Ensuring Access to Diabetes Management Tools

STATEMENT OF PRINCIPLES

All people with type 1 diabetes (T1D) should have access to a variety of diabetes management tools—artificial pancreas systems, insulin pumps, continuous glucose monitors and blood glucose meters and test strips—in order to be able to properly dose insulin and monitor their blood sugar. At the same time, the T1D community needs continued innovation to improve health outcomes and ease the management of diabetes, until we find a cure. JDRF is committed to working with all stakeholders to promote access and choice for all diabetes management tools, while fostering an environment that promotes innovation.

As part of this effort, JDRF has established the following principles:

- **Access to Diabetes Management Tools**: Diabetes management tools should be available to people with T1D at a low, predictable out-of-pocket (OOP) cost.
- **Choice of Diabetes Management Tools**: People with T1D should have access to the diabetes management tools that are prescribed by their doctor and work best for them.
- **Research & Development of Improved Diabetes Management Tools**: Policies should encourage, not impede, the development of better diabetes management tools.

Achieving these goals will require commitment and action by many stakeholders.

ACCESS

JDRF is concerned about the effect that increasing out-of-pocket expenses and limited choice have on individuals’ access to the diabetes management tools needed to survive. Although JDRF recognizes the complexity of the healthcare system, there are solutions that can improve access and affordability.

1. **Manufacturers should explore ways to reduce initiation costs for insulin pump therapy and continuous glucose monitoring.** Insulin pump therapy and continuous glucose monitoring have significant initiation costs in addition to monthly supply costs. For people with T1D, initiation costs are a barrier to adoption of these tools and, thus, to achieving optimal outcomes. Moreover, initiation costs are becoming more burdensome because of changes in the insurance market that are placing more financial responsibility on individuals. JDRF urges manufacturers to work to identify alternate models that reduce initiation costs and increase the accessibility of these devices for people with T1D.

2. **Health plans, pharmacy benefit managers (PBMs) and employers should set copayments/coinsurance in a way that better reflects the importance of diabetes management tools in ensuring safe and effective insulin management and optimizing health outcomes for those with T1D.** Without ready access to diabetes management tools, insulin may be over- or under-dosed. Under-dosing insulin can lead to severe diabetic ketoacidosis and long-term complications. Over-dosing insulin, at a minimum, causes disorientation, and may cause seizure, coma, hospitalizations and even death. Cost-sharing for diabetes tools should reflect the
importance of these tools for the safe and effective use of insulin. It is well known that as cost-sharing requirements increase, medication adherence goes down, leading to poorer health outcomes. The 2007-2008 National Health Interview Survey found that adults in high-deductible health plans had 70 percent more unmet medical or prescription drug needs than adults in traditional health insurance plans.¹ Therefore, JDRF urges public and private health plans, pharmacy benefit managers and employers to exempt diabetes management tools from deductibles and to provide them to people with T1D at a low, predictable OOP cost.

3. **Health plans and PBMs should allow individuals with T1D access to the diabetes management tools most appropriate for them.** T1D is a very unique disease that affects everyone differently. As such, no single diabetes management tool meets the clinical needs of someone with T1D. JDRF urges health plans and PBMs to ensure that a wide range of diabetes management tools is available to people with T1D.

JDRF is working with all stakeholders to try and address the problems. As we work towards a solution, JDRF is developing a toolkit to help individuals with T1D navigate common insurance challenges. These toolkits will include information regarding health plan selection, appeal rights, clinical exceptions and available financial resources to reduce the cost burden of managing T1D.

**INNOVATION**

Although immense and on-going challenges remain, innovation in diabetes treatments and technologies allows people with type 1 diabetes to live healthier lives with less fear. In fact, as recently as the 1950s, about one in five people died within 20 years after a diagnosis of T1D. ² While today’s management tools save lives, it remains difficult to achieve the tight control over blood glucose that occurs naturally in people without diabetes. Still today, most individuals with T1D do not meet the hemoglobin A1c (HbA1c) targets set by the American Diabetes Association. Data from the T1D Exchange shows that only about 20 percent of adolescents have an HbA1c < 7.5%, while approximately 30 percent of adults have an HbA1c <7.0%.³ Despite the advancements in diabetes therapies and technologies, outcomes remain at unacceptable levels. Broad access to effective tools and innovative products is needed in order to improve outcomes and ensure that individuals with T1D are able to effectively control their blood sugar, and avoid the long-term complications that arise from uncontrolled diabetes. Policies must promote both access and innovation by encouraging an ecosystem that supports research and development for more effective management tools.

JDRF’s recognition that managing blood sugar should be easier spurred the launch of our Artificial Pancreas (AP) Project in 2006. Today, early AP systems are able to predict blood-sugar trends and automatically adjust basal insulin accordingly. However, more work is being done to achieve completely automated systems that replicate, as closely as possible, the operations of a normal pancreas. Advancements in diabetes management tools make it vital that any solution that works to ensure access to these innovative tools does not stymie innovation and the development of newer and better systems.

**WHY IT MATTERS**


Type 1 diabetes is an autoimmune disorder in which a person’s immune system attacks and destroys the insulin-producing cells in the pancreas. Insulin is the hormone that enables people to convert food into energy. Without insulin replacement, people with T1D would not survive. In fact, as recently as the 1950s, about one in five people died within 20 years after a diagnosis of T1D. Today, due to advancements in insulin and the tools used to administer insulin and monitor one’s blood-glucose levels, individuals with T1D who closely manage their disease can expect to live nearly as long as their counterparts without T1D. However, doing so requires persistent management, which is only possible with affordable access to insulin and other diabetes equipment and supplies. JDRF recognizes that the current U.S. healthcare system is very complex and changing rapidly and that to improve access changes must be made throughout the system. However, individuals must be able to access breakthroughs in order to benefit from them, and achieve better outcomes.

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