

INSULIN AFFORDABILITY IN KENTUCKY

Interim Joint Committee on Banking and Insurance

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Director, State Government Affairs & Advocacy
American Diabetes Association

Frankfort, KY August 21, 2019



Insulin isn't optional



"I have to use state insurance because I can't afford private insurance. They dropped me last year after I was given a 24 cent raise at work. I had to choose between keeping my head above water financially or taking a pay cut to live."

D.S., Henderson

"I also go without eating to lower my blood sugar so I won't have to take as much insulin because I can't afford to take it like the Dr. prescribes."

R.D., Danville



"...people (are pressured) into making choices they shouldn't have to. Rent vs insulin. Food vs insulin. Each month should not be focused on "how do we pay for insulin." It should be focused on living healthy with a chronic disease."

D.A., Lexington

"We will soon be on Medicare and a supplemental policy for insurance and the insulin will be horribly expensive. On a fixed income, that will be very impossible to afford."

V.A., Owensboro



Did you know?

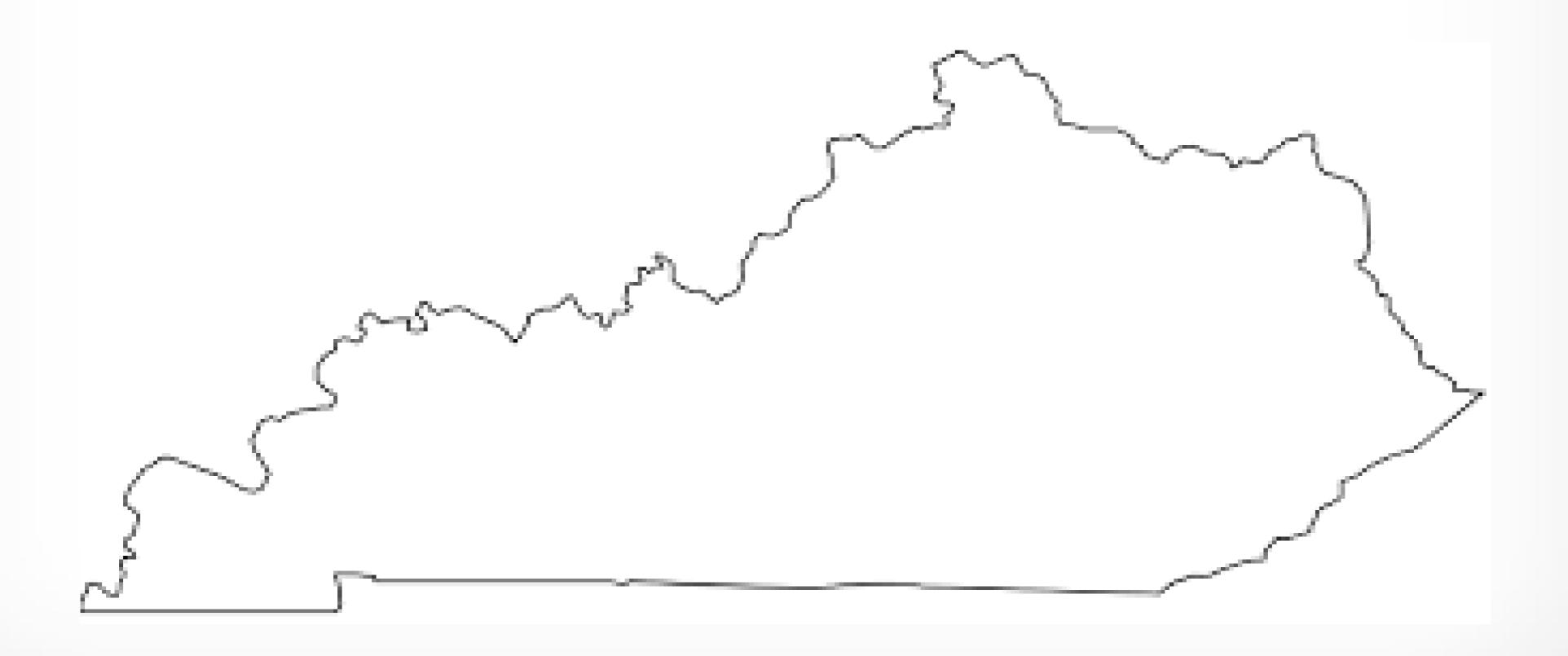
The average price of insulin nearly tripled between 2002 and 2013.



