



Connected **for Life**

November 17, 2020

JOINT TASK FORCE ON UNIVERSAL HEALTH CARE

Oregon State Capitol
900 Court Street NE, Room 453,
Salem, Oregon 97301

Chair and Members of the Committee,

People with diabetes in Oregon are facing a crisis. The American Diabetes Association (ADA) believes that no individual should ever go without health insurance due to prohibitive costs. Thank you for your leadership in seeking to address the rising cost of healthcare in Oregon. For many, the systemic barriers to accessing quality, affordable healthcare are far too high. For individuals with diabetes, they are often even higher. From the skyrocketing cost of prescription drugs to limited access to health insurance, Oregon's minority, low-income, and historically underserved communities have been without access to the resources they need to prevent the onset of diabetes, manage their condition once diagnosed, and live healthy lives.

Health insurance should be adequate and affordable no matter a person's race, income, zip code, age, education or gender. Now more than ever, it is imperative that we take action to ensure health equity for the 399,000 Oregonians living with diabetes, 1,097,000 million Oregonians living with prediabetes. Diagnosed diabetes costs an estimated \$4.3 billion in Oregon each year. The serious complications include heart disease, stroke, amputation, end-stage kidney disease, blindness—and death.

Diabetes is the most expensive chronic condition in the U.S., and people with diabetes incur medical costs nearly two and a half times higher than others. Costs skyrocket for Americans who have diabetes but who do not have insurance – they are hospitalized nearly 170% as often, compounding their risk for complications and leaving them medically worse off than if they sought care earlier. To start bridging disparities in diabetes care, it is essential that all people with or at risk of diabetes are covered by robust health insurance.

Medications like insulin and medical technologies like continuous glucose monitors, insulin pumps, and artificial pancreases can be instrumental in treating and managing diabetes. Still, many people with diabetes in the lowest income brackets do not have the same access to these life-saving medications and technologies as do higher income peers. The latest advances in diabetes management should be accessible for all who stand to benefit in tandem, communicated in culturally relevant ways, and prioritize the protection of patient data.

Thank you for your support of Universal healthcare in Oregon. If you have questions or would like to discuss this issue, please contact me at 1-800-676-4065 x 7207 or lkeller@diabetes.org.

Sincerely,

A handwritten signature in black ink that reads 'Laura Keller'.

Laura Keller
Director State Government Affairs
(AK, AZ, DC, ID, MT, NM, OR, UT, WA)