

# SHARE THE SAVINGS



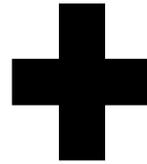
It is time to fix the financial burden placed on people with chronic conditions

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**Director, Campaign Communications**  
**Diabetes Patient Advocacy Coalition**

NFWL 2022 Healthcare Summit  
Washington, D.C.

We are *proudly affiliated* with the **Diabetes Leadership Council (DLC)**

**DIABETES  
PATIENT  
ADVOCACY  
COALITION**

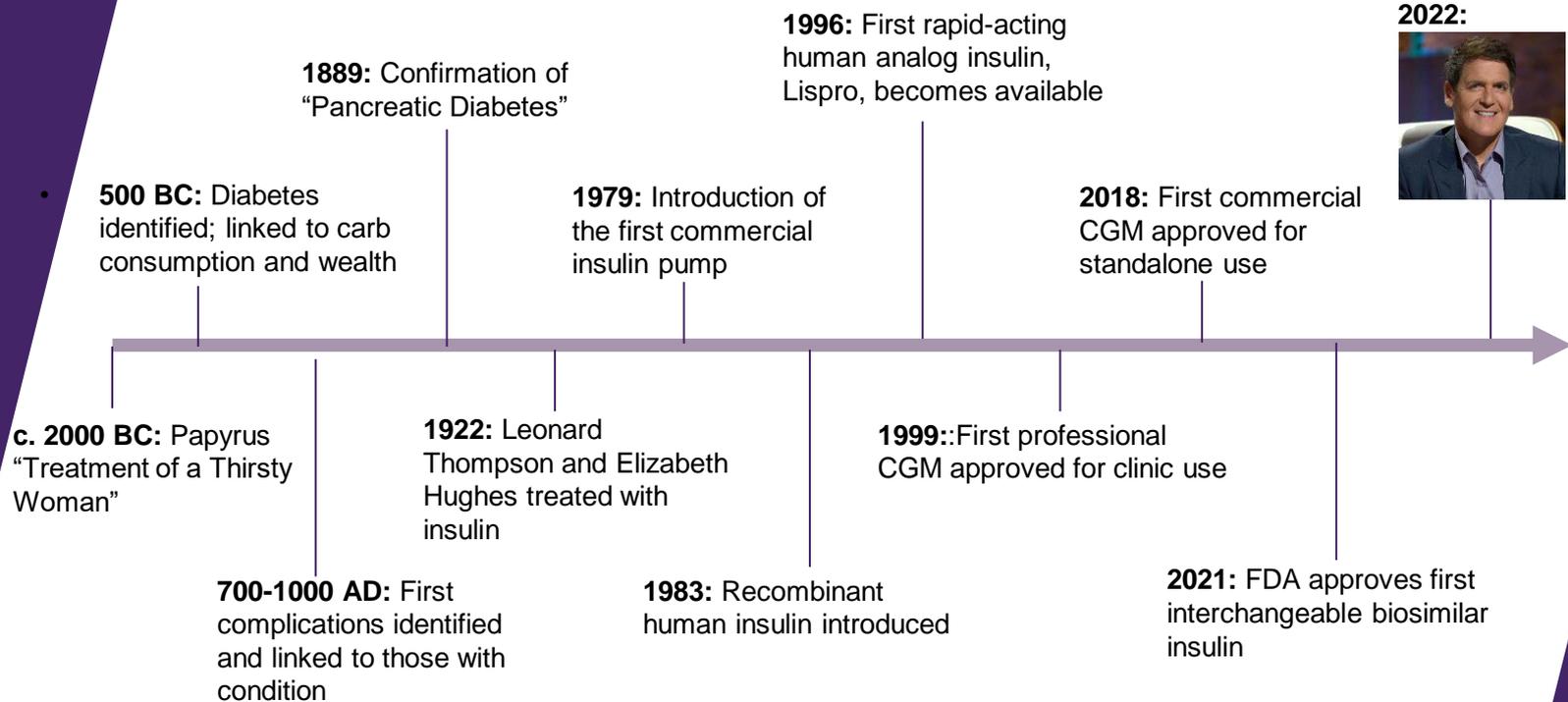


**DIABETES  
LEADERSHIP  
COUNCIL**

- **DLC provides policy expertise for lawmakers and advocates**
- ***DPAC turns knowledge into action through grassroots advocacy***



