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# Assessing Satisfaction with the Minnesota Insulin Safety Net Program

OCTOBER 2023

## **Assessing Satisfaction with the Minnesota Insulin Safety Net Program**

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October 27, 2023

**Minnesota Senate***Health and Human Services Committee*

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2107 Minnesota Senate Building

The Honorable Paul Utke, Ranking Member,  
2403 Minnesota Senate Building

*Human Services Committee*

The Honorable John Hoffman, Chair,  
2111 Minnesota Senate Building

The Honorable Jim Abeler, Ranking  
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**Minnesota House of Representatives***Health Finance & Policy Committee*

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The Honorable Peter Fischer, Chair, 551  
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The Honorable Debra Kiel, Ranking  
Member, 203 State Office Building

To the Honorable Chairs and Ranking Members,

In 2020, the Minnesota Legislature passed the Alec Smith Insulin Affordability Act, Minnesota Statutes, section 151.74, with the goal to increase access to affordable insulin on an urgent need and continuing need basis. To evaluate the Minnesota Insulin Safety Net Program, the legislature directed the Minnesota Department of Health (MDH) to assess satisfaction of insulin-dependent Minnesotans (i.e., participants) and pharmacists with the Program.

This report summarizes themes generated from MDH's evaluation, though they are based on very limited responses from participants and pharmacists:

- The program appears to have been successful in providing affordable insulin to at least some Minnesotans.
- Pharmacists indicated the program was most helpful for Minnesotans who were either uninsured or enrolled in Medicare, but less helpful for Minnesotans who are “underinsured,” meaning their insurance does not provide sufficient financial protection due to high cost-sharing.
- Both program participants and pharmacists were still concerned about insulin affordability – only 84.2% of program participants were confident they will be able to get affordable insulin in the following year and 84.9% of pharmacists surveyed reported some patients are still struggling to afford insulin.
- Pharmacists found the program to be complex and burdensome; they found it difficult to locate information on how the program works and for program participants using more than one type of insulin, and there was a lack of consistency across manufacturers for enrollment and reimbursement.

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The evaluation also provided critical feedback—from program participants, pharmacists and the evaluation team — on potential program improvements and enhancement, including streamlining the application process, standardizing billing of manufacturers, and accommodating the needs of patients using multiple insulin products.

As the legislature contemplates re-authorization of the Continuing Need Program portion of the MN Insulin Safety Net Program under changed market conditions, it may wish to consider feedback on program design captured by this report, as well as the need to establish a framework that authorizes the collection of data needed to more comprehensively assess satisfaction.

Sincerely,

Brooke Cunningham, MD, PhD  
Commissioner  
P.O. Box 64975  
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## 1. Insulin Affordability

In 2017, Alec Smith, a 26-year-old Minnesota man—who a month earlier had become ineligible as a dependent on his mother’s health insurance—died after rationing his life-saving insulin. He was unable to afford the \$1,300 monthly cost of insulin and diabetic supplies.<sup>1</sup> Alec’s mother, along with other advocates, worked with the Minnesota Legislature to find a solution that would provide affordable emergency insulin to people like Alec – who were uninsured – or people whose health insurance came with high cost-sharing that could lead to rationing.

The Minnesota Legislature began work in 2019 on the Alec Smith Insulin Affordability Act.<sup>2</sup> During this time, several Minnesota-based health insurance companies capped monthly cost sharing for insulin to \$25 per insulin product.<sup>3</sup> After months of negotiations, the Alec Smith Insulin Affordability Act—which created the Minnesota Insulin Safety Net Program—was signed into law on April 15, 2020; the program began in July 2020 and has two parts:<sup>4,5</sup>

- **Urgent Need Program:** Provides a 30-day supply of insulin for Minnesota residents who are in urgent need of insulin and cannot afford it.
- **Continuing Need Program:** Provides a pathway for Minnesota residents with documented high insulin costs to obtain affordable insulin on a continuing basis, subject to income-based eligibility requirements.

## Background on Diabetes and Insulin

Diabetes is a chronic health condition that affects your body’s ability to turn food into energy. In Type 1 diabetes, the body stops making insulin, a hormone required for your body to use sugar for energy. About 5% to 10% of people with diabetes have Type 1. In the more common Type 2 diabetes, the body does not efficiently use insulin to control the level of sugar in your blood.<sup>6</sup> Fortunately, in the 1920s, scientists developed synthetic insulin, used by all people with Type 1 diabetes and some people with Type 2 diabetes, to help regulate their blood sugar level.

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<sup>1</sup> For additional background on creation of this Act, visit the [Office of the Attorney General Keith Ellison website \(www.ag.state.mn.us/Office/Communications/2021/03/15\\_InsulinAffordabilityAct.asp#:~:text=The%20Alec%20Smith%20In%20sulin%20Affordability%20Act%20became%20law%20through%20the,victims%20of%20insulin%20price%20hikes.&text=Ma%20nufacturers%20must%20reimburse%20pharmacies%20for,replacement%20insulin%20at%20no%20cost\)](http://www.ag.state.mn.us/Office/Communications/2021/03/15_InsulinAffordabilityAct.asp#:~:text=The%20Alec%20Smith%20In%20sulin%20Affordability%20Act%20became%20law%20through%20the,victims%20of%20insulin%20price%20hikes.&text=Ma%20nufacturers%20must%20reimburse%20pharmacies%20for,replacement%20insulin%20at%20no%20cost).

<sup>2</sup> Discussions may have predated work on this legislation.

<sup>3</sup> Carriers included Blue Cross Blue Shield of Minnesota, HealthPartners, Medica and UCare. The change applied only to fully-insured plans, including those in the individual market (which includes plans sold on MNsure, Minnesota’s state-based health insurance marketplace). Employers with self-insured plans administered by these companies could opt in; however, we do not know how many employers chose to do this.

