

## **Support Insulin Cost Sharing Caps for all People with Diabetes**

Diabetes care is preventive and should be covered accordingly in all health plans. Preventative care benefits more than the beneficiary; it has substantially positive economic outcomes for our country, as it ensures that as Americans with diabetes age, their health outcomes are better, requiring less financial support from Medicare and other federal programs.

Waiving deductibles and cost sharing for diabetes management essentials, including insulin, is the most effective and equitable health benefit plan structure for Americans with diabetes or pre-diabetes. When waived cost sharing is not possible, patient costs should be kept low and predictable throughout the plan year.

DLC supports insulin caps at the lesser of \$35 or a low percent of net cost, so plan members directly benefit from any insulin rebates and discounts negotiated on their behalf, just as they benefit from negotiated plan rates for office visits, lab tests and other health care. Low, capped copayments help keep insulin costs level throughout the plan year, making it easier for families to budget and use insulin as prescribed rather than rationing.

We applaud Congress for capping out-of-pocket costs for insulin at \$35 per monthly prescription among Medicare Part D enrollees. Doing so builds on state-level momentum with insulin caps now in place in 20 states that had already passed insulin copay cap legislation.

It is time to protect Americans in all 50 states by putting in place as a national standard across all government and commercial plans, including Affordable Care Act and Employee Retirement Income Security Act (ERISA) plans. Low, capped copayments help keep insulin costs level for patients throughout the plan year, making it easier for families to budget and use insulin as prescribed rather than rationing.

Further, Congress could further improve insulin affordability by legislating capping cost sharing at the lesser of \$35 or 25 percent of the *negotiated* price for *all FDA-approved insulins* covered by a patient's health plan which includes all insulin prescriptions in the quantity prescribed.

With retail prices for authorized generic and interchangeable biologic insulins now under \$100 or even \$50, patient costs will be less than \$35 if health plans cover these lower list price alternatives rather than their high list price reference products that carry rebates of 80 percent or more.

While a national insulin cost sharing cap does not solve systemic problems driving up prescription drug prices, it does ease the current financial harm to people with diabetes and their families until policy makers are willing and able to comprehensively address perverse financial incentives in the current rebate-based system that inflate prices for insulin and other prescription drugs.



**About the Diabetes Leadership Council (DLC)** DLC is a 501(c)(3) patient advocacy organization comprised of individuals who combine their passion for advocacy with decades of diabetes experience and leadership to advance patients-first policies at the local, state and national levels. We are people with diabetes, parents of children with diabetes, allies and tireless volunteers dedicated to improving the lives of all people impacted by this condition. Our members – all former leaders of national diabetes organizations – engage policymakers, and voice for 37 million Americans living with diabetes.

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