

**Committee on Energy and Commerce  
Subcommittee on Oversight and Investigations**

**Hearing on  
“Priced Out of a Lifesaving Drug: The Human Impact of Rising Insulin Costs”**

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**The Honorable Paul D. Tonko (D-NY)**

Recent reports from the Centers for Disease Control and Prevention suggest over 30 million Americans have type two diabetes and an additional nearly 85 million Americans have prediabetes. According to the American Diabetes Association, total costs of treating the disease have risen to \$327 billion in 2017. Included in that assessment is the direct cost of treatment along with secondary and tertiary health issues that stem from diabetes such as heart attack, kidney failure, amputations, and adult blindness, just to name a few.

1. Are there any positive or new treatments available to patients to treat diabetes and the secondary ailments that would provide a more encompassing approach to treating the whole patient, or is insulin the only option for doctors and their patients?

Insulin isn't optional, it is a life-saving medication with no substitute. More than 7 million Americans with diabetes rely on insulin to survive. For millions of people with diabetes—including all individuals living with type 1 diabetes—access to insulin is literally a matter of life and death. While some individuals with type 2 diabetes can effectively manage their disease with diet and exercise or other medications early in the disease process, because of the progressive nature of Type 2 diabetes, many will require insulin injections in order to control blood glucose the longer they have diabetes. Thus, it is critical that all individuals who are prescribed insulin by their physician have affordable access to insulin.

2. Are other therapies besides insulin available, especially early in the treatment cycle? Are there any existing guidelines to this end?

For individuals with type 1 diabetes, there is no substitute for insulin. More than one million Americans have type 1 diabetes and need regular access to insulin to survive. Many individuals with type 2 diabetes may respond to diet, exercise and other medications particularly early in their disease process. However, it is likely that the longer they have the disease or if the medications currently being used do not effectively manage the blood glucose, they also will need insulin to manage their disease. Management of the disease by improving glucose levels over time has been shown to prevent or delay complications such as blindness, kidney disease and nerve disease. The American Diabetes Association's

[Standards of Medical Care in Diabetes](#) is the preeminent resource for health care providers caring for patients with diabetes or prediabetes.

3. Has insulin been shown to produce any other health benefits for patients such as reduction in hospitalizations for heart failure or CV death? If no, are there therapies that have demonstrated these types of benefits that could be considered instead?

For all individuals with type 1 diabetes and many with type 2 diabetes, insulin is the only medication that can manage the disease and prevent or delay dangerous complications. When people who use insulin cannot afford the insulin they need, they may skip doses or take less than they need—known as rationing. This puts them at risk for devastating and sometimes deadly complications. Long-term complications include cardiovascular disease, blindness, lower-limb amputations, and kidney disease. Depending on each individual's condition, if a person with type 1 diabetes goes without insulin for as little as one day, they can begin to develop a condition of metabolic decompensation called diabetic ketoacidosis, which if not immediately and effectively treated, can lead to death.