<sup>4</sup> [Minnesota Statutes, section 151.74, subdivision 13 \(www.revisor.mn.gov/statutes/cite/151.74\)](http://www.revisor.mn.gov/statutes/cite/151.74). Additional background is provided in this [State of Minnesota news article \(https://mn.gov/governor/news/?id=1055-428439\)](https://mn.gov/governor/news/?id=1055-428439).

<sup>5</sup> Additional federal and manufacturer policy changes have occurred since the Insulin Safety Net Program started, but were not in place when the survey was conducted; they are addressed in the discussion at the end of the report.

<sup>6</sup> [The Centers for Disease Control \(http://www.cdc.gov/diabetes/basics/diabetes.html\)](http://www.cdc.gov/diabetes/basics/diabetes.html).

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In 2020, there were an estimated 383,000 Minnesotans living with diabetes,<sup>7</sup> and approximately 112,000 of them used insulin to manage their condition. Of these 112,000 Minnesotans, around 30,000 were enrolled in Medicare, 45,000 held private health insurance coverage (private), and another 29,000 are covered by Medical Assistance or MinnesotaCare. The remaining insulin-dependent Minnesotans obtained insulin from the Indian Health Services, the Department of Veterans Affairs (VA), or did not have health insurance coverage, leaving them to purchase insulin on their own.

Currently there are four insulin manufacturers in the United States: Eli Lilly, Novo Nordisk, Sanofi, and Viatrix.<sup>8</sup> Each manufacturer provides a variety of insulin types (e.g., rapid-acting, short-acting, intermediate-acting, long-acting, ultra-long-acting), with different delivery mechanisms (e.g., self-injection with needle and syringe, cartridge for insulin pump, pre-filled pen). Some insulin-dependent people must use more than one type of insulin, and often the coverage decisions of health insurers and pricing decisions of multiple manufacturers determine which insulins they use. The Minnesota Department of Health (MDH) estimates around one-third of insulin-dependent Minnesotans use more than one type of insulin, and around 25% of Minnesotans rely on insulin from more than one manufacturer.<sup>9</sup>

### What makes insulin different than other medications?

As of March 23, 2020, insulin was classified as a biologic medication, meaning it is a medication often made from living cells or tissue (source: American Diabetes Association). Biologics are made of more complex structures than the traditional, chemically produced pharmaceuticals—such as medications you might take for high blood pressure, high cholesterol, or strep throat. These more complex medications are more difficult to reproduce in generic form. There are currently several biosimilars – the name for generic biologics, which are effectively biologic equivalents of the original products – approved by the FDA for use – with others seeking market entry.

## The Cost of Insulin

The intervention and the availability of insulin has allowed people with Type 1 diabetes and some people with Type 2 diabetes to have a greater quality of life with a longer life expectancy. Furthermore, over the past few decades there have been additional options for how people administer insulin, improving convenience and adherence.<sup>10</sup> At the same time, patients have been facing a dramatic rise in the cost of insulin (and other products used by diabetics). By some estimates, insulin list prices (manufacturer-set prices that are used to

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<sup>7</sup> The Minnesota Department of Health reports the number of Minnesotan adults with diabetes at 380,000 in 2020; plus an estimate of 0.25% of Minnesotans under 18 with diabetes (3,300); ([MDH, Diabetes Data https://data.web.health.state.mn.us/web/mndata/diabetes](https://data.web.health.state.mn.us/web/mndata/diabetes)).

<sup>8</sup> As described later in the report, the fourth manufacturer, Viatrix, did not meet requirements to report data until November 2022.

<sup>9</sup> MDH, Health Economics Program analysis of insulin users from the MN All Payer Claims Database (MN APCD); data from 2019 and adjusted by health insurance coverage estimates.

<sup>10</sup> Xie, L, et. al. "Does pen help? A real-world outcomes study of switching from vial to disposable pen among insulin glargine-treated patients with type 2 diabetes mellitus." *Diabetes Technol Ther.* 2013 Mar. Seggelke, S, et. al. "Effect of glargine insulin delivery method (pen device versus vial/syringe) on glycemic control and patient preferences in patients with type 1 and type 2 diabetes." *Endocrine Practice.* 2014 June.

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calculate the amount paid by consumers at the pharmacy) have skyrocketed.<sup>11,12</sup> As a result, patients with cost-sharing responsibilities – largely people with private and Medicare coverage – have faced high insulin-related spending. Despite the improvements in convenience and life expectancy, there is consensus that high insulin prices are impacting consumers negatively, including more rationing of insulin. The reasons for insulin price increases are not entirely clear.<sup>13</sup>

Data from the Minnesotan All Payer Claims Database (MN APCD) details the cost-sharing responsibilities of Minnesotans with private and Medicare coverage. In 2019, approximately 28.9% of Minnesotans with private coverage paid over \$75 per month for insulin (this equates to more than \$900 per year), while 62% of Medicare insulin users spent more than \$1,000 per year out-of-pocket on all their drug costs. While only 3.3% of Minnesota Medicare enrollees are insulin-dependent,<sup>14</sup> they represented 22.9% of Medicare enrollees who fell into the coverage gap (i.e., the donut hole) in 2019, meaning their drug costs were over \$3,820, and they were required to cover nearly 100% of their drug costs until they reached \$5,100 in total costs.<sup>15</sup>

The rising cost of insulin has increasingly led to cost-related access challenges, even for people with health insurance coverage. Some insulin-dependent people may struggle to afford their life-saving medications, with many reporting they have rationed their insulin so that it lasts longer. Several studies estimate around 25% of people with diabetes rationed insulin, with rates even higher among the uninsured.<sup>16</sup> Even minimal rationing can lead to poor blood sugar control, and to an increase in irreversible complications, including blindness, kidney failure, amputations, hospital admissions, and disabilities. At the extreme end, rationing can lead to extremely high blood sugars, resulting in diabetic ketoacidosis, coma, and even death.