makeinsulinaffordable.org

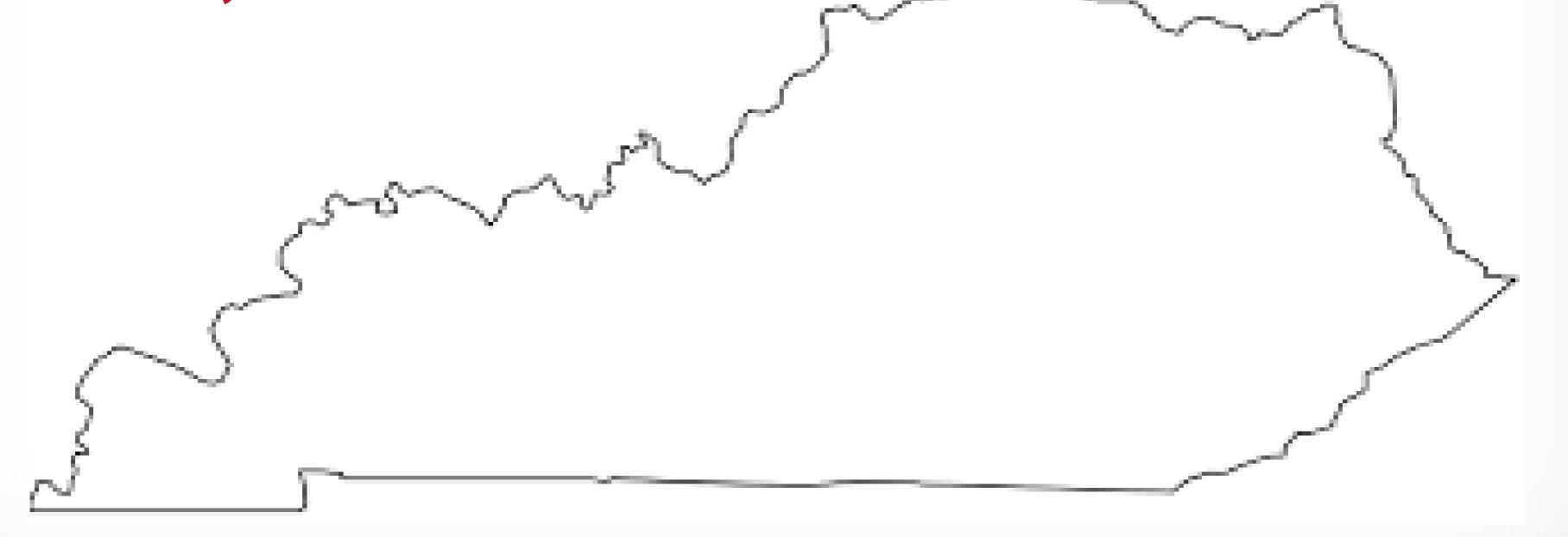








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- \$3.6 billion in direct medical expenses



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- \$3.6 billion in direct medical expenses
- \$1.6 billion in indirect medical expenses



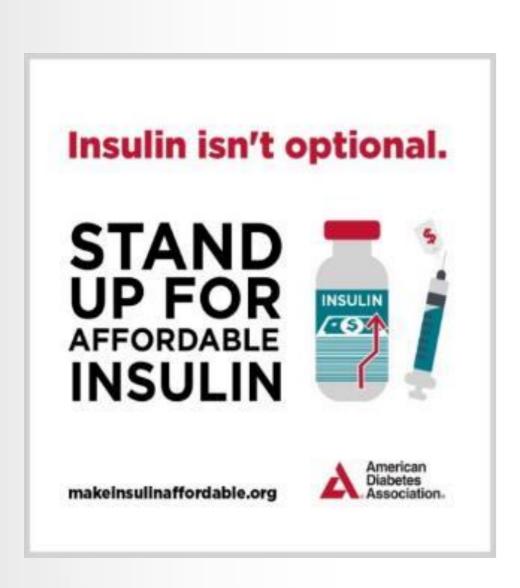


Our Mission:

To prevent and cure diabetes and to improve the lives of all people affected by diabetes

