

**Insuser**

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**From:** [REDACTED]@yale.edu>  
**Sent:** 1/11/16 11:05 AM  
**To:** [REDACTED]  
**Subject:** HB5384 Testimony

Hello, my name is Rebecca Vitale and I am writing to you both personally, as a person who has lived with type 1 diabetes for over 20 years, and professionally, as a resident physician working in New Haven with many patients who use insulin. I am excited that this bill is coming before the legislature, but it doesn't go far enough to protect people with diabetes. When I was first diagnosed with diabetes, the list price for insulin was about \$20 per vial. Now, it is over \$250, with no significant change in the cost of production. I am lucky to be insured, so I only have to pay my copay, but even that is pretty substantial. Every time I go to pick up my insulin at the pharmacy, the person ringing me up does a double take. They ask me, "Are you sure you want to pick up this prescription? It's \$160!" I always tell them yes, because without insulin I would die.

Even though I have insurance, the amount that I pay is proportional to the list price, and so my out of pocket costs have increased significantly as pharmaceutical companies and pharmacy benefit managers have increased the prices. As a person with diabetes, I have to pay for insurance deductibles, specialist appointment copays, durable medical equipment supplies, processing fees for bloodwork, and yes, medications. The average patient with type 1 diabetes spends about \$1000 per month on medical care. While the rest of my costs are relatively fixed, the price of insulin keeps going up.

As a primary care doctor, I have patients who are uninsured or have high deductibles and have to pay the full list price for insulin. I recently saw a woman in my office who has had diabetes for 15 years and has been on insulin for the last 5 years. She has had gaps in her insurance coverage, and during these times she can't afford her insulin and stops taking it. Because she has type 2 diabetes this isn't immediately lethal, but she has developed diabetic retinopathy, which could lead to blindness, as a result of her poor control. Now, when she comes to see me at her visits we talk about how to best plan to keep her healthy and safe once she is legally blind. If insulin were more affordable, she would not be facing this debilitating complication.

I am happy to see that this bill addresses the issue of transparency for pharmacy benefit managers and that information on drug prices will be reported. But I want to see you do more to protect people with diabetes. The threshold to require justification from pharmaceutical companies about price increases should be much lower than 25%. I want you to set it at 10% like it was for a similar bill in Oregon. Insulin has become so expensive because of relatively small increases year after year, and with a 25% threshold these increases could go unnoticed. I also want the bill to include language empowering the attorney general to take action against price gouging by pharmaceutical companies. They have continued to increase prices for decades and have never had to answer for their actions. I have witnessed the direct impact of these price increases, both for myself and for my patients, and I want the companies to be held accountable. Finally, the pharmacy benefit managers profit by pocketing rebates from pharmaceutical companies that are supposedly meant for patients. While your bill asks that the "majority" of these rebates be passed on to the consumer, this isn't enough. It is unacceptable for pharmacy benefit managers to profit by keeping rebates for themselves that are meant for patients. These rebates should be passed along directly to consumers to help them afford their medications.

Diabetes is an exhausting disease to manage and it requires constant attention to eating, exercise, and medication dosages. But its impact does not stop with managing the medical aspects. I spend hours trying to make sense of my various coverage options and costs, trying to figure out where I can save money. You have an

opportunity to reduce some of the burden on people with diabetes by making their medications more affordable. Please improve this bill so that it can have this significant impact.

Sincerely,

Rebecca Vitale, MD, MPH  
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