

Call to Action



Real Voices, Real Struggles



As the cost of insulin has continued to rise, it has become an urgent crisis, affecting millions of Americans who are forced to make impossible decisions between paying for life-saving medications or their basic needs. One of the top insulin manufacturers in the world, Eli Lilly, continues to profit from this crisis, while watching everyday people struggle. In 2023, David Ricks, Eli Lilly CEO, saw a staggering 24% pay increase, bringing his total compensation to \$26.6 million, while insulin prices continue to climb. This situation urgently calls for immediate change, drawing attention to the need for reform in insulin pricing and accessibility. It's time to take action. We need to push for price regulations, while holding pharmaceutical companies like Eli Lilly accountable for their role in this crisis. The average American worker earns just over \$65,000 a year, while pharmaceutical executives continue to profit from the suffering individuals who need insulin to live.

It is time to make your voice heard. Contact your state legislators and encourage that they take action to address the cost of insulin and the corruption of assistance programs and pharmaceutical companies. Attached, a written letter template is provided to guide your message to help create the change that's desperately needed. Together, we can fight for affordable insulin for all. It can't wait any longer.



Alec Raeshawn Smith

Age 26

Alec was just 26 years old when he died from diabetic ketoacidosis, which is a preventable condition caused by a lack of insulin. Diagnosed with type 1 diabetes at age 24, Alec initially managed his condition with insurance through his mother's plan, but when he turned 26, he aged out of her coverage and was forced to find insurance on his own. He had a steady job as a restaurant manager, but not enough money to cover his \$1,300 monthly cost of insulin and supplies. He made too much money to qualify for an assistance program but not enough to afford the life saving medication. Alec began rationing his insulin because it is the only option he had left. Just three days before he received a paycheck, his body could no longer sustain the lack of insulin, and he passed away.



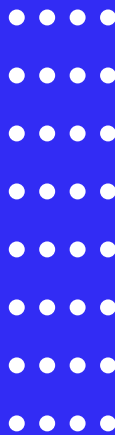
Josh Wilkerson

Age 27

Josh, was diagnosed with type 1 diabetes at 8 years old. As a child, Pennsylvania's ACCESS Program provided him with full insurance coverage, ensuring he had the medication and care he needed. However, once he turned 18, he struggled to find affordable insurance to receive proper medical care. Like many, Josh faced impossible choices — paying rent, buying food, or affording insulin. Josh relied on cheaper insulin, over-the-counter insulin, as he was unable to afford name brand. This insulin performs much slower. In June 2020, Josh's blood sugar spiked extremely high, and the slower insulin couldn't bring it down in time. He slipped into diabetic ketoacidosis, suffered multiple strokes, and passed away at 27 years old.



Breaking the Insulin Barrier



Insulin Price Crisis

Current Costs of Insulin

Available Assistance Programs

Insulin prices in the U.S. have skyrocketed, with a one-month supply costing \$1,000 or more for many patients. A single vial costs \$300–\$400, and a box of insulin pens can be \$500–\$600, despite costing only a few dollars to produce. While assistance programs exist, they are often inaccessible and lack transparency, leaving many struggling to afford their medication. Some are forced to ration insulin, a dangerous practice that has led to preventable deaths. Urgent reform is needed to ensure affordable access to this life-saving drug.

What Can You Do?

One of the most effective ways to drive change is by contacting your state legislators. Urge them to take action on insulin affordability. Lawmakers possess the power to support policies that influence insulin prices, and expand on accessibility of life-saving medications. To make it easier, a letter template is attached. Simply personalize the letter and send it to your representatives. Your voice matters more than you know. By reaching out, you can push for solutions to the insulin crisis and alert policymakers to their corrupt agenda. Advocacy starts with you!

Insulin prices have significantly increased, creating a heavy financial burden towards a life-saving medication for many. Specifically, one in three Medicare beneficiaries has diabetes, and 3.1 million individuals require insulin. However, insulin prices increased by over 50%, just between 2014 and 2019, resulting in the average annual cost escalated from \$3,819 to \$5,917. Out-of-pocket monthly costs for insulin in the covered phase have also increased by 18%. These prices have gone from \$49 to \$58. Overall, out-of-pocket costs have risen by 11%, from \$1,199 to \$1,329 annually. For individuals with Medicare Part D coverage, insulin prices still remain a major consideration. Beneficiaries still face high deductibles, copayments, and no cap on out-of-pocket costs. In particular, the “coverage gap” in Medicare Part D means beneficiaries must pay a percentage of the drug’s price until they reach catastrophic coverage. Between 2014 and 2019, the price of insulins like Lantus and Levemir experienced steep increases, with Levemir’s price increasing by 165%. If insulin prices had remained at 2014 levels, patients would have saved nearly 20% in annual out-of-pocket costs, but rising prices continue to put an immense strain on those who need insulin.

Eli Lilly

Eli Lilly’s assistance program caps insulin costs at \$35 for eligible patients, but it does not publicly disclose the acceptance rate. This lack of transparency raises concerns about how many people can truly benefit from the program, despite its goal to ease the financial burden of high medication costs.

Medicare

Medicare Part B covers insulin for those using an insulin pump, with a \$35 cap for a one-month supply, and no deductible required. However, Part B does not cover insulin-related supplies like syringes or needles, which are covered under Part D along with other insulin types, including non-traditional and inhaled insulin.

Medicaid

Medicaid assistance programs for insulin vary by state, as each state has its own guidelines for eligibility and coverage. Some states may offer additional help with insulin costs, while others may have limitations