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<sup>11</sup> For example: Gillet, R and Gal, S. “One chart reveals how the cost of insulin has skyrocketed in the US, even though nothing about it has changed.” *Business Insider*. September 18, 2019; accessed January 20, 2022. Based on list prices of insulin – the actual price paid by insurers and insulin users may vary; list prices are different than net prices, which account for rebates paid to insurers or pharmacy benefit manufacturers. Hua, X, Carvalho, N, and Tew, M. “Expenditures and Prices of Antihyperglycemic Medications in the United States: 2002-2013.” *JAMA*, 2016;315(13):1400-1402.

<sup>12</sup> The number of vials used per month varies by the type of diabetes; for example, people with Type 1 diabetes use two to three vials per month, while people with Type 2 diabetes may use six or more vials per month, depending on how resistant their body is to insulin.

<sup>13</sup> Cefalu, W, et. al. “Insulin Access and Affordability Working Group: Conclusions and Recommendations.” *American Diabetes Association, ADA Statement*. May 11, 2018.

<sup>14</sup> 3.3% excludes Medicare enrollees who are also enrolled in Medicaid or the Low-Income Subsidy (LIS or “extra help” program) under Medicare Part D. When LIS enrollees are included, the percentage increases to 4.2% (MDH, Health Economics Program analysis of the MN APCD, 2019 data).

<sup>15</sup> MDH, Health Economics Program analysis of the MN APCD, 2019 data. The limits for reaching the coverage gap (and catastrophic coverage) change each year; in 2023, the coverage gap started at \$4,660 and ended at \$7,400.

<sup>16</sup> Pfiester, E, et. al. 2021. “Costs and underuse of insulin and diabetes supplies: Findings from the 2020 T1International cross-sectional web-based survey.” *Diabetes Research and Clinical Practice*, 179 (2021). Herkert, D, Vijayakumar, P, Luo, J. January 2019. “Cost-Related Insulin Underuse Among Patients with Diabetes.” *JAMA Research Letter*. The percentage appears to increase for those who are uninsured as compared to diabetics with private health insurance or enrolled in Medicaid. Cohen, R and Cha, A. August 2019. “Strategies Used by Adults With Diagnosed Diabetes to Reduce Their Prescription Drug Costs, 2017–2018.” *CDC NCHS Data Brief*, No. 349. Morgan, S and Kennedy, J. January 2009. “Cost-related prescription nonadherence in the United States and Canada: a system-level comparison using the 2007 International Health Policy Survey in Seven Countries.” *Clinical Therapeutics*, 31(1):213-9.



## 2. Minnesota Insulin Safety Net Program

As mentioned in the previous section, the Minnesota Insulin Safety Net Program is made up of two parts:

- **Urgent Need Program:** Provides a 30-day supply of insulin for Minnesota residents who are in urgent need of insulin and cannot afford it.
- **Continuing Need Program:** Provides a pathway for Minnesotans with documented high insulin costs to obtain affordable insulin on a continuing basis, subject to income-based eligibility requirements.

Both programs function as administrative partnerships between pharmacists and manufacturers, with support from MNsure, Minnesota’s health insurance marketplace, and the Minnesota Board of Pharmacy—the entity providing oversight for safe pharmaceutical distribution and quality pharmaceutical care for Minnesotans.

### What are the Partnerships in the Minnesota Insulin Safety Net Program?

- **Pharmacists:** provide the application, if requested, for the Urgent Need Program (application can also be downloaded from the [MNinsulin.org](https://mninsulin.org) website), provide insulin if a person is deemed eligible for either the Urgent Need or Continuing Need Program, and work with manufacturers to get reimbursement or obtain replacement of the insulin dispensed under the programs.
- **Manufacturers:** are required to create a patient assistance program for Minnesotans based on the specifications in the law (the Continuing Need Program); they must provide an application for this program, provide a statement of eligibility to insulin users for the Continuing Need Program. They must either reimburse or provide replacement insulin to pharmacies who dispense insulin under both programs. Manufacturers are required to report the number of program participants and the value of the insulin provided to insulin-dependent Minnesotans under both programs on February 15<sup>th</sup> of each year.<sup>17</sup> The reporting for the Continuing Need Program are to be based on the number of Minnesotans participating in the Continuing Need Program (or manufacturer’s patient assistance program), including the number of Minnesotans ineligible for the patient assistance program.
- **Board of Pharmacy:** has responsibility to collect data from manufacturers (mentioned previously) and ensure their compliance. The Board of Pharmacy is required to publish this information annually by March 15. Should manufacturers not comply with the law, the Board of Pharmacy may assess financial penalties, and can publish the name of the manufacturer and the amount of the penalty assessed.
- **MNsure:** provide navigators who can work with insulin-dependent Minnesotans to apply for the Urgent Need and Continuing Need Programs.

MNsure and the Minnesota Board of Pharmacy created the application and informational documents (otherwise known as “information sheet”) to be provided to Minnesotans interested in the Urgent Need Program. MNsure also created a training program for their navigators to help eligible Minnesotans enroll in the Minnesota Insulin Safety Net Program (i.e., the Urgent Need and Continuing Need Programs), and the program website, [MNinsulin.org](https://mninsulin.org) provides a navigator lookup tool. The Minnesota Board of Pharmacy created guidance for insulin users, pharmacists, and manufacturers; if a person is determined to be not eligible for a manufacturer’s continuing need program, they may appeal to the Minnesota Board of Pharmacy. People can also file a complaint with the Minnesota Board of Pharmacy if a pharmacy does not fill their Urgent Need Program prescription. The Minnesota Board of Pharmacy also publishes reports from manufacturers on the number of

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<sup>17</sup> [MN Statutes 151.74, subd. 13 \(www.revisor.mn.gov/statutes/cite/151.74\)](https://www.revisor.mn.gov/statutes/cite/151.74).

