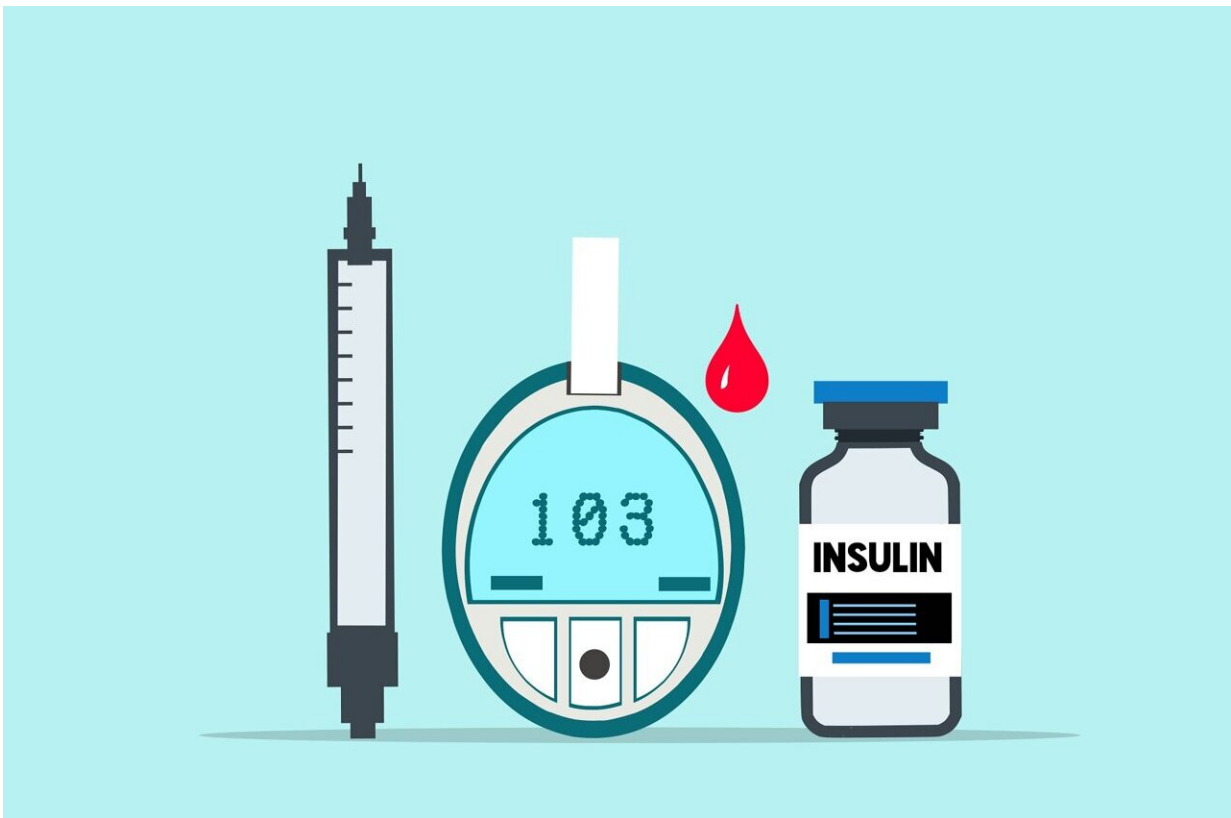


Push is on in Congress to help millions of Americans cope with high insulin prices

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Shane Thompson knows the nightmare facing diabetics struggling to afford the insulin necessary to regulate their blood sugar.

The Plano, Texas, engineer was first diagnosed with Type 1 diabetes as a college senior about 15 years ago. For months beforehand, she had been losing weight and experiencing extreme thirst, hunger and fatigue.

Then she came down with what she initially thought was a nasty flu. She ended up in the [intensive care unit](#), where doctors were stunned by her sky-high blood sugars and told her that she had nearly died.

"Going through that is terrifying," Thompson said.

Before she was able to land a "real life job," Thompson did not have [health insurance](#) and saw how her \$300-a-month-or-more [insulin](#) bill quickly ate up the paychecks from her part-time work. That left her trying to snag free samples in an effort to blunt the financial hit.

Congress is debating proposals to help patients cope with access and cost issues. The House voted last week to cap patients' out-of-pocket costs at \$35 per month.

An estimated 37 million Americans have diabetes, including about 2.7 million in Texas, where the situation is compounded by relatively high rates of uninsured individuals.

