



Comments in support of:

LCO 3601, *An Act Concerning Diabetes and High Deductible Health Plans*

LCO 3614, *An Act Concerning Telehealth*

Insurance and Real Estate Committee Informational Session

July 21, 2020

Senator Lesser, Representative Scanlon, and members of the Insurance and Real Estate Committee: Thank you for the opportunity to comment on portions of LCO 3601, *An Act Concerning Diabetes and High Deductible Health Plans* and LCO 3614, *An Act Concerning Telehealth*. AARP is a nonpartisan social mission organization that advocates for individuals age 50 and older. We have a membership of 38 million nationwide and nearly 600,000 in Connecticut. We advocate at the state and federal level for the issues that matter most to older adults and their families; this includes ensuring that older adults have access to quality, affordable health care.

LCO 3601, *An Act Concerning Diabetes and High Deductible Health Plans*

Americans pay some of the highest prices in the world for prescription medication, and the increasing number of people who cannot keep up with rising costs must make difficult decisions. 17% of Connecticut residents have stopped taking medication because of the cost,¹ and others have chosen to ration their medication, cut pills in half, or switch to less effective treatments. For the more than 350,000 people in Connecticut who have diabetes,² the inability to take their medication as prescribed can be fatal or lead to serious complications. This is unacceptable. During the 2020 legislative session, we strongly supported SB 1, *An Act Concerning Diabetes and High Deductible Health Plans*, and we continue to support the provisions of this bill that are included in LCO 3601.

Out-of-pocket cost caps on insulin, noninsulin diabetes drugs, and diabetes equipment and supplies will relieve consumers' financial burdens, improve drug adherence and, ultimately, save lives. The rising cost of insulin has drawn attention and outrage in recent years, and rightly so. According to a report from Business Insider, "in 2009, the list price for a 10-milliliter vial of Humalog, a fast-acting insulin made by Eli Lilly, was about \$93. Today it costs closer to \$275. Similarly, Novo Nordisk's fast-acting insulin Novolog cost almost \$93 for a 10-milliliter vial in 2009. Today, it costs about \$290."³

Insulin is not the only high-priced drug used for the treatment of diabetes. According to the Centers for Disease Control and Prevention, an overwhelming majority of the 21.4% of adults aged 65 years or older who have been diagnosed with diabetes are Type 2 diabetics,⁴ and some of these individuals rely on treatments other than insulin. Medications used to treat Type 2

¹ Among 19-64 year old population. State Health Access Data Assistance Center (SHADAC) analysis of National Health Interview Survey data, State Health Compare, SHADAC, University of Minnesota, statehealthcompare.shadac.org, Accessed September 5, 2019

² American Diabetes Association. "The Burden of Diabetes in Connecticut." Fact Sheet. <http://main.diabetes.org/dorg/PDFs/Advocacy/burden-of-diabetes/connecticut.pdf>. Accessed 21 Feb 2019.

³ Gillett, Rachel and Shayanne Gal. "One chart reveals how the cost of insulin has skyrocketed in the US, even though nothing about it has changed." 18 Sept 2019. <https://www.businessinsider.com/insulin-price-increased-last-decade-chart-2019-9>. Accessed 24 Feb 2020.

⁴ National Diabetes Statistics Report, 2020. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2020.

diabetes include Jardiance and Januvia, which cost approximately \$500 for a 30 day supply, and Ozempic, which costs more than \$800 for a single pen.⁵

LCO 3601 would place a \$25 out-of-pocket cost cap on a thirty-day supply of insulin and noninsulin diabetes medications, as well as a \$100 cap on a thirty-day supply of medically necessary diabetes equipment and supplies. Making these treatments and supplies more accessible will save lives, and we support the inclusion of the out-of-pocket cost cap in LCO 3601.

LCO 3614, *An Act Concerning Telehealth*

Telehealth uses communication technology to deliver health care, health information, and health education at a distance. This method of delivering health care has been particularly important during the pandemic, especially for older adults and other populations that are more at risk of being severely impacted by the virus.

In response to the COVID-19 pandemic, Governor Lamont issued Executive Orders 7G and 7DD, which include provisions that, among other things: authorize more types of health care providers to provide telehealth services, allow telehealth services to be provided by out-of-state providers, and allow providers to offer telehealth services through more methods. LCO 3614 would extend some of these provisions beyond the duration of the declared public health emergency. AARP fully supports the extension of these provisions. In addition to helping older adults and other at-risk populations avoid public spaces during the pandemic, telehealth helps improve access to health care, eases transportation burdens, and makes it easier for family caregivers to participate in their loved ones' care. Robust telehealth services make it easier for individuals to receive care in home and community-based settings.

Thank you for the opportunity to share our comments in support of LCO 3601 and LCO 3614. We believe that out-of-pocket cost caps for diabetes treatments and supplies, as well as expanded options for telehealth, will be beneficial for older Connecticut residents.

⁵ GoodRx and Drugs.com prices accessed 21 July 2020