American Diabetes Association.
Connected for Life

There is significant evidence:

Insulin Is NOT A Choice

An insulin co-pay cap per prescription per month regardless of the amount prescribed saves lives and money!

Increased costs for insulin = decreased adherence.

- In 2018, 39% of insulin users experienced an increase in their insulin costs over the previous year. [i]
- Between 2017 and 2018, 7% of adults with diabetes over age 65, and almost 18% of adults with diabetes under age 65 did not take their medication as prescribed due to cost.[ii]
- An increase in monthly cost-sharing of $10 or more for people with diabetes is associated with a decrease in medication adherence by 18%.[iii]

Increased medication adherence = decreased overall medical spending.

- People with diabetes who adhere to their medication regimen lower risk of hospitalization by 29%.[iv]
- Non-adherence to diabetes medications increases inpatient hospital costs by 41%.[v]
- **There were 4,397 hospitalizations in Oregon primarily caused by diabetes in 2012, with an average cost of nearly $10,000.**
- In 2012 the cost of diabetes related hospitalizations in Oregon was nearly $44 million.
- **By 2017 the cost of diabetes related hospitalizations in Oregon was $73.9 million.**
- Medication adherence decreases diabetes medical spending by $4,000 (on average) per year for a person with diabetes.[vi]

Access to Affordable insulin = decreased costly complications.

- Intensive insulin therapy reduces hemoglobin A1c levels and is associated with a 76% reduced risk of developing retinopathy; and 64% reduced risk of diabetic neuropathy. [vii, viii, ix]
- Hispanic/Latinos, Asian/Pacific Islanders, African Americans, Native Americans and those with low socioeconomic status are significantly at higher risk of diabetes complications.[x]
- Glycemic control delays progression of chronic kidney disease in people with diabetes. [xi]

[i] American Diabetes Association, Insulin Affordability Survey, 2018, available at: https://makeinsulinaffordable.org/wp-content/uploads/2018-insulin-affordability-survey_v2.pdf.

[ii] Cohen RA, Cha AE, Strategies Used by Adults with Diagnosed Diabetes to Reduce their Prescription Drug Costs, 2017–2018, National Center for Health Statistics Data Brief, no 349, August 2019, available at: https://www.cdc.gov/nchs/products/databriefs/db349.htm.

[iii] Roblin DW, Platt R, Goodman MJ, et al. Effect of increased cost-sharing on oral hypoglycemic use in five managed care organizations. Med Care. 2005;43:951–959.

[iv] Lau DT and Nau DP, Oral Antihyperglycemic Medication Nonadherence and Subsequent Hospitalization Among Individuals with Type 2 Diabetes, Diabetes Care, September 2004, available at: https://care.diabetesjournals.org/content/27/9/2149.

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[vi] Roebuck CM, et al., Medication Adherence Leads to Lower Health Care Use and Costs Despite Increased Drug Spending, Health Affairs, January 2011, available at: https://www.healthaffairs.org/doi/10.1377/hlthaff.2009.1087.

[vii]American Diabetes Association, Standards of Medical Care in Diabetes – 2020, Diabetes Care, January 2020, available at: https://care.diabetesjournals.org/content/43/Supplement_1.

[viii] Diabetes Control and Complications Trial Research Group, The Effect of Intensive Treatment of Diabetes on the Development and Progression of Long-Term Complications in Insulin-Dependent Diabetes Mellitus, New England Journal of Medicine, September 1993, available at: https://www.nejm.org/doi/10.1056/NEJM199309303291401?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dwww.ncbi.nlm.nih.gov.

[ix] Martin CL, et al., Neuropathy and Related Findings in the Diabetes Control and Complications Trial/Epidemiology of Diabetes Interventions and Complications Study, Diabetes Care, January 2014, available at: https://care.diabetesjournals.org/content/37/1/31.long.

[x] Gregg EW, Sattar N and Ali MK, The Changing Face of Diabetes Complications, The Lancet Diabetes and Endocrinology, May 2016, available at: https://www.thelancet.com/journals/landia/article/PIIS2213-8587(16)30010-9/fulltext.

[xi] American Diabetes Association, Standards of Medical Care.