FOUNDATION FOR A HEALTHY KENTUCKY

KDN
KENTUCKY DIABETES NETWORK
www.kydiabetes.net

# Diabetes Day at the Capitol 2023

**Diabetes in Kentucky**

- Nearly 486,196 Kentucky adults (13.8%) have **diabetes** (2021)
  - This rate is more than double the rate of adults who had diabetes (6.5%) in 2000
  - The diabetes rate among African-American adults is 18.5% compared to 13.5% among white adults in Kentucky.
  - The diabetes rate in the Appalachian region of Kentucky is 16.1% compared to 13.0% in non-Appalachian Kentucky.
- Another 345,083 (12%) of adults have **prediabetes** and are at high risk for developing diabetes.
- The estimated annual cost of diabetes in Kentucky is 5.16 billion in total medical expenditures and lost work and wages. (American Diabetes Association - 2017)

**HB 141**

HB 141 builds on the insulin co-pay cap enacted in 2021 and will create programs to ensure affordable access to insulin for more people, including those who are uninsured or whose insulin has been removed from their health plan's formulary.

**Diabetes Patient Advocacy Coalition**

- The cost of prescription drugs has jumped, lawmakers in states and in Congress are working to make medicine more affordable, including "rebate reform" or giving patients access to drug discounts received by PBMs (Pharmacy Benefit Managers) and health plans.
- Rebates are discounts provided by manufacturers to incentivize PBMs and insurance companies to cover their medicines to reach as many patients as possible.
- For example, a medication costs $100 (list price), but a manufacturer sells it to a PBM for $60, (net price), with a discount (rebate) of $40. However, when Larry - a patient who hasn't yet met his deductible - buys the medication, the insurance plan charges Larry the full $100 instead of the discounted rate of $60.
- As the size of rebates has grown - and as PBMs and insurance companies have consolidated – lawmakers want to know where these rebates are going and why these drug discounts aren't being passed through to patients, who pay insurance premiums but don't get access to discounted pricing. Kentucky is looking at one such solution, to pass through at least 85% of rebates to patients directly at the point of sale. This legislation would help anyone who buys medication, especially people with diabetes who often rely on several prescriptions.

**American Diabetes Association**

- Urgent Need Insulin Program would ensure affordable access to insulin to eligible individuals who have less than a seven-day supply of insulin.
- Continuing Access to Insulin Program would ensure affordable access to insulin, for up to 12 months, to eligible individuals who have an ongoing need for insulin.
- To apply for either program, individual submits a completed application to a pharmacy along with a valid prescription and proof of residency.
- Pharmacy shall dispense 30-day supply of insulin, notify the person's health care provider that the insulin was dispensed, and may collect a co-payment of no more than $25.

- Medicare coverage of insulin
  - As of 1/1/23, the cost of a one-month supply of each Medicare Part D-covered insulin is capped at $35 with no deductible.
  - Starting 7/1/23 similar caps on costs will apply for insulin used in traditional insulin pumps (covered under Medicare Part B).

Sign up to be an ADA Diabetes Advocate at www.diabetes.org/advocatesignup

**Community Farm Alliance**

- Kentucky is in a hunger and nutrition crisis.
- Kentucky is responding in nationally recognized ways.
- This is a long-term effort that requires growth and sustainability.