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Minnesotans who received insulin, either through the Urgent Need Program, or the Continuing Need Program, the number of Minnesotans who the manufacturer determined were ineligible for their patient assistance program, and the value of the insulin provided by the manufacturer.

The law also tasked the Minnesota Department of Health (MDH) with conducting satisfaction surveys in the first year of the Minnesota Insulin Safety Net Program.<sup>18</sup> This report provides lessons from MDH's assessment of pharmacist's satisfaction and experience with the program conducted in 2021, as well as MDH's assessment of Minnesota Insulin Safety Net Program users' satisfaction with the programs. Due to low response numbers for the users' satisfaction results in MDH's initial analysis conducted in 2021, MDH re-launched the survey in early 2023; findings from that user survey are included in this report.

### A. Urgent Need Program

As the name implies, the goal of the Urgent Need Program is to provide insulin immediately for Minnesotans who have an urgent need for insulin and cannot afford it. Minnesotans may receive a 30-day supply of insulin under this program one time every 12 months; a second 30-day supply can be provided if a person is waiting for eligibility determination for enrolling in Medical Assistance or MinnesotaCare, or is awaiting an appeal decision for the Continuing Need Program.<sup>19</sup>

To access insulin under the Urgent Need Program, the following steps are taken:

1. A patient comes to a participating pharmacy in need of insulin.
2. The patient brings a completed application or completes one at the pharmacy.<sup>20</sup>
3. The pharmacy determines if the patient meets the following basic requirements: they live in Minnesota with a valid ID, they have a current prescription for insulin, they will have to pay more than \$75 for a 30-day supply of insulin under their insurance coverage (if they have coverage), and they are not enrolled in Medical Assistance or MinnesotaCare.
4. The pharmacy dispenses a 30-day supply of insulin and provides the patient with an information sheet about obtaining long-term financial assistance for insulin, including through the Continuing Need Program or other pre-existing manufacturer-based patient assistance programs that are unrelated to Minnesota's initiative.
5. The pharmacy requests replacement or reimbursement for the insulin dispensed from the manufacturer, which the manufacturer provides.
6. The pharmacy informs the prescribing provider that Urgent Need Program insulin was dispensed within 72 hours.

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<sup>18</sup> [Board of Pharmacy report: Minnesota Statutes, section 151.74, subdivision 13; MDH survey report: Minnesota Statutes, section 151.74, subdivision 15 \(www.revisor.mn.gov/statutes/cite/151.74\)](#). Language also available in Appendix A.

<sup>19</sup> [MN Board of Pharmacy, Minnesota Insulin Safety Net Program: Information for Patients \(June 30, 2020\) \[PDF\]; \(https://mn.gov/boards/assets/ISNP-Information-Sheets-for-Patients%2010.21.2021\\_tcm21-503594.pdf\)](#).

<sup>20</sup> [Urgent Need application \[PDF\] \(www.mninsulin.org/mnsure/assets/Urgent-Need-Insulin-Application\\_tcm34-438051.pdf\)](#).

The pharmacy staff can assist with application completion.

## B. Continuing Need Program (Manufacturer Program)

The goal of the Continuing Need Program is to provide a system for Minnesotans who have longer-term needs for affordable insulin. Under this program each insulin manufacturer is required to set up a Minnesota-specific patient assistance program that met the requirements established in [Minnesota Statutes, section 151.74, subdivision 4 \(www.revisor.mn.gov/statutes/cite/151.74\)](https://www.revisor.mn.gov/statutes/cite/151.74). To access insulin under the Continuing Need Program, the following steps are taken:

1. Patient cannot afford insulin on a continuing basis (i.e., not just in an emergency).
2. Patient meets the following requirements (to the best of their knowledge):
  - a. Lives in Minnesota with a valid ID.
  - b. Has a current prescription for insulin.
  - c. Has family income equal to or less than 400% of the Federal Poverty Guidelines.<sup>21</sup>
  - d. Pays more than \$75 for a 30-day supply of insulin.
  - e. Is not enrolled in Medical Assistance or MinnesotaCare, or most other federal programs (such as receiving prescription drug benefits through the Department of Veterans Affairs).
    - i. Medicare Part D enrollees are eligible for the Continuing Need Program if they have paid more than \$1,000 in a calendar year for prescription drugs (not limited to insulin) and meet other eligibility requirements.
3. Applies to the manufacturer of their insulin for the Continuing Need Program.
4. Manufacturer provides eligibility statement to patient (valid for 12 months). How a patient receives the insulin is dependent on the manufacturer (e.g., dispensing through local pharmacy or shipping insulin directly to the patient through a licensed pharmacy as required by MN law); the copay will be no more than \$50 for a 90-day supply of insulin.<sup>22</sup>

The legislation imagined three application routes for the Continuing Need Program: 1) apply directly to manufacturer; 2) apply through a participating provider, meaning whoever prescribed the insulin – such as a physician – if they agree to assist with the application; or 3) use a MNSure-trained navigator to help apply to the program. In practice, it is unclear if any providers participated. The [Minnesota Insulin Safety Net Program website \(mninsulin.org\)](https://mninsulin.org) provides links to the Minnesota Board of Pharmacy website, which has links and phone numbers for each manufacturer’s program, and how to contact a trained MNSure navigator along with a navigator search tool that allows the searcher to specify a navigator specifically trained to help with the Minnesota Insulin Safety Net Program.

After the application, the manufacturer must inform the patient of eligibility within 10 business days; this means this program should be applied for in advance of needing to refill a prescription. The eligibility statement is valid

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<sup>21</sup> In 2021, this was \$51,520 for a single person, and \$106,000 for a family of four. In 2022, this was \$54,360 for a single person and \$111,000 for a family of four. In 2023, this was \$58,360 for a single person and \$120,000 for a family of four. [Federal Poverty Guidelines \(https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references\)](https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references).