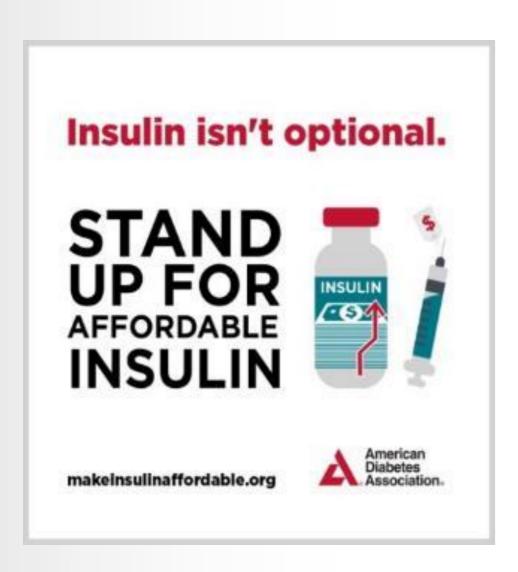


ADA Board of Directors resolution (11/2016)



- Substantially increase transparency in pricing
- Ensure no person with diabetes is denied affordable access to insulin.
- Congressional hearings to identify the reasons for the increases in insulin prices and to ensure that all people who use insulin have affordable access.





www.MakeInsulinAffordable.org also contains:

- Grassroots petition (487,000+ signatures as of 8/14/19)
- Opportunity to share patient stories regarding struggle to afford insulin
- Published research



STAND UP FOR AFFORDABLE INSULIN





Summary of Key Conclusions:

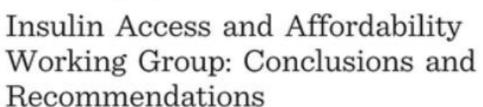
- The current pricing and rebate system encourages high list prices.
- There is a lack of transparency throughout the insulin supply chain.
- People with diabetes are financially harmed by high list prices and high out-of-pocket costs.
- Patient medical care can be adversely affected by formulary decisions.
- The regulatory framework for development and approval of biosimilar insulins is burdensome for manufacturers.











https://doi.org/10.2337/dci18-0019

There are more than 30 million Americans with diabetes, a disease that costs the U.S. more than \$327 billion per year (1,2). Achieving glycemic control and controlling cardiovascular risk factors have been conclusively shown to reduce diabetes complications, comorbidities, and mortality. To achieve these desired outcomes, the medical community now has available many classes of medications and many formulations of insulin to effectively manage the metabolic abnormalities for people with diabetes. However, the affordability of medications in general, and for insulin specifically, is currently of great concern to people with diabetes, their families, health care providers, insurers, and employers. For millions of people living with diabetes, including all individuals with type 1 diabetes, access to insulin is literally a matter of life and death. The average list price of insulin has skyrocketed in recent years, nearly tripling between 2002 and 2013 (3). The reasons for this increase are not entirely clear but are due in part to the complexity of drug pricing in general and of insulin pricing in particular.

As the price of insulin continues to rise, individuals with diabetes are often forced to choose between purchasing their medications or paying for other necessities, exposing them to serious short- and long-term health consequences (4-9). To find solutions to the issue of insulin affordability, there must be a better understanding of the transactions throughout the insulin supply chain, the impact each stakeholder has on what people with diabetes pay for insulin, and the relative efficacy of therapeutic options. Thus, as the nation's leading voluntary health organization whose mission is "to prevent and cure diabetes and to improve the lives of all people affected by diabetes," the American Diabetes Association (ADA) is committed to finding ways to provide relief for individuals and families who lack affordable access to insulin.

In the spring of 2017, the ADA Board of Directors convened an Insulin Access and Affordability Working Group (Working Group) to ascertain the full scope of the insulin affordability problem, to advise the ADA on the execution of strategies, and to provide high-level direction to the ADA related to this issue. The composition of the Working Group is provided in Supplementary Table 1. The Working Group identified increased transparency throughout the insulin supply chain and a number of other interventions

William T. Cefalu, Daniel E. Dawes,2 Gina Gavlak,3 Dana Goldman,4 William H. Herman,5 Karen Van Nuys,4 Alvin C. Powers, 5 Simeon I. Taylor, and Alan L. Yatvin,8 on behalf of the Insulin

