



## **American Diabetes Association Testimony in Support of House Bill 5026**

My name is Stephen Habbe and I'm conveying the American Diabetes Association's support for House 5026. It would cap patient cost sharing for diabetes devices 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 devices 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, devices and supplies 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 allow 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 device 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 devices and supplies can be burdensome. And we've conducted surveys confirming rationing of supplies, as well as others deciding to not take advantage of device 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. 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 of House 5026.

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# The Burden of Diabetes in Rhode Island

**Diabetes is an epidemic in the United States. According to the Centers for Disease Control and Prevention (CDC), over 38 million Americans have diabetes and face its devastating consequences. What's true nationwide is also true in Rhode Island.**

## Rhode Island's diabetes epidemic:

- Approximately 102,500 adults in Rhode Island, or 10.0% of the adult population, have diagnosed diabetes.
- Every year, an estimated 7,000 adults in Rhode Island are diagnosed with diabetes.

The serious complications of diabetes include heart disease, stroke, amputation, end-stage kidney disease, blindness—and death.

- 136 million Americans have diabetes or prediabetes
- 1.2 million Americans are diagnosed with diabetes every year
- About 1 in 3 seniors in the United States has diabetes
- Diabetes contributes to the death of nearly 400,000 Americans annually

## Diabetes Is Expensive

Americans with diabetes have medical expenses approximately 2.6 times higher than those without. The total estimated cost of diagnosed diabetes in the U.S. was \$412.9 billion in 2022, including \$306.6 billion in direct medical costs and \$106.3 billion in reduced productivity attributable to diabetes.

In Rhode Island, diagnosed diabetes costs an estimated \$1 billion each year. In 2022:

- Total direct medical expenses for diagnosed diabetes in Rhode Island were estimated to be \$1 billion
- In addition, there were \$360 million in estimated indirect costs from lost productivity due to diabetes

## In addition to the work of the American Diabetes Association® to improve lives, prevent diabetes, and find a cure:

In 2024, the National Institute of Diabetes and Digestive and Kidney Diseases at the National Institutes of Health invested \$861,987 in diabetes-related research projects in Rhode Island.

The Division of Diabetes Translation at the CDC provided \$974,000 in diabetes prevention and educational grants in Rhode Island in 2023.

Sources can be found at [diabetes.org/SFSSources](https://diabetes.org/SFSSources).  
Find more statistics at [diabetes.org/Statistics](https://diabetes.org/Statistics).