<sup>22</sup> [MN Board of Pharmacy, Minnesota Insulin Safety Net Program: Information for Patients \(June 30, 2020\) \[PDF\]; \(https://mn.gov/boards/assets/ISNP%20Information%20Sheets%20for%20Patients%201.12.23\\_tcm21-559859.pdf\)](https://mn.gov/boards/assets/ISNP%20Information%20Sheets%20for%20Patients%201.12.23_tcm21-559859.pdf).

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for 12 months, after which, the patient may apply again. If a patient is found to be not eligible by the manufacturer, they may appeal to the Minnesota Board of Pharmacy; the appeal can take up to two weeks. If an existing manufacturer co-pay or other patient assistance program provides equivalent or better benefits to insulin-dependent Minnesotans, the manufacturer may substitute that program in place of the Minnesota Continuing Need Program.

### 3. Study Approach

Under [Minnesota Statutes, section 151.74, subdivision 15](#), the Minnesota Department of Health (MDH) was tasked with assessing Minnesota Insulin Safety Net Program satisfaction for both patients and pharmacists. The legislation provided suggested points of inquiry and required that MDH consult with the Minnesota Board of Pharmacy and insulin users in the development of two surveys, one for participants and one for pharmacists.

The program participant survey was required to assess:

1. Accessibility of urgent-need insulin.
2. Adequacy of the information sheet and list of MNSure navigators received from the pharmacy.
3. Whether the person contacted a trained navigator and, if so, if the navigator was helpful and knowledgeable.
4. Whether the person accessed the manufacturer's patient assistance program (e.g., Continuing Need Program) and, if so, how easy it was to access application forms, apply to the manufacturer's program, and receive the insulin product from the pharmacy.
5. Whether the person is still in need of a long-term solution for affordable insulin.

The pharmacist survey was required to assess:

1. Timeliness of reimbursement from the manufacturers for urgent-need insulin dispensed by the pharmacy.
2. Ease in submitting insulin product orders to the manufacturers.
3. Timeliness of receiving insulin orders from the manufacturers.

MDH contracted with Wilder Research to develop and conduct the surveys. Wilder Research and MDH drafted the surveys, and in 2021, Wilder Research conducted five key-informant interviews with health care providers and insulin users or parents of insulin users to provide input on the survey questions. The surveys were then modified by Wilder Research and MDH to reflect interviewee feedback. Surveys covered both the Urgent Need and Continuing Need Programs, addressing requirements included in the legislation.<sup>23</sup>

Gathering contact information for users of the program was challenging; the information on who used the programs was only available from pharmacists.<sup>24</sup> In consultation with the Minnesota Board of Pharmacy, MDH sent emails to a list of licensed pharmacists in April 2021, requesting they provide contact information for Minnesota Insulin Safety Net Program participants on a secure server only directly accessible to Wilder Research (and not MDH). Pharmacists were also informed that MDH would be reaching out to them with a pharmacist-

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<sup>23</sup> The surveys did not ask participants or pharmacists of any potential impact due to the Eli Lilly's recent announcement of a \$35 per month cap per insulin product (March 1, 2023) or Medicare copay changes from the Inflation Reduction Act (IRA) beginning in 2023.

<sup>24</sup> The statute classified data "collected, created, received, maintained, or disseminated by the Board of Pharmacy, the legislative auditor, the commissioner of health, MNSure, or a trained navigator as private data on individuals [people]" [Minnesota Board of Pharmacy. Minnesota Insulin Safety Net Program Guidance \[PDF\]](https://mn.gov/boards/assets/ISNP_Guidance%2010.21.2021_tcm21-503596.pdf) ([https://mn.gov/boards/assets/ISNP\\_Guidance%2010.21.2021\\_tcm21-503596.pdf](https://mn.gov/boards/assets/ISNP_Guidance%2010.21.2021_tcm21-503596.pdf)).

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specific survey; pharmacists had the opportunity to opt-out of the pharmacist-specific survey if they did not assist patients in using the Urgent Need Program and/or Continuing Need Program in 2020 or 2021. Participation in the participant and pharmacist surveys were voluntary; surveys were conducted by Wilder Research in May and June 2021.

A total of 96 Minnesota Insulin Safety Net Program participant's names could be identified for the study, along with 6,069 pharmacists who had not opted out of the pharmacist-specific survey. In the end, only six participants and 386 pharmacists responded to the initial survey invitation conducted in 2021. The low number of participant responses meant MDH could not generalize the findings to a broader population of participants; therefore, MDH launched a second participant survey in early 2023. A total of 37 Minnesota Insulin Safety Net Program participants responded to that survey. **Given the low number of responses, the findings should be viewed as "themes" gathered from a few individuals using the Program, rather than a representative picture of participants' satisfaction with the Program.**

For a full description of methods for the 2021 pharmacist and initial participant surveys, see Appendix B; for a description of the methods for the 2023 participant survey, see Appendix C.

## 4. Minnesota Insulin Safety Net Program Satisfaction Survey Results

As noted, participation in both surveys was low, which means the following results are of limited generalizability to the experience of Minnesota Insulin Safety Net Program participants and pharmacists; they represent themes MDH heard from a few program participants. Without complete information on the demographics of participants and the pharmacists who serve participants, MDH is unable to assess the direction of the bias in the results.

### A. Minnesota Insulin Safety Net Program Participant Survey

#### i. Initial 2021 Survey

MDH, in collaboration with Wilder Research, conducted its first Minnesota Insulin Safety Net Program participant survey in 2021. From engagement with Minnesota pharmacists, MDH identified 96 Minnesota Insulin Safety Net Program participants for Wilder Research to contact. Of those, **only six people responded to the survey**. All six respondents had Type 2 diabetes, were between 60 and 80 years old, not working, were evenly split between male and female, resided in Greater Minnesota, and all had health insurance coverage through Medicare. Half of respondents (three) reported using insulin from more than one manufacturer.

