A Guide to Navigating Diabetes Care without Insurance

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One of the harsh realities of life with a chronic condition in the United States is the possibility of losing insurance coverage – or never having it in the first place. Growing up with diabetes, I felt conditioned to prepare myself to have job opportunities that would provide adequate insurance coverage. A young man with Type 1 Diabetes shares a similar sentiment on the Diabetes Link, "Any T1D knows that health insurance is arguably the most important perk when deciding whether or not to take a job."[1] This is the reality of the current systems in the U.S., for better or worse.

Some background about insurance

While some countries have universal insurance coverage, the U.S. continues to have private for-profit insurance companies as well as public options with specific qualifications.[2] Since 2010, the Affordable Care Act (ACA) has also created opportunities for U.S. citizens without other coverage options to get coverage through the ACA.[3] The other option is private insurance through your employer, which often requires you to be a full time employee, but not always.

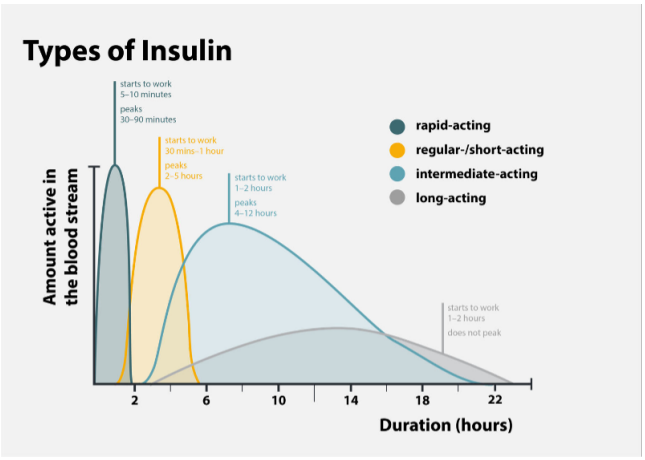
Private insurance sounds like it would be the best option, and it can be in some ways, but it can also be very costly to the person with diabetes. Many people struggle with very high deductibles which cause a lot of out-of-pocket spending required for things like insulin, diabetes technologies, and many other medications. One of the many challenges to helping people with diabetes use technologies is the cost – which can be the case with or without insurance depending on the circumstances.[4]

What options do we have in the U.S. without insurance?

Another added factor to receiving care in the United States is the requirement for prescriptions for many medical items. Most of the current insulins require a prescription from a licensed medical professional, but there are some insulins available without prescription in most states. CWD has a list of prescription laws and whether or not you need a prescription for both syringes and Regular and NPH insulin.

Regular and NPH insulins are very commonly used worldwide and were used in the United States for many years prior to the invention of longer acting and rapid acting insulins.

- NPH is considered an "intermediate-acting" insulin that peaks between 4 to 12 hours and is taken twice daily.
- Regular is considered a "short-acting" insulin that peaks between 2 to 5 hours and is typically taken twice daily mixed with NPH before meals.
- Walmart has store brand (Relion) versions of NPH and Regular available for $25 to 30 out of pocket cash price.



This is the type of insulin regimen I used from 1989 to 1998, and I have many memories of mixing up the insulins (clear before cloudy!). The way the insulins are absorbed require you to eat consistent meals

every day. In fact, when I was young, I would eat breakfast-snack-lunch-snack-dinner-snack, creating some adulthood snacking habits as well. It's important to ensure you do not miss meals while taking this type of insulin or you will likely have low blood sugars.

How would I figure out my doses for these insulins?

The best way to figure it out is to talk to your diabetes team and ask them for assistance with your doses. The American Diabetes Association has a great resource that suggests reducing the doses by 20% when switching insulins to be safe. So, if you are taking 40 units of basal, you would reduce to 32 units then split in half – taking 16 units with breakfast and 16 with dinner. If you're concerned about lows overnight or having highs after lunch, you could increase the morning dose and decrease overnight dose.

For the mealtime doses, you could either do fixed doses of regular insulin with breakfast and dinner or you could do the same insulin to carb ratio used normally but timed differently. Regular needs to be taken closer to 30 minutes prior to a meal, maybe longer depending on your sensitivity. The fixed doses would be reduced by 20% just like the basal is reduced and you may need to increase it back up if your blood sugars are rising after breakfast and dinner consistently.

What is the cheapest way to monitor glucose?

The cheapest way to monitor glucose if you do not have insurance is to use a meter and test strips. You'll also want to use the store brand or generic meters such as:

1. Relion brand (Walmart)
2. True Metrix

You can also apply for free meters in some circumstances and some doctors' offices have free samples available with 10 test strips. Good RX has a list of ways to get free meters here.

What other resources are available?

Thankfully there are many ways to help ensure people with diabetes can continue to get the life-sustaining medications they need. Here are some resources for insulin affordability:

- GetInsulin.org
- ValYou Savings Program from Sanofi
- Insulin Affordability by Eli Lilly & Company
- Novo Nordisk
- Sanofi Patient Assistance Connection
- Afrezza Savings Program

It can be a bit more difficult to get help with insulin pump supplies or continuous glucose monitor supplies, but there is an organization in the U.S. called Insulin for Life that may have them available depending on donations received. If you ever have extra supplies, you can donate them there as well!

Here are some other tips we got from the CWD community for cost saving with diabetes:

- Ask for help from your health care providers including your retail pharmacy. They know of patient assistance programs for drugs and supplies. And directly contact the companies whose products you use. Don't take no for an answer.
- Our endocrinologist offered samples. It never hurts to ask for samples. Before covid-19, insulin was over $600 a month after insurance. So, even a few vials of insulin was helpful.
- This is probably the biggest obstacle anyone with diabetes faces. It's incredibly hard to compare plans and compare prices when we are choosing coverage. You think you have a plan and then something you weren't expecting pops up and you're paying cash at a pharmacy on vacation. It's impossible to really plan for. It's very frustrating.
- To write to their local congressman about this! They should be helping!
- Sounds extreme but change jobs. Before even interviewing , I asked the HR dept to provide plan numbers and I would look into how good of coverage it would be. I found my husband a job that covered all diabetic supplies they consider DME pre – deductible! It was such a blessing. Expensive policy but so worth it.
- Sadly, I always try to start with the worst case scenario. In my case, that would be Walmart insulin and Relion meter and strips. Then I go from there. But I always make sure that, if push came to shove, and all else fell apart, I at least budget for worst case.
- After that, it's about making choices. I firmly believe, as T1s almost always have higher than average medical costs, we usually come out ahead paying more for the better coverage, when given a choice.
- The cost difference between Libre and Dexcom is huge! If you don't have Dexcom coverage, opt for the Libre, which lasts longer and generally are $72 each out of pocket at most pharmacies. Sams Club offers great prices to on both products.

References

1. New to Insurance? Here Are Some Tips!
2. Medicaid
3. About the Affordable Care Act
4. Barriers to Technology Use and Endocrinology Care for Underserved Communities with Type 1 Diabetes