# Diabetes & Management: A brief and incomplete history





# DIABETES PATIENT ADVOCACY COALITION !

## 1986

World Population:  
4.9 Billion

Top Gun released

Gas: \$0.96/gal

Life Expectancy

Females: 78.2 years

Males: 71.2 years

<8 million Americans  
with diabetes

Laser Tag Introduced  
+1 T1D diagnosis



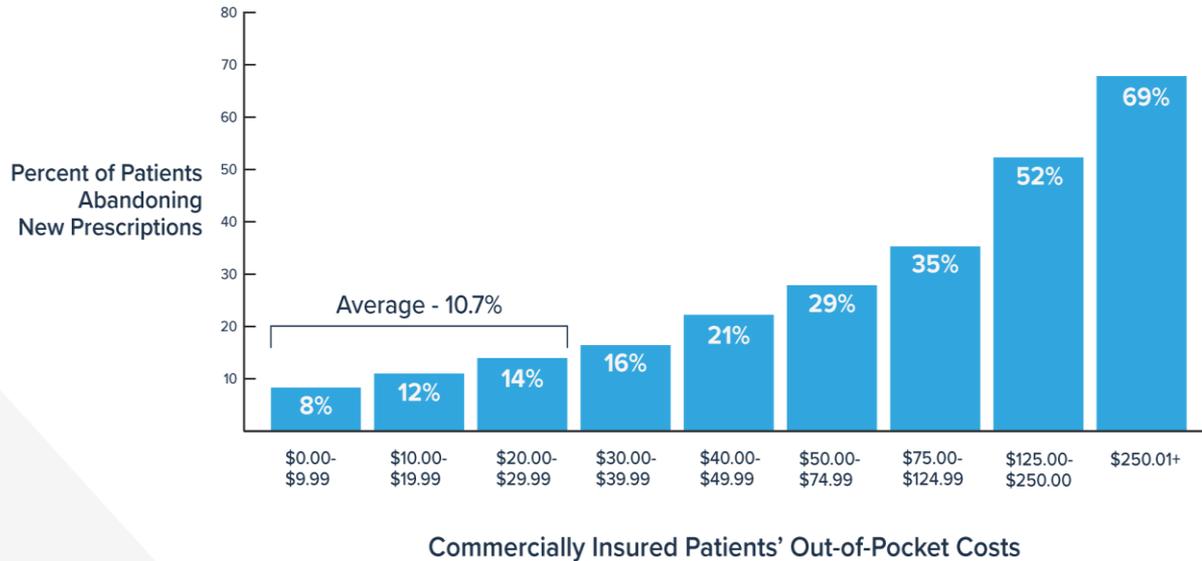
Me: Even more brief, even more incomplete



