



Insulin Access for All Act of 2019

Issue

Diabetes is an epidemic, and we must ensure access to affordable medication for this disease. According to the Centers for Disease Control and Prevention (CDC), over 100 million Americans are living with diabetes or pre-diabetes, and Black, Hispanic, and American Indian/Alaskan Native populations are more likely to be living with diabetes than White and Asian populations. African Americans are almost twice as likely to be diagnosed with diabetes as non-Hispanic whites. According to the CDC, 79,535 deaths occur each year due to diabetes.

Access to insulin can improve—and even save—countless lives. That's why in 1921, Canadian scientists Frederick Banting and Charles Best, who created animal insulin, sold the patent for this procedure to the University of Toronto for \$3, in hopes of ensuring life-saving treatment for all who needed it. For decades, insulin was affordable. Almost a century later, skyrocketing costs are leading not only to extreme financial hardship for some of the most vulnerable Americans, but numerous untimely deaths due to insulin rationing. In 2018, Diabetes Management, reported that the cost of insulin has increased from \$100–\$200 per month to \$400–\$500 per month, depending on the brand.¹ One popular brand increased in list price by 353% from 2001 to 2016.

While Type 1 diabetes accounts for just approximately 5% of those living with diabetes, it has become a more costly disease to manage, thanks in large part to insulin costs nearly doubling over five years. More than 1.2 million Americans live with Type 1 diabetes, according to the American Diabetes Association, and an estimated 40,000 new cases are diagnosed annually. Unlike many of the patients with Type 2 diabetes who can improve the impact of the disease and lessen their dependence on insulin through healthier diet and exercise, Type 1 patients do not make insulin at all, and require several doses a day.

All in all, Type 1 diabetes costs rose from \$12,467 in 2012 to \$18,494 in 2016, according to a report released by the Health Care Cost Institute. The group found the increased cost of insulin accounted for 31% of per-person healthcare spending in 2016, as the average annual out-of-pocket spending for insulin jumped from \$2,864 to \$5,705 in that same time frame.²

Solutions

Federal Drug Administration

This rise in insulin prices is a huge barrier to health, and a number of people with diabetes have been forced to ration their insulin, increasing risk of diabetic ketoacidosis (DKA) and death. In late 2018, US FDA Commissioner Dr. Scott Gottlieb released a statement, which detailed new measures designed to increase competition in the insulin market with the goal of reducing insulin prices. One proposed measure is to increase the availability biosimilar insulins (think generic insulin), hopefully reducing costs by increasing competition.³

Congress

U.S. Representative Bobby L. Rush (D-Ill.) introduced H.R. 366, the Insulin Access for All Act of 2019 on January 9, 2019. This bill, cosponsored by 41 members of the House Democratic Caucus, eliminates the cost



Solutions *(continued)*

sharing requirement under Medicare and Medicaid for insulin—including deductibles, copayments, and coinsurances.

“This bill, introduced with significant cosponsors, addresses the appalling issue plaguing Americans who have one of the most devastating and debilitating diseases of modern times—diabetes. There are many who simply cannot afford the insulin they need to live longer, active, and productive lives. This legislation tackles that issue head on and ensures that those

suffering from diabetes no longer have to pay out-of-pocket costs for insulin. No American should go without life-sustaining medication,” said Rush.

NMA Recommendations

Cosponsor the Insulin Access for All Act of 2019

Support on-going Congressional action to reduce the price of prescription drugs.

¹ Diabetes Management digital edition, July 5, 2018

² Modern Healthcare, Steven Ross Johnson, 1/22/19

³ Statement from FDA Commissioner Scott Gottlieb, M.D., on new actions advancing the agency’s biosimilars policy framework. 12/11/18

About the National Medical Association

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The National Medical Association (NMA) is the nation’s oldest and largest organization representing the collective voice of more than 50,000 African American physicians and health professionals in the United States, and the patients they serve. Established in 1895, the NMA is the leading force for parity and justice in medicine and the elimination of disparities in health. NMA is committed to improving the quality of health among minorities and disadvantaged people through its membership, professional development, community health education, advocacy, research and partnerships with federal and private agencies. Throughout its history the National Medical Association has focused primarily on health issues related to African Americans and medically underserved populations; however, its principles, goals, initiatives and philosophy encompass all ethnic groups.