Three respondents reported using the Urgent Need Program only, one respondent used the Continuing Need Program only, and the remaining two respondents used both programs. It appeared the participants were satisfied with the program and enrollment, yet remained concerned about affording insulin in the future, and still struggled with out-of-pocket costs. With such limited response, a more detailed inference is not possible.

#### ii. 2023 Survey

MDH worked with Wilder Research to conduct its second Minnesota Insulin Safety Net Program participant survey from January 30, 2023, through April 30, 2023.<sup>25</sup> The goal of this survey was to hear from more respondents to allow for greater understanding of how patients experience the program.

**A total of 37 Minnesota Insulin Safety Net Program participants responded to this second survey**, most of whom used the program for themselves (Table 1). An additional four responses were not considered in this analysis as they were not program participants, but worked with program participants in a pharmacy, provider's office, or navigator setting.<sup>26</sup> Though an improvement over the initial survey, the number of respondents remains too small to generalize findings to the broader group of program participants.

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<sup>25</sup> The survey did not ask participants of any potential impact due to the Eli Lilly's recent announcement of a \$35 per month cap per insulin product (March 1, 2023) or Medicare copay changes from the IRA beginning in 2023.

<sup>26</sup> Percentages reported are based on the number of respondents to each question as not every respondent answered every question; the total number of respondents is also indicated.

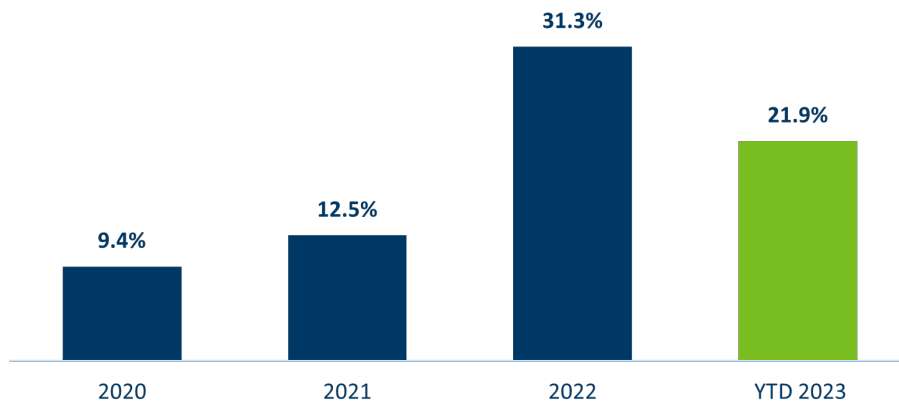
**Table 1: Who was the program used for?**

| Respondent             | Program Participants | % of Program Participants |
|------------------------|----------------------|---------------------------|
| Self                   | 29                   | 78.4%                     |
| Child                  | 1                    | 2.7%                      |
| Adults being cared for | 6                    | 16.2%                     |
| Other                  | 1                    | 2.7%                      |
| <b>Total</b>           | <b>37</b>            | <b>100.0%</b>             |

Source: MDH/Wilder Research Program, 2023 Satisfaction Survey of MN Insulin Safety Net Program.

Since the program’s inception in 2020, 41.7% of survey respondents reported using the Urgent Need program, 33.3% used the Continuing Need program, and 27.8% of respondents did not remember which program they used. More importantly, the number of respondents who reported using the program in a given year has increased each year (Figure 1).

**Figure 1: Percent of respondents using program each year (N=32)<sup>1</sup>**



Source: MDH/Wilder Research Program, 2023 Satisfaction Survey of MN Insulin Safety Net Program.

<sup>1</sup>12 respondents (37.5%) of the 32 respondents who responded to this question did not remember which program year was used. Five respondents used one of the programs for more than one year and are included in the results twice.

As shown in Table 2, all respondents excluding one reported using insulin manufactured by Eli Lilly or Novo Nordisk. Moreover, nearly three in ten program participants (29.2%) reported using insulin from more than one manufacturer. This is within the range of a separate MDH All Payer Claims Database (APCD) analysis that indicated that approximately 24.5% of all insulin-dependent Minnesotans use insulin from more than one manufacturer.<sup>27</sup>

<sup>27</sup> Percent of Insulin-Dependent Minnesotans: Based on MDH, Health Economics Program analysis of MN APCD for 2019, commercial and Medicare enrollees only and MDH, Health Economics Program analysis of the 2019 Minnesota Health Access Survey for uninsured Minnesotans.



**Table 2: What manufacturer did insulin come from?**

| Manufacturer                     | Program Participants | % of Program Participants |
|----------------------------------|----------------------|---------------------------|
| Eli Lilly                        | 9                    | 37.5%                     |
| Eli Lilly & Novo Nordisk         | 3                    | 12.5%                     |
| Eli Lilly, Novo Nordisk & Sanofi | 1                    | 4.2%                      |
| Novo Nordisk                     | 7                    | 29.2%                     |
| Novo Nordisk & Sanofi            | 3                    | 12.5%                     |
| Sanofi                           | 1                    | 4.2%                      |
| <b>Total</b>                     | <b>24</b>            | <b>100.0%</b>             |

Source: MDH/Wilder Research Program, 2023 Satisfaction Survey of MN Insulin Safety Net Program.

The majority of respondents completing the survey also confirmed they were able to use some or all of the same types of insulin as before participating in the Urgent Need or Continuing Need programs (84.6%, N=26).

### a. Demographics

Of these 37 respondents, only a subset responded to demographic questions. The respondents' gender was fairly evenly split between men (54.5%) and women (45.5%); respondents were mostly non-Hispanic white (86.4%), and most respondents had high school or some college education (72.7%); N=22.