**DIABETES  
PATIENT  
ADVOCACY  
COALITION** !

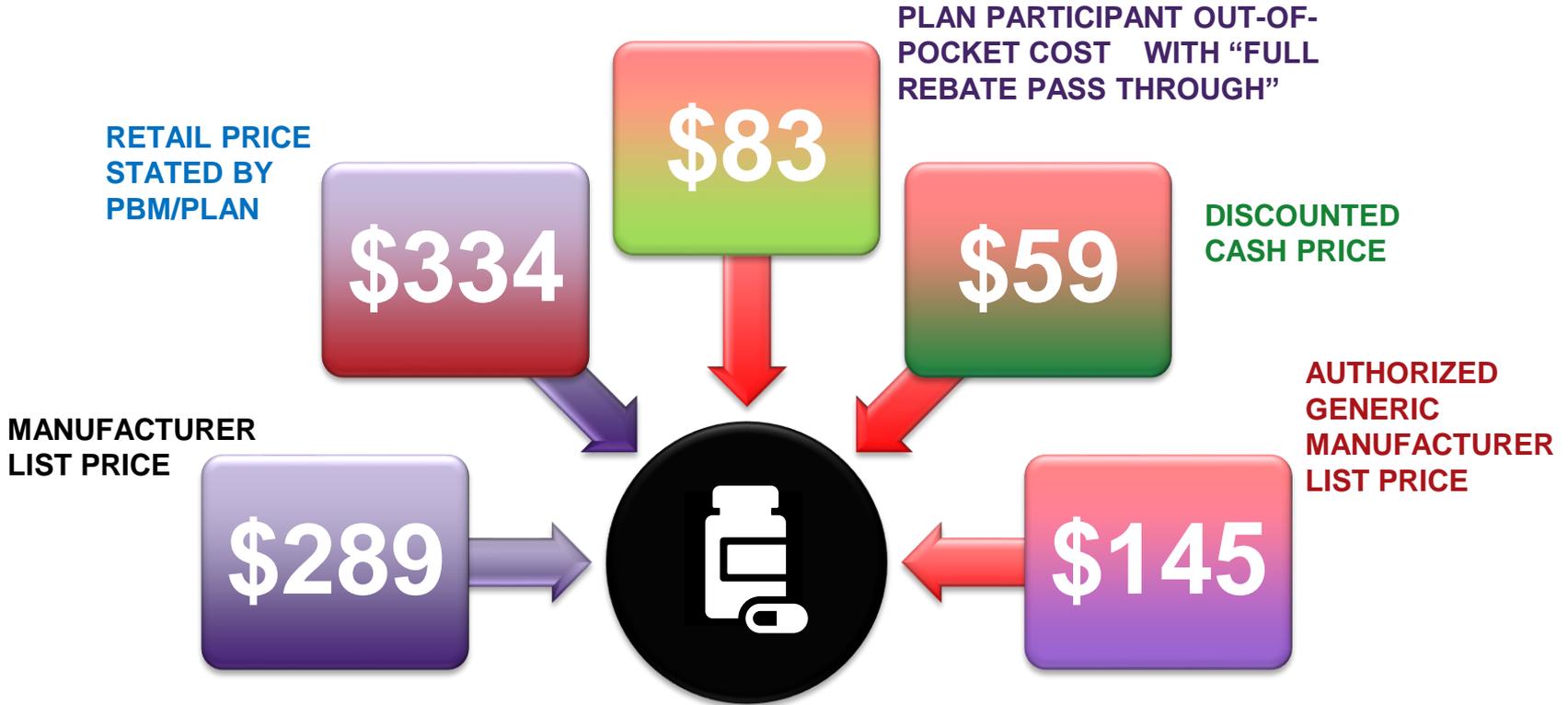
2014 Stanford University research found that people with diabetes make an extra 180 decisions per day – *One every five minutes*

## In 2017, Prescription Abandonment Rises as Patient Out-of-Pocket Costs at the Pharmacy Increase



69% of patients abandon their prescription when the cost is \$250 or higher

# ROUND AND ROUND AND ROUND IT GOES...



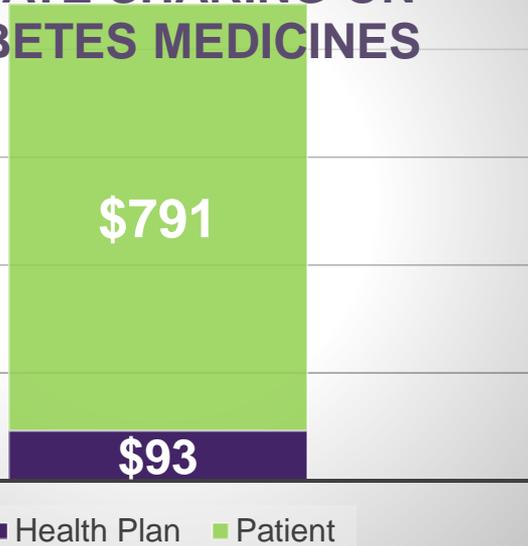
**Drug Prices** Rising costs of medication force patients to make difficult choices between their health and everyday living. As costs of living increase across household items, utilities and services, vulnerable populations are succumbing to burdensome costs.

