



Connected for Life

May 9, 2022

Chairs Liebling, Abeler, and Members of the Health and Human Services Conference Committee:

On behalf of the American Diabetes Association® (ADA) I would like to respectfully share our comments on Senate File 4410 and House File 4706. I would like to specifically highlight the inclusion of HF 2056, to cap copayments for diabetes prescription drugs, supplies and equipment and urge your support to include this in the Omnibus Health and Human Services finance and policy bill.

As it stands, 20 states and the District of Columbia have passed laws to cap copayments for insulin and address the unsustainable costs of diabetes. Between 2002 and 2013 the cost of insulin nearly tripled.<sup>1</sup> When people cannot afford the tools and services necessary to manage their diabetes, they scale back or forego the care they need to manage their health.

This bill also addresses the burden of accessing life changing technology tools. Diabetes technology can help people with diabetes better manage their chronic disease and reduce devastating complications including amputations, kidney failure, and emergency room visits. Unfortunately, the cost of continuous glucose monitors and insulin pumps has prohibited people from accessing them. An ADA survey found that 15% of people with diabetes who rely on pumps or CGMs have delayed refilling needed supplies during the pandemic. For 70% of them, it was due to finances.<sup>2</sup>

In 2019, BlueCross BlueShield of Minnesota announced that they would offer insulin to members with a \$0 co-pay.<sup>3</sup> Following Colorado's legislation, the Colorado Sun reviewed documents from the 21 health plans and found that the insulin copay cap either did not impact premiums or if they did, it was described as negligible.<sup>4</sup> This legislation offers a solution to ensure that people with diabetes can afford the medication and tools that they need.

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<sup>1</sup> Insulin and Drug Affordability, ADA, [https://diabetes.org/advocacy/insulin-and-drug-affordability?utm\\_source=diabetes-care-cost&utm\\_medium=website&utm\\_content=learn-more-1-btn&utm\\_campaign=ADV&s\\_src=online&s\\_subsrc=insulin-drug-affordability](https://diabetes.org/advocacy/insulin-and-drug-affordability?utm_source=diabetes-care-cost&utm_medium=website&utm_content=learn-more-1-btn&utm_campaign=ADV&s_src=online&s_subsrc=insulin-drug-affordability)

<sup>2</sup> Effects of the COVID-19 Pandemic on People with Diabetes, <https://www.diabetes.org/sites/default/files/2020-12/ADA%20Thrivable%20Data%20Deck.pdf> 3 BlueCross and Blueshield of Minnesota to Cover I

<sup>3</sup> BlueCross and Blueshield of Minnesota to Cover Insulin Costs as No Charge Next Year, <https://www.bluecrossmn.com/about-us/newsroom/news-releases/blue-cross-and-blue-shield-minnesota-coverinsulin-costs-no-charge>

<sup>4</sup> Ingold, John; The Colorado Sun, *Critics worried Colorado's new law capping insulin costs would raise insurance rates. It hasn't.* <https://coloradosun.com/2019/09/11/colorado-insulin-price-insurance/>

Carissa Kemp  
Director, State Government Affairs  
1-800-676-4065 Ext. 2053  
[ckemp@diabetes.org](mailto:ckemp@diabetes.org)

1-800-DIABETES (342-2383)

[diabetes.org](https://diabetes.org)  
[@AmDiabetesAssn](https://twitter.com/AmDiabetesAssn)



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**Oppose – SNAP Work Requirement**

The ADA opposes the inclusion of a work requirement for SNAP, including eliminating the ability for the Governor or Commissioner to waive federal work requirements. SNAP is effective in combatting household food insecurity. Healthy eating is essential to both diabetes prevention and treatment. A healthy diet is a key factor in preventing the onset of type 2 diabetes, even in individuals at high risk.<sup>5</sup>

Thank you for your ongoing commitment to improving access to affordable and high-quality health care for people with diabetes. If you have any questions, please direct them to me at [ckemp@diabetes.org](mailto:ckemp@diabetes.org).

Thank you,

Carissa Kemp  
Director of State Government Affairs

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<sup>5</sup> Journal of Nutrition Education and Behavior, 42(6), 389-397. 50 Olson, C. M., Bove, C. F., & Miller, E. O. (2007). *Growing up poor: long-term implications for eating patterns and body weight*. *Appetite*, 49(1), 198207.

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**diabetes.org**  
**@AmDiabetesAssn**