



April 14, 2022

The Honorable Charles Schumer  
Majority Leader  
United States Senate  
Washington, D.C. 20510

The Honorable Mitch McConnell  
Minority Leader  
United States Senate  
Washington, D.C. 20510

The Honorable Ron Wyden  
Chairman  
Committee on Finance  
United States Senate  
Washington, DC 20510

The Honorable Mike Crapo  
Ranking Member  
Committee on Finance  
United States Senate  
Washington, D.C. 20510

The Honorable Patty Murray  
Chairwoman  
Committee on Health, Education, Labor, and  
Pensions  
United States Senate  
Washington, D.C. 20510

The Honorable Richard Burr  
Ranking Member  
Committee on Health, Education, Labor, and  
Pensions  
United States Senate  
Washington, D.C. 20510

Dear Majority Leader Schumer, Minority Leader McConnell, Chairman Wyden, Ranking Member Crapo, Chairwoman Murray, and Ranking Member Burr:

On behalf of the American Academy of Family Physicians (AAFP) and the 127,600 family physicians and medical students we represent, I urge the Senate to swiftly pass legislation to make insulin more affordable for all Americans who need it.

On March 31, 2022, the U.S. House of Representatives passed the **Affordable Insulin Now Act (H.R. 6833)** to cap cost-sharing under private health insurance and Medicare Part D for a one-month supply of insulin products at \$35. The AAFP endorsed this legislation, and we urge the Senate to take up the House-passed measure or other legislation that similarly ensures that patients can afford insulin. These legislative measures would help family physicians meet diabetic patients where they are — promoting medication adherence and ultimately improving health outcomes.

More than 37 million Americans have diabetes, and an estimated one-quarter of people with diabetes in the U.S. ration their insulin due to costs.<sup>i</sup> <sup>ii</sup> Ensuring access to medications is an integral part of physicians' role as advocates for their patients. Unfortunately, and too frequently, family physicians encounter patients who cannot afford their medications and for that reason fail to adhere to treatment recommendations. Diabetes treatment is particularly important: unmanaged diabetes can lead to significant health complications and costly medical care — including kidney damage and ICU hospitalization.<sup>iii</sup> Patients affected by high insulin costs also are more likely to experience adverse health effects, including increased stress and anxiety, and may forgo other needs, such as transportation, utilities, housing, doctor's visits, or other medications,<sup>iv</sup> to afford insulin.

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The AAFP [recognizes](#) health as a human right for every person and believes that all people, regardless of social, economic, or political status; race; religion; gender; or sexual orientation, should have access to primary medical care and other essential health care services and treatments. Care should be comprehensive and affordable and should include protections for those with financial hardships. Having both health insurance and a usual source of care (e.g., through an ongoing relationship with a family physician) contributes to better health outcomes, reduced disparities along socioeconomic lines, and reduced costs.<sup>v</sup> This applies to those with chronic diseases and their ability to access low-cost, high-quality medicines and treatment. Today, however, millions of patients cannot afford a basic medication.

In 2021, diabetes deaths exceeded 100,000 in the United States for the second consecutive year.<sup>vi</sup> One study found that cost-related nonadherence (or rationing) was associated with an 18% higher hazard of diabetes-related death.<sup>vii</sup> Widespread inability to afford essential medications is a symptom of broader dysfunction in the U.S. health care system, and the AAFP is committed to working with Congress to advance holistic reforms, but the need to address insulin affordability is immediate. We cannot wait any longer to address it.

**The AAFP urges the Senate to pass legislation to cap out-of-pocket insulin costs and ensure that this life-sustaining medication is affordable for millions of Americans with diabetes and their families.** Should you have any questions, please contact Erica Cischke, Director of Legislative and Regulatory Affairs, at [ecischke@aafp.org](mailto:ecischke@aafp.org).

Sincerely,



Ada D. Stewart, MD, FAAFP  
Board Chair, American Academy of Family Physicians

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<sup>i</sup> <https://www.cdc.gov/diabetes/library/spotlights/diabetes-facts-stats.html#:~:text=37.3%20million%20Americans%E2%80%94about%201,t%20know%20they%20have%20it>.

<sup>ii</sup> <https://www.statnews.com/pharmalot/2019/06/18/one-quarter-of-people-with-diabetes-in-the-u-s-are-rationing-their-insulin/>

<sup>iii</sup> <https://www.endocrine.org/-/media/endocrine/files/advocacy/documents/insulin-stories-endocrine-society.pdf>

<sup>iv</sup> <https://www.endocrine.org/-/media/endocrine/files/advocacy/position-statement/insulin-position-statement-icem.pdf>

<sup>v</sup> The Robert Graham Center, The Importance of Having Health Insurance and a Usual Source of Care, Am. Fam. Physician (Sept. 15, 2004), available at <http://www.aafp.org/afp/2004/0915/p1035.html>.

<sup>vi</sup> <https://thehill.com/changing-america/well-being/prevention-cures/592114-diabetes-deaths-exceed-100000-in-us-for-second/>

<sup>vii</sup> [https://www.cdc.gov/pcd/issues/2020/20\\_0244.htm](https://www.cdc.gov/pcd/issues/2020/20_0244.htm)