

Protect Our Care Wisconsin: Inflation Reduction Act helps seniors of color afford their insulin

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Thanks to President Biden and Democrats in Congress, the Inflation Reduction Act capped insulin copays at \$35 per month for seniors on Medicare. People of color are disproportionately affected by diabetes due to numerous systemic determinants of health that lead to barriers in accessing care. As a result, these communities are more likely to skip, ration, or delay insulin doses when compared to their white counterparts. The intersectionality of race and lack of care in rural areas especially leads to worse health outcomes for people of color. Making insulin more affordable is a lifeline for seniors of all backgrounds and economic status. Protect Our Care is [highlighting](#) the importance of lower insulin costs and calling for finishing the job of the Inflation Reduction Act to make the \$35 cap universal.

BY THE NUMBERS

- Deaths related to diabetes are [three times](#) more likely among people of color than their white counterparts.
- [More than 12 percent](#) of Black adults, **11.8 percent** of Hispanic adults, and **9.5 percent** of Asian Americans are diagnosed with diabetes.
- Black Medicare beneficiaries are [twice](#) as likely as white beneficiaries to have health care cost-related challenges.
- Americans of color spend **upwards of \$10,000** a year on diabetes-related costs.

Americans Of Color Are Disproportionately Affected By Diabetes. [Over 12 percent](#) of Americans of color experience diabetes due to a combination of genetic, socioeconomic, and environmental [risk factors](#). In 2018, Black Americans were [2.5](#)

[times](#) more likely than their white and Hispanic counterparts to be hospitalized due to diabetes complications. Hispanic adults are [50 percent](#) more likely to develop type 2 diabetes over the course of their lifetime than their white counterparts. Racial and ethnic minority populations are also at a [higher burden](#) of diabetes-related complications, such as kidney disease, blindness, and worse glycemic control. Despite the higher risk of complications, Americans of color are less likely to receive recommended preventive care and annual screenings, largely as a result of systemic access barriers to this care.

Americans Of Color Skip, Ration, Or Delay Insulin Doses At Higher Rates Than Their White Counterparts. With rates of [uninsurance](#) also being highest among people of color, these insulin users are at a higher risk of skipping, rationing, or delaying insulin doses. [Nearly 24 percent](#) of Black Americans ration insulin compared to 16 percent of their white and Hispanic counterparts. Black adults also continue to be the [hardest hit](#) when it comes to affording their prescription drugs and paying medical bills.

Universal Insulin Copay Caps Will Help Insulin Dependent Americans Of All Ages. While there are [49 million](#) seniors on Medicare who are eligible for the \$35 insulin copay cap, [3.2 million](#) were insulin users in 2020. If Congress passes legislation to make the \$35 insulin copay cap universal, an additional [21 million](#) insulin users of all ages would benefit, including the [nearly 300,000](#) young people under 20 who are diagnosed with diabetes. [1 in 5](#) people with private insurance pays more than \$35 per month and, for people who are uninsured or have poor coverage, insulin can cost up to [\\$1,000](#) per month. A striking [14 percent](#) of insulin users spend catastrophic amounts, or at least 40 percent of their income, on insulin.