Even though insulin has been around for more than a century, prices for it have soared in recent years and forced many diabetics to ration doses. Texas adopted a law last year limiting insulin co-pays to \$25 a month, but that cap only applies to state-regulated insurance plans and therefore a relatively small slice of the population.

There is bipartisan agreement in Washington that out-of-control insulin prices—and prescription drug prices overall—require federal action, but widely differing views on the best way to address them.

Democrats have pushed various regulatory approaches, such as having Medicare negotiate drug prices, while many Republicans have resisted what they describe as [government intervention](#) in the [private sector](#) and a slippery slope to "price fixing."

While a bipartisan pair of U.S. senators is working to hammer out a compromise approach, the House last week sought to give them a nudge.

Democrats united Thursday behind the bill that would cap at \$35 per month the out-of-pocket costs for Americans on private health insurance plans or Medicare. The legislation drew a dozen Republican votes and passed 232-193.

That proposal was plucked out of the Democrats' sweeping climate and social spending package formerly known as "Build Back Better," which has stalled in the Senate.

Texans divided

The Texas delegation split along [party lines](#), with Democrats all voting yes and Republicans voting no. The only exception was Republican Rep. Kevin Brady of The Woodlands, who did not vote.

Rep. Colin Allred, D-Dallas, has tried to spotlight the issue of insulin prices, inviting Thompson as his guest to the 2020 State of the Union address. In an interview, he cited statistics that one in four diabetics report rationing their insulin.

"What that really means is they're risking their life because they can't afford their medication." Allred said. "So to cap the cost is important to me and I'm going to keep trying to find ways to lower costs."

A number of House Republicans objected to the legislation as a move

toward government price controls that would stifle innovation.

Rep. Beth Van Duyne of Irving criticized the bill as a government takeover of private health care and said it would do nothing to lower the real cost of insulin for Americans.

"In fact it allows manufacturers to raise their prices, as insurers pass them on to patients through a rise in premiums," she said in a statement.

She said she instead supports legislation that would take steps such as requiring the Centers for Medicare and Medicare Services to publish more information about [prescription drugs](#) to advance transparency, reduce the annual out-of-pocket spending threshold in Medicare and permanently allow high-deductible health plans to waive deductibles for insulin.

Some of the criticism was bipartisan. For example, Rep. Lloyd Doggett, D-Austin, said on the House floor that he fully supported the bill because it offers some relief to insured individuals struggling to afford insulin.

But he also took issue with the way it would provide that relief.

"Instead of addressing pharmaceutical price gouging, this bill really only shifts how big Pharma is rewarded," Doggett said. "Since this bill does not reduce any insulin prices by a penny, all of us who are insured will ultimately pay through our premiums."

The bill offers no help, he said, to the 28 million Americans—including more than 5 million Texans—who lack health insurance.

Allred acknowledged that dynamic and noted that the uninsured rate in Dallas County runs over 20%. He favors a range of proposals to get more people insured and to tackle prescription drug prices through

negotiations, as the VA does.

But he said the insulin bill represents a good first step that can help break the ice on getting something bipartisan moving. He said he hopes it proves more attractive to Senate Republicans who have adamantly opposed any move toward price negotiation.

"Now, the question is, can we get 10 Republican senators to join us in doing this?" Allred said.

Controlling costs

Sen. Jeanne Shaheen, D-N.H., said recently she has landed on an agreement in principle with Sen. Susan Collins, R-Maine, on a bipartisan bill to lower insulin costs. They could use as a basis legislation they introduced previously that would reward drug companies who lowered overall insulin prices.

Senate Majority Leader Chuck Schumer, D-N.Y., has indicated insulin-related legislation could hit the Senate floor later this spring.

Republicans are likely to offer additional ideas on prescription drugs. Sen. John Cornyn of Texas, for example, has offered legislation that aims to bring drug costs down by preventing drug companies from gaming the patent system to block generic versions of drugs from market.

When Thompson, the Plano engineer, was first diagnosed with diabetes, she was a few months from being commissioned as a Navy officer. Her diagnosis rendered her medically disqualified and dashed her plans for a career in uniform.

Today, she's a project manager at an engineering firm where she focuses

on private site development.

Thompson said she's fortunate to have health insurance, but her insulin still can cost her up to \$90 a month.

She welcomed caps on insulin costs, both for her own peace of mind and out of consideration for those who are less fortunate and rationing their doses.

Going without medicine is not an option.

"If I don't take care of myself, if I don't have insulin, then I die," she said.

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