August 5, 2022

Senator Jeanne Shaheen
U.S. Senate
Washington, D.C. 20515

Senator Susan Collins
U.S. Senate
Washington, D.C. 20515

Dear Senators Shaheen and Collins:

I am writing from First Focus Campaign for Children in support of the Improving Needed Safeguards for Users of Lifesaving Insulin Now (INSULIN) Act.

The First Focus Campaign for Children is a bipartisan children’s advocacy organization, focused on making children and families a priority in federal policy and health decisions. We support policy measures which ensure that all children have access to quality and affordable healthcare – including access to necessary medications. Regarding Type 1 diabetes, more than 200,000 children in the United States have this chronic condition. Untreated diabetes can lead to vision problems, nerve damage, kidney failure, heart disease, stroke and ultimately death. It is one of the leading causes of death in the United States.

Medical costs for Americans with diabetes are high, more than double those incurred by individuals without diabetes. In the United States, patients pay 10 times more for insulin than in any other developed country. In recent years, the prices for insulin have surged, and continue to increase. Families can go into debt providing insulin for diabetic children. Due to such high costs, many lower-income families with children with diabetes cannot afford their medication, putting the children at severe risk for permanent harm to their bodies if they either ration their insulin or do not take it at all. Literally, it can be the difference between life and death.

The INSULIN Act is an effective measure to help parents and caregivers afford insulin for their children. The bill limits cost sharing for insulin users on private health insurance or on Medicare. Cost sharing would become capped at $35 monthly or 25% of a plan’s negotiated price, depending on which is less. The INSULIN Act would ensure that insulin manufacturers reduce their list price by ensuring that insurance plans and pharmacy benefit managers cannot collect rebates, making insulin eligible for cost-sharing protections, and supporting patient access to insulin by ensuring coverage. This is beneficial because it stops companies from overpricing insulin and keeps it affordable for families.

If children have access to their medications, it will help reduce hospitalizations and reduce kidney disease. This is a win-win not only for children and their families but for insurance companies and the government. We hope Congress will quickly pass this important piece of legislation, and thank you for your work to ensure the good health of all children.

Sincerely,

Bruce Lesley
President