

# T1International #insulin4all

## Kevin's Law

### Background

Certain chronic illnesses require regular maintenance medication to prevent dramatic or even life-threatening outcomes. Emergency prescription refill legislation, known in many states as Kevin's Law, allows a pharmacist to use their professional judgement if a doctor cannot be reached to authorize a prescription and dispense an emergency supply of a chronic maintenance drug.

States that have passed Kevin's Law include: Ohio and Florida in 2016; Arkansas, Arizona, Illinois, and Wisconsin in 2017; Idaho, Michigan, Oregon, Pennsylvania, South Carolina, and Tennessee in 2018; and Colorado, Kentucky, Oklahoma, and West Virginia in 2019.

### Kevin's Story

Advocacy for emergency access laws gained momentum in 2015, following the death of Ohio resident Kevin Houdeshell in 2014. That year, over the New Year's holiday, Kevin's prescription for insulin ran out of refills, and he was unable to contact his doctor's office to obtain a new prescription. Kevin was turned away from the pharmacy and sent home without insulin. To make his prescription last until he could reach his doctor for a refill, Kevin began rationing his doses. In the following days, Kevin began to exhibit what he believed were flu like symptoms, and went home sick to isolate himself to prevent spreading his illness. Kevin did not realize that his symptoms were actually diabetic ketoacidosis (DKA) from lack of insulin.

On January 8th, 2014, Kevin did not show up to work. A friend went to check on him and found him alone in his apartment, deceased. Kevin was 36 years old and his death was completely preventable. Following his passing, Kevin's family has advocated for emergency prescription refill legislation across the United States to ensure that patients always have access to the medication they need to survive, even if their prescription is expired. Since they began advocating, a total of 16 states have passed emergency prescription refill laws, many of which are named in Kevin's honor. In most states, votes in favor of the legislation were unanimous.



## **Rules and Limitations**

Typically, the bill allows a pharmacist to dispense an emergency supply of a chronic maintenance drug to a patient without a prescription if:

- The pharmacist is unable to obtain authorization to refill the prescription from a health care provider;
- The pharmacist has a record of a prescription in the name of the patient or, in the pharmacist's professional judgment, the refusal to dispense an emergency supply will endanger the health of the patient; and
- The amount of the chronic maintenance drug dispensed does not exceed the amount of the most recent prescription or the standard quantity or unit of use package dispensed of the drug.

## **Expanding Emergency Refill Laws**

In states that have passed emergency prescription refill legislation, the medications that the law covers varies. Some states include only a limited number of drugs (e.g. only insulin). Other states have expanded the law to include a variety of medications, including inhalers, Epipens, blood pressure medications, blood thinners, mental health medications, and HIV maintenance medications, while excluding opioids or controlled substances. Including these additional medications helps patients with other chronic illnesses, which makes the bill more inclusive.

In some states, the quantity of a medication that pharmacists can dispense under an emergency refill law is limited to a 72 hour period. Many states also limit the frequency with which an emergency refill can be dispensed to once per year. Some advocates are pushing to ensure that insulin can be dispensed in a quantity of at least a 30 day supply, and that emergency refills are available to patients up to three times per year. [Oregon's SB 9](#) is a good example of this.

## **Insurance Mandate**

During the 2019 legislative session in Iowa, a bill to expand the state's existing emergency refill law was introduced that included a mandate for insurance to cover emergency refills. Due to opposition by insurance lobbyists, the mandate was removed, only to be added back as an amendment to the bill in the Senate. Ultimately, the mandate caused the bill to stall in the House and it was not passed.

Most states have not included insurance mandates in their iterations of Kevin's Law, but the mandate is something we support as a common-sense measure. Emergency access to insulin does not help the patient if they are unable to afford it because insurance will not cover it.