

PRINT-Advocates See Real Shot at Lowering Insulin Costs

Sarah Dominique has been advanced practice nurse and a diabetic educator for a dozen years but she's also been a diabetic for many more years and for the first time, she's optimistic federal legislators will do something about the high cost of insulin. Dominique regularly hears hardship stories from patients and their parents in her practice at OSF HealthCare Children's Hospital of Illinois and Saint Francis Medical Center in Peoria.

Even though her office is for pediatric patients, she has seen some remain under her care into young adulthood. Paying for insulin is a struggle once they hit their 27th birthday.

"A lot of times, that's where we kind of see the break in their care. They're out of school. They're not on their parent's insurance anymore but maybe they don't have a job with benefits yet and they're kind of stuck in that middle."

The price of Insulin has increased 600 percent over the past two decades in the United States. Without insurance, a month's supply of insulin costs around \$1,000. Even with good insurance, Dominique says her patients are paying \$250 or more a month for out of pocket insulin costs. And she says the high cost weighs heavily on children too.

"They know that sometimes their parents have to sacrifice certain things because they have to have insulin and it's really sad from a parent's point of view and also from the kid's perspective. They feel guilty because they need insulin to live."

Dominique says the hospital social workers try to work with patients to find solutions, including helping parents or patients apply for help available directly from drug makers but she says often young adults don't ask for help. Instead, they resort to rationing their supply or they try less effective forms of insulin available without a prescription but behind the pharmacy counter at some discount retailers. The older insulin variations don't work for everyone and often require taking multiple shots a day.

Tina Canada, a diabetic educator at OSF HealthCare Holy Family Medical Center in Monmouth says at diabetes support group meetings, she often hears complaints from Medicare-age diabetics who say their supplemental plans for prescriptions don't provide enough support for their out of pocket costs for insulin because the benefit is based on a percentage of the drug's real cost. Canada reports she often has patients who ration doses or don't fill prescriptions for medications, including insulin, because they cannot afford to purchase them and meet other basic needs.

However, Dominique feels remedies are coming soon because she hears more people who are not diabetics talking about soaring insulin costs whereas in the past, it didn't seem as though anyone else cared.

"I mean I just thought if you don't have to take insulin, you don't understand, you don't get it – if you don't have to take a life-saving medication ... not that it doesn't matter ... but it's somebody else's problem. And, I feel like the more that we're saying things, I do feel more optimistic. I'm hopeful that makes a difference."

This week, U.S. Senator Dick Durbin introduce a bipartisan bill he's co-sponsoring that would speed up approvals of lower-cost generic, and "follow-on" insulin products to help lower costs for the 7.5 million Americans who rely on insulin to manage their blood sugar levels.

On the state level several lawmakers have co-sponsored a bill, similar to legislation passed in Colorado and other states that would cap out-of-pocket costs for patients to \$100 for a month's supply of prescription insulin. Supporting efforts to lower all prescription drug costs is among OSF HealthCare's top Advocacy Priorities for 2019.

Chris Manson, OSF vice president of Government Relations says he's been communicating with lawmakers throughout the year and keeping the pulse of many legislative efforts addressing health care and some specifically targeting prescription drug costs. He's pleased lawmakers on both sides are talking about ways to lower prescription drug costs, including insulin. However, Manson says right now it's a moving target.

"I might not really worry so much about a particular bill, or what a particular bills is saying right now and we'll continue to do what we've been doing which is to communicate with legislators about our concerns and then as the bills come out, we can say 'oh yeah, that actually would solve that problem or here's maybe a glitch.'"

Manson is optimistic some type of legislation impacting the high cost of prescription drugs will be approved before the end of the year. Reuters News Agency cites two industry sources as saying [President Trump is considering a sweeping executive order](#) that would cut prices on virtually all branded prescription drugs sold to Medicare and other government programs.

Iowa Senator Chuck Grassley is urging pharmacy companies to get behind a bi-partisan bill advancing this week from the Senate Finance Committee which would cap some drug prices covered by Medicare, telling executives it could be better than whatever executive order the president decides to issue. [The Hill](#) reports House Leader Nancy Pelosi is waiting until after the August recess to introduce legislation that her aides say would force Medicare to negotiate drug prices and would penalize pharmaceutical companies who don't come to the table.

The American Diabetes Association has launched a Make Insulin Affordable Campaign. You can learn more [here](#).