



Connected for Life

American Diabetes Association Testimony in Support of House Bill 7364

My name is Stephen Habbe and I'm conveying the American Diabetes Association's support for House 7364. It would cap patient cost sharing for diabetes equipment and supplies at no more than \$25 for a 30-day supply, or for an item intended to last longer than 30 days. This legislation applies to state-regulated health plans, inclusive of state employees.

Diabetes equipment and supplies play a key role in proper diabetes care and keeping people healthy. They are necessary for administering insulin and for the critical task of monitoring blood glucose levels. It is important to keep glucose levels within a desired range and ensure that glucose levels are not too high or too low, which can result in dangerous, short-term complications. And high blood glucose over long periods of time also increases risk for complications from diabetes.

We need to be concerned about complications from diabetes because they can be serious, costly, and disabling or deadly. They include end-stage kidney disease, lower limb amputation, blindness, heart attack, and stroke. So, supplies and equipment need to be affordable for the person with diabetes to manage their diabetes and protect their health.

Technology has advanced so people have options beyond syringes to administer insulin and beyond pricking a finger for a drop of blood to check their glucose. Continuous Glucose Monitors, also known as CGMs, provide glucose readings every few minutes to allowing for a better understanding of changes in glucose levels to guide diabetes self-management. CGMs can also provide warning information, such as regarding a severely low blood glucose level, to help prevent a medical emergency.

Much attention has appropriately focused on the cost of insulin. But these equipment and supply needs also can present a major affordability challenge. CGMs, blood glucose monitors and insulin pumps use supplies that must be routinely replaced. A recent study relating to people with diabetes, found that their cost sharing for diabetes equipment and supplies can be burdensome. And we've conducted surveys confirming rationing of supplies, as well as others deciding to not take advantage of equipment that can improve care due to the related cost sharing burden.

Connecticut, Delaware, Minnesota, Washington, DC, and West Virginia have all recently passed laws limiting these patient costs. And the Massachusetts Senate just passed legislation stipulating zero cost for many diabetes supplies. With people with diabetes having medical expenses 2½ times people without diabetes, the American Diabetes Association greatly appreciates the committee's consideration of this legislation to help make managing diabetes more affordable and to reduce risk for disastrous, potentially disabling or deadly complications. Thank you for your consideration.

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