Access and Affordability Working Group*

American Diabetes Association, Arlington, VA Morehouse School of Medicine, Atlanta, GA *North Coast Health, Lakewood, OH ⁴USC Schaeffer Center for Health Policy & Economics, Los Angeles, CA Iniversity of Michigan, Ann Arbor, MI Vanderbilt University Medical Center, Nashville

University of Maryland School of Medicine

Popper & Yatvin, Philadelphia, PA Corresponding author: William T. Cefalu, wcefalu®



Summary of Key Recommendations:

- Increase pricing transparency throughout the insulin supply chain.
- Lower or remove patient cost-sharing for insulin.
- Streamline the biosimilar approval process.
- Increase access to health care coverage for all people with diabetes.

PUBLIC POLICY STATEMENT

Improving Insulin Access and Affordability

Krista Maier and Meghan Riley • May 2018

INTRODUCTION

There are more than 30 million Americans with diabetes.1 Now the nation's most expensive chronic disease, diagnosed diabetes accounts for an estimated \$327 billion in costs per year.2 Achieving glycemic control and managing cardiovascular risk factors have conclusively shown to reduce diabetes complications, comorbidities and mortality. Today, many classes of medications and many formulations of insulin are available to effectively manage the metabolic abnormalities for individuals with diabetes. However, the affordability of medications in general, and insulin specifically, is of great concern to people with diabetes, their families and healthcare providers. For millions of people living with diabetes, including all individuals with type 1 diabetes, access to insulin is literally a matter of life and death. The average list price of insulin has skyrocketed in recent years, nearly tripling between 2002 and 2013.3

KEY TAKEAWAYS

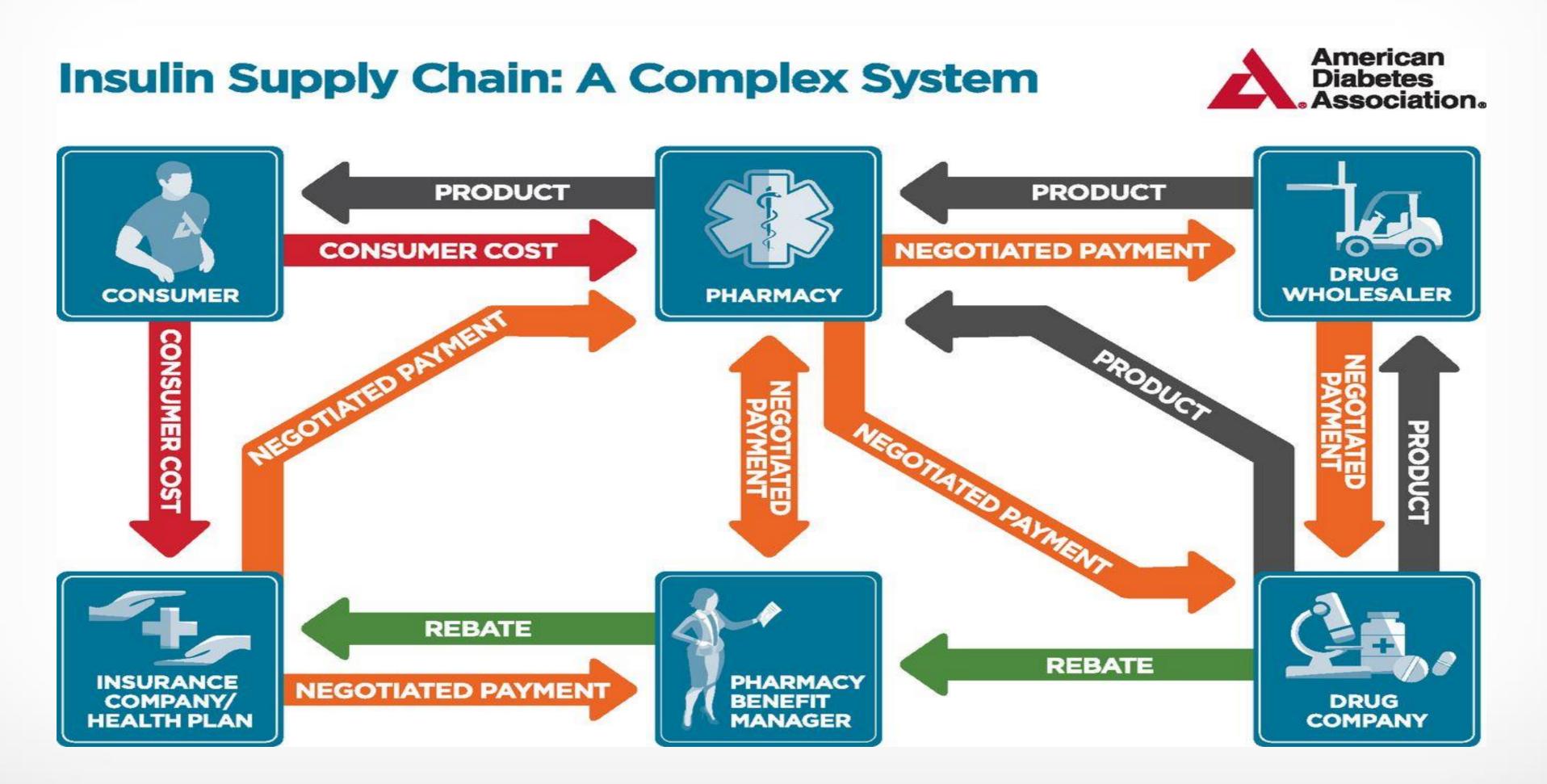
- Insulin costs have been steadily increasing, forcing many people with diabetes to choose between purchasing this life-sustaining medication or paying for other necessities.
- Earlier this month, the ADA's Insulin Access and Affordability Working Group released findings from their research and stakeholder discussions.
- This Public Policy Statement provides an array of short-term and long-term recommendations to help shed light on the Issue, to combat Increasing Insulin costs, and to Improve affordable access to medications, including:
- Streamlining the biosimilar approval process;
- Increasing pricing transparency throughout the insulin supply chain;
- Lowering or removing patient cost-sharing for insulin;
- Increasing access to health care coverage for all people with diabetes.









