



**Written Testimony Supporting House Bill 760  
Submitted to the House Labor and Commerce, Subcommittee #1  
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Chair Maldonado, and Honorable Members of the House Labor & Commerce, Subcommittee #1:

On behalf of the American Diabetes Association (ADA), thank you for the opportunity to provide testimony in support of House Bill 760. This critical legislation would **cap patient cost sharing for diabetes equipment and supplies** at no more than \$35 aggregate per 30-day supply as well as **decrease the insulin cost share** from \$50 to \$35 aggregate per 30-day supply.

Virginia, like the rest of the country, is experiencing a diabetes epidemic. The ADA estimates that almost 1 million people have diabetes in Virginia – 1 in 10 adults across the Commonwealth. **Diabetes is a chronic illness that requires continuing medical care and ongoing patient self-management to prevent acute complications and reduce the risk of long-term complications.**

Diabetes equipment and supplies are integral to proper diabetes care and thus remaining healthy. They are necessary for **administering insulin** and for the critical task of **monitoring blood glucose levels** to keep glucose levels within a desired range and ensure that glucose levels are not too high or too low, which can result in dangerous, short-term complications.

The **complications of diabetes** are serious, costly - one in four dollars allocated to health care is dedicated to caring for individuals with diabetes - and can be disabling or deadly. Complications can include end-stage kidney disease, lower limb amputation, blindness, heart attack, and stroke. So, these vital supplies and equipment need to be affordable for the person with diabetes to manage their diabetes and protect their health.

Technology has advanced so people have options beyond syringes to administer insulin and beyond pricking a finger for a drop of blood to check their glucose. For many, modern diabetes care involves the use of Continuous Glucose Monitors, also known as CGMs. CGMs provide glucose readings every few minutes, allowing for a better understanding of changes in glucose to guide one's diabetes self-management. CGMs can also provide warning information that helps prevent short-term complications. **CGMs are the standard of care for insulin-treated individuals with diabetes, leading to improved clinical quality, better health outcomes, and reduced health care costs.**

Much attention has appropriately focused on the cost of insulin. As such we are thankful to see this legislation lower the existing cost-share from \$50 to \$35 aggregate per 30-day supply to further lessen the well-documented financial burden on patients. But these equipment and supply needs also can present an affordability challenge. Advances in technology have improved diabetes care, but CGMs, blood glucose monitors and insulin pumps use supplies that must be routinely replaced. A recent study relating to people with diabetes who need to use insulin, found that their **cost sharing for diabetes equipment and supplies can also be burdensome.** And we've conducted surveys confirming **rationing of**

**supplies**, as well as **others not taking advantage of equipment that can improve care** due to the related cost sharing burden.

A few states have now taken the important additional step to improve affordability for the equipment and supplies needed to monitor blood glucose levels, to administer insulin, and to help stay healthy. These states have included **West Virginia, Delaware, North Dakota, and Connecticut** (as well as **Washington, District of Columbia**).

Given the importance of diabetes equipment and supplies in managing diabetes to achieve healthy outcomes and reduce the chance of potentially disabling or deadly complications, as well as the critical need the American Diabetes Association requests your support for this legislation.

Thank you for your consideration, and please let me know if you need any additional information about this important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Billger".

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