As shown in Table 3, all respondents were above age 26, with more than half of respondents between the age of 45 to 64. Only two respondents (9.1%), were age 65 or older.

**Table 3: Age of program participants**

| Age Range    | Program Participants | % of Program Participants |
|--------------|----------------------|---------------------------|
| 26-34        | 5                    | 22.7%                     |
| 35-44        | 3                    | 13.6%                     |
| 45-54        | 6                    | 27.3%                     |
| 55-64        | 6                    | 27.3%                     |
| 65+          | 2                    | 9.1%                      |
| <b>Total</b> | <b>22</b>            | <b>100.0%</b>             |

Source: MDH/Wilder Research Program, 2023 Satisfaction Survey of MN Insulin Safety Net Program.

Most respondents lived outside the greater Twin Cities metro (73.7%, N=19) and had a household size of 2 or less (52.4%, N=21), with slightly more than half of respondents reporting income of \$1,500 to \$2,500 per month (or \$18,000 to \$30,000 per year). Most were either working part-time or full-time (55.0%, N=20), and another 30% (N=6) were caregivers or not working.

### b. Coverage of Insulin by Insurance and Affordability of Insulin

Eight of 20 respondents (40.0%) reported *all* insulins received from the Minnesota Insulin Safety Net Program were already covered by their insurance, meaning the Minnesota Insulin Safety Net Program provided insulin that was covered by insurance, but was still unaffordable. An additional seven respondents (35.0%) reported only some of the insulins they received from the Minnesota Insulin Safety Net Program were covered by their insurance. The other five respondents (25.0%) who answered this question reported the insulins they received from the Minnesota Insulin Safety Net Program were *not* covered by their insurance. It is not clear if “not covered” means those insulins were not included in their drug plan’s prescription drug formulary, if the cost was not covered due to the respondent needing to pay a deductible, or if a respondent may have been in Medicare’s coverage gap phase, as certain respondents were on Medicare.

### c. Minnesota Insulin Safety Net Program Application and Assistance from Pharmacists and MNSure Navigators

**Urgent Need Program:** For the Urgent Need Program, respondents reported receiving the program application from patient navigators (via MNSure navigators), pharmacists, doctors and nurses, and the program website. Only two of the nine respondents to this question said it took more than three hours to receive their insulin. Of those respondents who remembered the amount of their copay, \$35 or less, as required by statute, and some also recalled paying nothing.

Urgent Need Program participants were supposed to be given an information sheet when they enrolled in the program. Only four respondents recalled receiving a program information handout, though they agreed it was helpful and easy to understand. The other 22 participants might have either not received that sheet or, more likely, did not recall receiving the information. Respondents varied in their preferred method for getting information about the program(s) – most preferred it to be online, talking to a pharmacist or doctor, reading written materials, or having a phone number or hotline.

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*“I’m in the patient assistance program so I got free insulin from the [manufacturer] but I ran out before the next years application was approved. I used [the] Urgent Need program to get me through. It saved me!”*

--MN Insulin Safety Net Program user

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**Continuing Need Program:** The participant survey also asked respondents who used the Continuing Need Program (also called the manufacturer’s patient assistance program)<sup>28</sup> if it was easy to access application forms, apply to the program, and receive insulin from the pharmacy. A total of seven respondents answered these questions and agreed that it was easy to get the application, which was received from navigators, the insulin manufacturer, or through pharmacists. Survey respondents found the process to be simple and reported that both pharmacists and navigators were helpful and knowledgeable about the program. Of the five respondents

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<sup>28</sup> There was no differentiation in the survey between pre-existing manufacturer programs and manufacturer programs created specifically for Minnesota residents under the MN Insulin Safety Net Program.

who used the Continuing Need Program and remembered what they paid for the insulin, all reported paying \$50 or less for a 30-day supply. Four of five respondents received insulin in five days or less.

#### **d. Financial and Health Impact of the Minnesota Insulin Safety Net Program**

There are two primary ways the Minnesota Insulin Safety Net Program impacted participants: by affecting participants' physical health and financial health. 15 out of 24 respondents (62.5%) reported they had to ration insulin before enrolling in either the Urgent Need or Continuing Need Programs. After enrollment in the program(s), this reduced to only 7 out of 23 respondents (30.4%) who reported having to ration insulin. Respondents who rationed insulin reported their primary health impacts are having diabetic ketoacidosis, going to the hospital, and having to miss work or school; some also reported using expired insulin.

Concerning their financial health, people with chronic conditions, such as diabetes, generally experience more problems with medical bills and are more likely to forgo needed care due to cost, including filling a prescription. For example, the 2021 Minnesota Health Access Survey (MNHA) found 5.6% of the general Minnesota population reported not filling a prescription due to cost, but for Minnesotans with chronic conditions the percent was even higher, 9.3%.<sup>29</sup> Ten out of 24 Insulin Safety Net survey respondents (41.7%) reported that, prior to the program(s), they had to forgo needed health care due to the cost of insulin; however, after participating in the program(s), only five out of 22 respondents (22.7%) reported not having to forgo needed health care.

In addition, the 2021 MNHA also found that among Minnesotans with chronic conditions, 21.0% struggled with medical bills and 14.5% struggled with covering the cost of basic bills—such as food and rent—due to their medical bills, both higher than the general population.<sup>30</sup> The Insulin Safety Net survey found this percent was even higher for participants *prior* to their enrollment in either the Urgent Need or Continuing Need Programs; half of the 24 respondents (50.0%) reported being unable to pay for household expenses—such as rent or mortgage, heat, car payments and food—due to their insulin expenses. After participating in either program, only six of 22 respondents (27.3%) reported they struggled with household expenses.

As shown in Figure 2, although respondents were generally happy with the program – there were still respondents who were not confident they would be able to get the insulin they need in the next year (15.8%); the survey did not assess why participants had this concern. Many respondents reported the program(s) helped them take better care of their diabetes, improved their health, and peace of mind (Figure 2).