**Adherence** Patients are more likely to abandon their prescriptions at the pharmacy counter when costs exceed \$250. One in four patients with diabetes also report rationing their insulin, or reducing their prescribed dose, due to the cost of insulin.

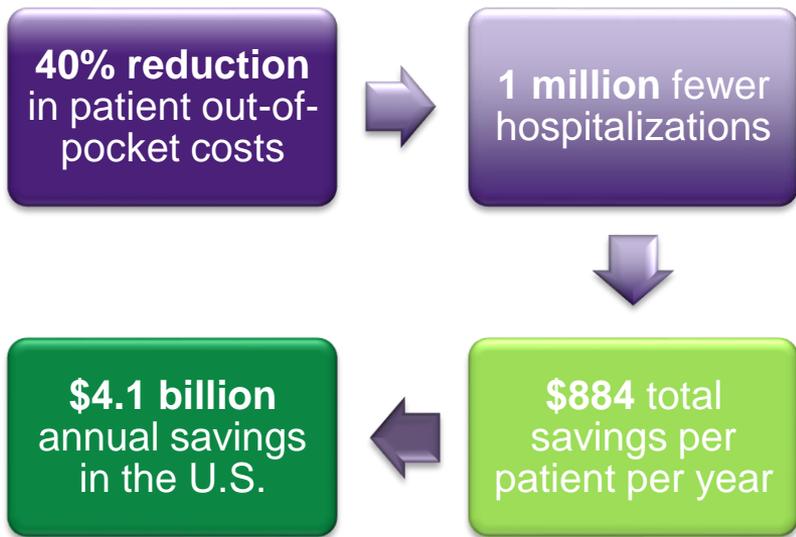
**Outcomes** Poor adherence is associated with inadequate glycemic control, increased use of health care resources, higher medical costs, and markedly higher mortality rates.

# SHARED DISCOUNTS SAVE LIVES (& MONEY)

## ANNUAL PER PERSON SAVINGS WITH 100% REBATE SHARING ON DIABETES MEDICINES



*“Reduced health spending from better outcomes more than offsets increased health plan spending on drugs when rebates are shared”*



# What Is Being Done?



PATIENT POCKET  
**PROTECTOR**  
C O A L I T I O N

**The purpose of the Coalition is to unify chronic illness advocates, to build legislative support to drive policy change, and to tackle financial toxicity impacting out-of-pocket patient costs.**

# Legislative Principles



To ensure that proposed legislation achieves our goal of protecting patients' pockets, we are prioritizing the following legislative principles for bills addressing PBM rebate reform:

- A **minimum of 80%** of rebates and discounts must be passed through to patients at the point of sale
- All copays that are a percentage of price must be calculated based on the price **net of rebates and discounts**
- Civil penalty per violation to be levied by the state department of insurance or other entity for **noncompliance** by an insurer



# Patient Deductible Phase

Patient A is enrolled in a state-based health plan. Their deductible is \$3,000 and their co-insurance is 30%.

## Current State

Retail List Price: \$100.00  
*Rebate* \$ 48.00

Manufacturer \$ 52.00  
PBM/Insurer \$ 48.00

Patient Pays \$100.00

## With Reform

Retail List Price: \$100.00  
*Rebate* \$ 48.00

Manufacturer \$ 52.00  
PBM/Insurer N/A

Patient Pays \$52.00

For illustrative purposes, model does not depict pharmacy fees





PATIENT POCKET  
**PROTECTOR**  
C O A L I T I O N

**[PatientPocketProtector.org](https://PatientPocketProtector.org)**

**To learn more, contact:  
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