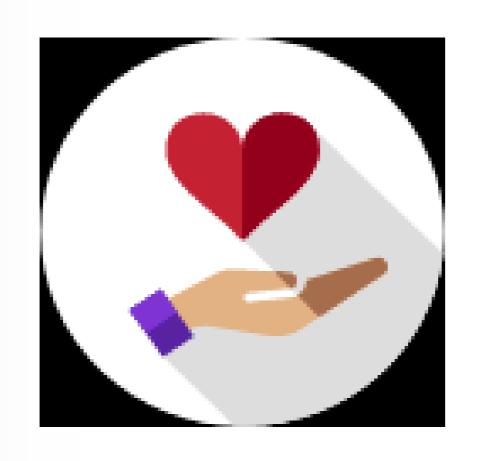




Did you know? Some people with diabetes have to choose between insulin and other necessities.

American Diabetes Association.





www.insulinhelp.org

If you're struggling to pay for insulin, ADA can help. We've consolidated all the resources you need so that you can find help, fast.









HB 502

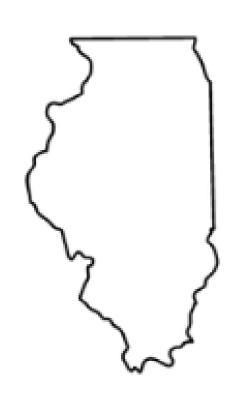
Rep. Danny Bentley

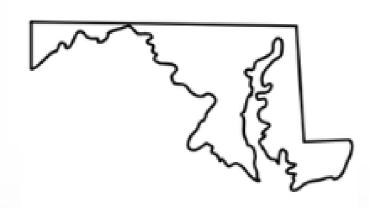




Colorado Governor Jared Polis signing "first-in-the-nation" insulin co-pay cap bill into law.

















Legislative Recommendations:

- Require transparency throughout the insulin supply chain
- Lower or remove patient cost-sharing for insulin
 - Cap co-pays for insulin
 - Exempt insulin from the deductible
- Ensure value of co-pay assistance programs apply toward a patient's deductible



#EveryDay Reality

- More than 30 million Americans have diabetes
- Approximately 7.4 million of them rely on insulin
- Average price of insulin has nearly tripled between 2002-2013
- One in four are using less insulin than prescribed due to high costs



