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Written Testimony in Support of S1618
The New York Affordable Drug Manufacturing Act

Thank you for the opportunity to submit testimony in support of S1618, the New York Affordable Drug Manufacturing Act. I am an endocrinologist at the Yale School of Medicine, where I care for people with diabetes and study barriers to access to essential medications, including insulin.

I want to begin not with policy, but with patients.

Just this past Monday, I saw a woman in her 50s with type 1 diabetes in my clinic. She has lived with diabetes for decades. She is insured. And yet she told me she is still paying hundreds of dollars out of pocket each month for insulin, despite the wave of recent policy changes meant to make insulin affordable. Later that same day, another patient told me they went to their pharmacy and could not obtain insulin at all because it was not available.

These are not isolated anecdotes. They reflect a persistent and dangerous reality: insulin affordability and access have not been solved.

Insulin is not optional. For people with type 1 diabetes, insulin is necessary for survival. Without it, people can become critically ill within hours. Insulin is also essential for many people with type 2 diabetes, who rely on it to control their blood sugar and prevent serious complications, like blindness, amputations, heart attacks, and kidney failure. This is a medication discovered more than 100 years ago. It should be available, accessible, and affordable to everyone who needs it.

Yet that is still not the case.

My colleagues and I at Yale recently studied insulin rationing among patients receiving care at the Yale Diabetes Center.[1] We surveyed patients in 2024 and compared their experiences to those of patients surveyed in 2017, before many of the recent insulin affordability policies were enacted. Despite these policy changes, we found that one in four patients in 2024 reported rationing insulin because of cost. This rate was unchanged from 2017.

Rationing insulin is not an abstract concept. It means taking less insulin than prescribed to make it last longer, delaying doses, or skipping insulin altogether. These behaviors increase the risk of emergency department visits, hospitalizations, and long-term complications. They can be life-threatening.

When we broadened our analysis to include other barriers to access, the problem looked even worse. When we combined insulin rationing due to high cost, insurance delays, and pharmacy shortages, more than one in three patients reported rationing insulin in the past year. Cost was the largest driver, but it was not the only one.

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[1] Khan S, Rahman N, Nally LM, Warren DB, Branda ME, Lipska KJ. Insulin Rationing Persists Despite Policy Changes: Repeated Cross-Sectional Studies, 2017 vs 2024. J Gen Intern Med. 2025 Nov 5. doi: 10.1007/s11606-025-09886-9.

These findings underscore a crucial point: while recent policies have helped some patients, they have not fixed the underlying problem.

Take the Inflation Reduction Act as an example. The law caps insulin copayments, but only for Medicare beneficiaries. Most people under age 65 do not qualify for Medicare and therefore receive no benefit from this policy. In addition, each copay cap applies to a single insulin product, meaning people who use more than one type of insulin must pay separate copays for each. State-level copayment caps similarly fail to help people who are uninsured or enrolled in self-insured or out-of-state plans.

As a result, many patients still face high out-of-pocket costs. There is a widespread assumption that no one pays more than $35 for insulin anymore. That assumption is simply wrong.

At the same time, access is becoming more precarious. Insulin manufacturing is highly concentrated among a small number of companies. These companies have increasingly focused on newer, more profitable medications, such as weight loss drugs, raising concerns about the stability of insulin supply. Pharmacy shortages are already contributing to insulin rationing among patients.

This is the context in which S1618 is both timely and necessary.

The New York Affordable Drug Manufacturing Act would give New York an important tool to address these persistent failures. Modeled after California's statute, the Act directs the Department of Health to identify generic drugs that are high-cost or vulnerable to shortages and to pursue manufacturing partnerships to ensure stable, affordable supply. Importantly, the bill explicitly requires consideration of at least one type of insulin, recognizing its life-saving nature and the millions of people who depend on it daily.

Public manufacturing or public-private partnerships are not about replacing the private market wholesale. They are about correcting market failures where the current system has demonstrably failed patients, clinicians, and taxpayers. By manufacturing drugs at cost, rather than for profit, public manufacturing can reduce prices, increase transparency, and stabilize supply. It can also create leverage that disciplines pricing in the broader market.

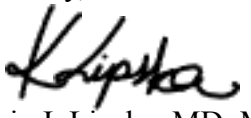
New York is well positioned to lead in this space and to collaborate with other states pursuing similar strategies. The state has top-tier research institutions, a strong and skilled workforce, and clear political will to establish New York as a national pharmaceutical and biotechnology hub, as evidenced by multiple major public investments. Leveraging these strengths would help protect New Yorkers from high drug costs, reduce spending for public programs, and ensure access for people who are uninsured or underinsured.

In my clinical practice, I see the human consequences of our upside-down pharmaceutical system every day. People with diabetes should not have to choose between paying rent and paying for insulin. They should not leave pharmacies empty-handed when the medication they need to survive is unavailable. After a century, insulin should finally be treated as the essential public good it is.

S1618 would move New York closer to that goal. I strongly urge you to support this bill.

Thank you for your attention and for your commitment to improving access to essential medications.

Sincerely,



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