



Connected **for Life**

March 23, 2022

Chair Liebling and Health Finance and Policy Committee,

On behalf of the American Diabetes Association® (ADA) I would like to express our support for the language included in Subdivision 3 of House File 58 to address non-medical switching.

Subdivision 3 of the bill will benefit Minnesotans with diabetes and other chronic conditions by protecting patients from changes to utilization review or increases to cost sharing during the duration of the enrollee's contract term.

Diabetes is a serious disease, and effectively managing it is not one-size-fits-all. 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. It is critical that people with diabetes have the opportunity to work with their health care providers to choose the most appropriate therapeutic option that best meets their specific needs.

The ADA is concerned about mid-year changes to health plan formularies such that a medication that is on the formulary when the patient signs up for the plan, can be moved off the formulary or shifted to a more expensive tier later in the plan year. Such changes can disrupt the continuity of care, result in unexpected and significant expenses for the patient, and may jeopardize their health as most enrollees don't have the option to switch mid-year to another plan with appropriate coverage.

If you have any questions, please direct them to me at ckemp@diabetes.org and I will do my best to answer them for you.

Thank you,

Carissa Kemp
Director of State Government Affairs

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