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Response to *NYT's* "Medical Costs" Article

On Sunday, April 6, the *New York Times* printed an article titled "Even Small Medical Advances Can Mean Big Jumps in Bills". The article focused on how small technological innovations can massively increase the cost of managing/living with type 1 diabetes. While it discussed many interesting points, many people in the Diabetes Online Community were upset that the article seemed to advocate for less innovation, or discounted recent technological improvements and how helpful they have been. This article has also sparked great interest within the JDCA community, raising the question of implications for a Practical Cure.

Key Takeways from the Article:

There have been many comments about the story on DiabetesMine, Six Until Me, our Facebook Page, and even the article itself. Readers are debating everything from some of the article's harsher facts and examples, to the somewhat incendiary language used to discuss new treatments. However, relevant points that keep re-emerging are:

1. Health Insurance companies continue to change what they will and won't cover for patients, leading to increased costs and red tape. If you don't have health insurance the annual \$5,000 cost of managing your illness can jump to nearly 5 times that, making it all but impossible to keep yourself healthy in the face of mounting medical bills. The article gives several examples of people having to change to less effective treatments, or being bumped up to ones they don't want, simply because a health insurance company changed what it could cover. This often increases cost for the patient and compounds the difficulty of managing diabetes.

2. Eli Lilly, Sanofi, and Novo Nordis are the sole manufacturers of synthetic insulin. Thanks to both patents and proprietary cell lines, it is nearly impossible for other companies to jump into the fray and make similar, cheaper version of insulin, or a "generic brand." This artificially keeps prices high by squashing out competition.

3. Technology manufacturers continue to push T1D's onto new, incrementally improved devices. While helpful, these improvements drive costs upwards, and do not allow patients to retain older models they may have grown accustomed to. The article refers to this as the "Apple model", where older technology is forced into obsolescence in order to get people to buy the new products. A continual march forward in technology, while necessary to advance treatment, means that there is no way to keep costs from increasing.

Our Advocacy Point: How Does a Practical Cure Fit into This Problem?

A Practical Cure would not only massively improve quality of life, but also drive costs down in equal measure. If something came out that was clearly "the best" form of diabetes care, people would adopt it readily, and a universal standard of care would be established. The best case scenario would force a common approach. Health insurance companies would have incentive to pay for the device/procedure/solution that promised to keep its patients/constituents free of complications, thereby saving them the enormous cost of potential future health problems and costs.

A Practical Cure would not only be the best option for your diabetes, but it might also be the best option for your wallet.