**Statement for the Record**

Hearing Title: **A Prescription for Change, Part III**

Hearing Date: **Tuesday, April 9, 2019**

Author Name:

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Each community of chronic illness has strengths unique them. 25 years ago, when you were diagnosed with type 1, you might not know another person like you. Today, diabetics have a multitude of different technologies and treatment options to choose from. Diabetics, as a community, are technologically sophisticated. We engage with and have a high comfort level with technology because our treatment options demand that. One consequence has been the formation of supportive, dedicated, and highly engaged online communities. Online communities allow us a capacity for complex problem solving and a deep breadth of understanding for the circumstances that surround us. That was not possible in the past. We are no longer the only person like us. Diabetics are an energized, well-oiled machine of patient communities.

Our patient communities are driving development, tirelessly threshing our way forward through the rotting field of healthcare. The poor quality of our soil is no secret. Our neighbors glance regretfully towards American soil. They watch the wind lash sand in our eyes and pity us. The very ground is unstable. It shakes and we see where sink holes that have formed to swallow us up, again and again. We see where others like us were buried in shallow, well-marked graves during recent harvests. We sing while we work. We have strong, public, harmonizing voices that carry into surrounding fields and landscapes. We are in a dust bowl. But we are not secretly swallowed up. We will not live in the earthen prison that has been built around us, waiting for American soil to chew us up and feed us back into the earth.

We appreciate, and are following closely, federal and state efforts to remedy this situation. In Wednesday’s insulin-specific hearing, I particularly appreciate the comments made by The Representative from Georgia, Buddy Carter. He made reference (min 2:33:00 of the hearing “PRICED OUT OF A LIFESAVING DRUG: GETTING ANSWERS ON THE RISING COST OF INSULIN”) to the coordinated efforts between PBMs and drug companies to \_\_\_\_\_\_. List prices rising increase of as a result of consolidation. I appreciate his questions that drew attention to the fact that the insurance company, the drug store, and the PMS ARE the same company. I would appreciate further exploration of this. It seems to me, that the insurance companies also own the hospitals and would like to note that their influence extends directly into the practice of medicine and results in care that does not company with age old standards to uphold the Hippocratic Oath.

I would appreciated some mention of the following concerns: 1.) \_\_\_\_\_; 2.) \_\_\_\_\_; and 3.) \_\_\_\_\_\_\_

**Manipulation of the markets – drug shortages**

Reference Mayo here

Generic drug shortages and the Mayo Clinics effort to begin manufacturing their own drugs to avoid intentional manipulation of drug prices by creating shortages.

**Why don’t hospitals give insulin to patients?**

<https://forum.tudiabetes.org/t/insulin-at-the-hospital/77208/55>

I would extend his thought by noting that insurance company dictation of the practice of medicine extend much farther. Insurance companies apply financial penalty on hospitals that treat diabetic patients. These penalties directly result in a lack of care for patients with diabetes that results in obscenely high mortality rates for individuals in the ICU (Intensive Care Unit).

Insurance company influence extends into the practice of medicine and results in harmful practices. The Hippocratic Oath is an age-old standard for practicing medicine. Only in recent years have we seen that standard thrown into the trash. Only the most egregious practices fall into direct contraction with historic norms to, “do no harm.” I will highlight one new, damaging and prevalent practice, provoked by insurance companies lording over American hospitals, and hospital’s unethically compliance with that behavior. It stands in direct contraction to the norms of ethical conduct for their profession.

**Why does insulin require a prescription?**

<https://forum.tudiabetes.org/t/why-does-insulin-require-a-prescription-in-the-us/77111/10>

System complexity.