American Diabetes Association®

There is significant evidence:

Insulin Is NOT A Choice

Increased costs for insulin = decreased adherence.

- In 2018, 39% of insulin users experienced an increase in their insulin costs over the previous year. [i]
    - 27% of insulin users said cost impacted their insulin use.
    - Of those whose use was impacted by cost, 26% regularly took less than prescribed.
- 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]
- 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]
    - Diabetic retinopathy is the most frequent cause of new cases of blindness among adults aged 20 – 74.[x]
    - Diabetic neuropathy causes foot ulcers and amputation. People with diabetic foot ulcers have more hospitalizations, require more home health care and physician office visits than those without foot ulcers.[xi] Medicare beneficiaries with diabetic foot ulcers have $11,710 higher health care costs and those with diabetic foot ulcers in private health plans have $16,883 higher costs.[xii]
- Hispanic/Latinos, Asian/Pacific Islanders, African Americans, Native Americans and those with low socioeconomic status are significantly at higher risk of diabetes complications.[xiii]
- Glycemic control delays progression of chronic kidney disease in people with diabetes. [xiv]
    - Chronic kidney disease is the leading cause of end-stage renal disease in the U.S. [xv]

- In 2017, Medicare spent over $120 billion on chronic kidney disease and end-stage renal disease.[xvi]

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[xii] Rice et al., Burden of Diabetic Foot Ulcers

[xiii] 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.

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

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

[xvi] United States Renal Data System, 2019 Annual Data Report: Epidemiology of Kidney Disease in the United States, available at: https://www.usrds.org/2019/view/Default.aspx.