

May 8, 2019

David S. Wichmann
Chief Executive Officer
UnitedHealth Group, Inc.
9700 Health Care Lane
Minnetonka, MN 55343

Dear Mr. Wichmann:

On behalf of JDRF, our chapters around the country, and more than a million American families living with type 1 diabetes (T1D), I urge UnitedHealthcare (UHC) to immediately reverse the short-sighted decision to limit its members' choice of insulin pump. The UHC preferred pump policy is problematic for people of all ages whose health will be affected by limiting their freedom to choose an insulin pump that is right for them. The policy is especially disappointing for families with children ages 7 to 17, breaking earlier promises to the diabetes community that they would continue to have access to all types of insulin pumps. This decision is one UHC stands alone in making: no other large insurance company has taken this drastic step to limit choice for your plan beneficiaries. When the policy was first announced in February, we had the opportunity to discuss our concerns with Drs. Migliori and Cohen, but we have seen no change by UnitedHealthcare and our significant concerns remain.

Fundamentally, decisions about daily diabetes management and clinical care should be made by people with T1D and their clinicians, not insurance companies. T1D is not one size fits all. All people with T1D need to take insulin multiple times a day to stay alive, and face serious dangers from either too much or too little insulin.^{1, 2} The priority clinical challenges are different for a newly diagnosed two year old, an active teenager, a pregnant thirty year old, or someone who has lived with the disease for over a half century. Even people of the same generation with T1D – like my brother and me – can have different challenges. Choices about which insulin pump, sensor, and insulin to use should be made by those who know the most about the individual's circumstances – the person with T1D and their doctor. Clinical guidelines appropriately call for individualized treatment plans for this very reason.³

Different brands of insulin pumps have different features that can help address different clinical challenges, such as alerting loved ones of emergency low glucose levels, adjusting doses to adapt to changing glucose needs, or enabling exercise to improve cardiovascular health. Decisions about insulin pump use should be made by those best informed about an individual's clinical challenges – the person with diabetes and their clinician. Review by an insurance company staff cannot substitute for the clinical judgment of those most knowledgeable and serve to delay and discourage insulin pump use.

¹ Joslin Diabetes Center, Is Low Blood Glucose (Hypoglycemia) Dangerous?

https://www.joslin.org/info/is_low_blood_glucose_hypoglycemia_dangerous.html

² The Mayo Clinic, Hyperglycemia in Diabetes; <https://www.mayoclinic.org/diseases-conditions/hyperglycemia/symptoms-causes/syc-20373631>

³ *Standards of Medical Care in Diabetes—2019*; Diabetes Care Jan 2019, 42 (Supplement 1) S13-S28; DOI: 10.2337/dc19-S002

To improve outcomes – and prevent costly emergency room visits and diabetes complications – we should encourage more people to use insulin pumps. But, research shows, limiting choice of insulin pumps discourages pump use.⁴ More than a third of those who discontinued the use of an insulin pump did so because their pump was not comfortable or did not fit their lifestyle, and 60 percent reported doing so due to problems with insertion and/or adhesive. Of those who discontinued use of an insulin pump within one year, 45 percent said it was too expensive or not covered by their insurance. It is also worth noting the survey found patients under 18 years old are most likely to vary their brand of insulin pump. For children in particular, limited choice could delay their going onto a pump.

Moreover, UHC's restrictive pump policy will inhibit innovation. By exerting your market power as the nation's largest insurance company and choosing one preferred brand, this agreement dampens the incentive for other manufacturers to continue to innovate among this class of devices. This deeply worries us as the diabetes community needs these market forces to power innovation that can better the lives of people with diabetes and bring us closer to a cure.

The studies evaluating the Medtronic 670G system that are relied on by UHC do not compare that device's performance to the performance of other pumps. Rather, it is a comparison of the 670G's performance while using and not using an algorithm for controlling the injection of insulin.⁵ The studies, thus, cannot be the basis for determining that the Medtronic system is clinically superior to those of any other manufacturer.

Issues of health care access are of immense concern to the T1D community. UnitedHealthcare should cover the Medtronic system and should also cover other important options approved by the Food and Drug Administration. In the past, when UnitedHealthcare has taken steps to improve access, such as deciding to share drug rebates with customers at the point of sale, we have publicly thanked you for your leadership. On the issue of pump choice, we strongly disagree. That is why tens of thousands of emails have already been sent to your corporation asking you to rescind this decision. In the weeks to come, we will continue to put pressure on UHC to do the right thing.

I appreciate your attention to this matter and am happy to discuss with you further.

Sincerely,



Aaron J. Kowalski, Ph.D.
President & CEO
 JDRF

cc: Richard Migliori, M.D.
 Sanford Cohen, M.D.
 Elizabeth Winsor

⁴ Wong, J. C., Boyle, C., DiMeglio, L. A., Mastrandrea, L. D., Abel, K. L., Cengiz, E., ... T1D Exchange Clinic Network (2017). Evaluation of Pump Discontinuation and Associated Factors in the T1D Exchange Clinic Registry. *Journal of diabetes science and technology*, 11(2), 224–232. doi:10.1177/1932296816663963

⁵ Garg SK, et al. Glucose Outcomes with the In-Home Use of a Hybrid Closed-Loop Insulin Delivery System in Adolescents and Adults with Type 1 Diabetes. *Diabetes Technol Ther*. 2017 January; DOI: 10.1089/dia2016.0421