

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