

Opportunity Wisconsin: Cap on insulin costs leads to more Wisconsinites filling prescriptions

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MADISON, Wis. – With insulin costs capped at \$35 for Wisconsin seniors on Medicare, [a new study shows](#) thousands more Wisconsinites are now filling prescriptions for the medication.

The Inflation Reduction Act, which Wisconsin congressmen Bryan Steil and Tom Tiffany voted against, included multiple measures to help lower the cost of prescription drugs. In addition to capping insulin prices, the bill also allows Medicare to negotiate lower prescription drug prices and Wisconsinites are [already benefiting](#) from a measure that forces drugmakers to pay rebates when they increase prices higher than the rate of inflation.

Opportunity Wisconsin Program Director Meghan Roh: “Before the Inflation Reduction Act many Wisconsin seniors were forced to ration their insulin or pay hundreds out-of-pocket to fill their prescription. Today, thanks to President Biden and Democrats in Congress, thousands of Wisconsinites are already feeling relief with insulin prices capped and the Inflation Reduction Act reducing the costs of many life-saving medications. Seniors deserve an answer from Republicans in Congress, including Representatives Bryan Steil and Tom Tiffany, who voted to keep prescription drug prices high and unaffordable.”

[Spectrum News: Study: Medicare beneficiaries have filled more insulin prescriptions under the Inflation Reduction Act](#)

Medicare beneficiaries have filled more insulin prescriptions since the Inflation Reduction Act went into effect, according to new study from the University of

Wisconsin School of Medicine and Public Health and the University of Southern California Schaeffer Center for Health Policy & Economics.

The Inflation Reduction Act went into effect in Jan. 2023. The act put a \$35 cap on out-of-pocket costs on insulin for seniors who use Medicare. This included those who use insulin pumps, according to the American Diabetes Association.

“Many Americans are concerned with the cost of insulin because people with diabetes are at great risk of serious health problems, including nerve damage, heart attack and stroke,” John A. Romley said. “This new policy has the potential to do two things: save money for people who are taking insulin, and help people afford insulin to begin with.” He is a study co-author, and associate professor at the USC Sol Price School of Public Policy and Alfred E. Mann School of Pharmacy.

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“Our analysis suggests that this policy meaningfully reduced the number of Medicare beneficiaries who were not filling their insulin because of the cost — which would have potentially put their health at risk,” said Rebecca Myerson, study lead author and assistant professor of population health sciences at the UW School of Medicine and Public Health.

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Once the cap was enacted, an average of 366,928 Medicare enrollees’ out-of-pocket costs were \$35 or less. Before the cap, that number was previously 340,509, according to the study. More people on Medicare were saving money under the legislation.

When looking at those without Medicare, once the cap was enacted, an average of 242,733 patients’ out-of-pocket costs were \$35 or less. Before the cap, that number was previously 220,867, according to the study. Those who are not on Medicare are paying more money out-of-pocket, on average.

“After adjusting for differences in the study sample, the analysis suggests that Medicare beneficiaries filled about 50,000 more insulin prescriptions per month that were below \$35, and about 20,000 of these fills would not have taken place if not for the policy,” UW School of Medicine and Public Health said in a statement.

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