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<sup>29</sup> Minnesota Department of Health, Health Economics Program analysis of 2021 Minnesota Health Access Survey.

<sup>30</sup> Minnesota Department of Health, Health Economics Program analysis of 2021 Minnesota Health Access Survey.

**Figure 2: Participant agreement with aspects of Minnesota Insulin Safety Net Program (N=23)**



Source: MDH/Wilder Research Program, 2023 Satisfaction Survey of MN Insulin Safety Net Program.

Importantly, 20.0% of participants did not feel it was easy to enroll in the program. Reasons for this included there being numerous steps for enrollment and pharmacies not being aware of the program. Specifically, some respondents had suggestions for possible program improvements: making pharmacists aware of program(s), making program enrollment easier for pharmacists, and broadening communications and awareness for program.<sup>31</sup>

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*“More awareness, When I told people about the emergency program saving me, most of them never heard of it.”*

– MN Insulin Safety Net Program User

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<sup>31</sup> MNsure received an appropriation of \$800,000 to expand public awareness of the Minnesota Insulin Safety Net Program. [Office of the Revisor of Statutes, Minnesota 93rd Legislature Senate File 2995, Lines 829.31-830.3 \(https://www.revisor.mn.gov/bills/bill.php?b=Senate&f=SF2995&ssn=0&y=2023\).](https://www.revisor.mn.gov/bills/bill.php?b=Senate&f=SF2995&ssn=0&y=2023)

## B. Pharmacist Survey Responses

The Minnesota Board of Pharmacy provided MDH with a list of 6,827 licensed pharmacist names and email addresses. MDH and the Minnesota Board of Pharmacy used this information to email pharmacists in April 2021 to alert them to an upcoming pharmacist survey and to request contact information for Minnesotans who had participated in the Minnesota Insulin Safety Net Program (i.e., Urgent Need and Continuing Need Programs). Pharmacists were able to opt-out of responding to the pharmacist survey at that time. All 6,069 pharmacists who had **not** actively opted-out of participating in the pharmacist survey or had an undeliverable email received an email invitation to participate in the pharmacist survey in late May 2021. In total, 386 pharmacists (6.4%) responded to the survey. Of those pharmacists who responded, another 88 (22.8%) opted-out of the survey and 193 (50.0%) had not used the Minnesota Insulin Safety Net Program. Of the remaining 105 pharmacists, 103 provided responses to questions beyond whether they participated in the Minnesota Insulin Safety Net Program.<sup>32</sup> The pharmacists who responded to the survey were not necessarily the same pharmacists that provided contact information for the 96 program participants for the participant survey.

### i. Working with Manufacturers

Pharmacists reported working with each insulin manufacturer nearly equally on behalf of program participants: 39 pharmacists worked with Eli Lilly, 43 pharmacists worked with Novo Nordisk, and 40 pharmacists worked with Sanofi.<sup>33</sup> Just over one-third of respondents worked with more than one manufacturer (34.9%), and about one-quarter of pharmacists (26.2%) did not remember to which manufacturers they submitted insulin claims for reimbursement (Table 4).

**Table 4: Insulin manufacturers pharmacists submitted reimbursements to**

| Insulin Manufacturer     | Number | Percent |
|--------------------------|--------|---------|
| Eli Lilly                | 16     | 15.5%   |
| Novo Nordisk             | 14     | 13.6%   |
| Sanofi                   | 10     | 9.7%    |
| Eli Lilly & Novo Nordisk | 6      | 5.8%    |
| Eli Lilly & Sanofi       | 7      | 6.8%    |
| Novo Nordisk & Sanofi    | 13     | 12.6%   |
| All three manufacturers  | 10     | 9.7%    |
| Unsure                   | 27     | 26.2%   |

<sup>32</sup> Not all pharmacists provided a response to every question or responded “don’t know” or “I’m not sure.” Percentages are based on the number of pharmacists who responded to the question – and unless specified, do not include “don’t know” or “I’m not sure” responses in the denominator.

<sup>33</sup> For the remainder of this report, any reference to “pharmacists” is based on only pharmacists that responded to the survey and does not necessarily represent all pharmacists in Minnesota.

## Assessing Satisfaction with the Minnesota Insulin Safety Net Program

|              |            |               |
|--------------|------------|---------------|
| <b>Total</b> | <b>103</b> | <b>100.0%</b> |
|--------------|------------|---------------|

Source: MDH/Wilder Research Program, Satisfaction Survey of MN Insulin Safety Net Program, pharmacist survey conducted May and June 2021.

In general, pharmacists' overall experience with the Minnesota Insulin Safety Net Program and manufacturers appeared to be more positive than negative. Sanofi stood out as the manufacturer that provided reimbursement nearly all of the time for the Urgent Need and Continuing Need Programs (92.9% and 90.0%, respectively) (Table 5). The mechanism for covering the cost of the insulin was different for each of the programs: for the Urgent Need Program, pharmacies submit a claim to the manufacturer and the manufacturer either reimburses the pharmacy for the insulin or replaces the insulin dispensed. For the Continuing Need Program, the pharmacy submits the order to the manufacturer, and the manufacturer is supposed to send a 90-day supply to the pharmacy. While the majority of respondents agreed that the process for submitting orders was easy, and that they generally received reimbursement and orders in a timely manner from manufacturers, their agreement was not universal. Pharmacists reported that the process for submitting insulin orders for participants in the Continuing Need Program was more difficult than getting reimbursement for insulin dispensed under the Urgent Need Program. A few pharmacists reported they were not reimbursed or given replacement insulin from Eli Lilly and Novo Nordisk.

**Table 5: Experience with manufacturers - percent of pharmacists agreeing with each statement**

|   | Eli Lilly | Novo Nordisk | Sanofi |
|---|-----------|--------------|--------|
| <b>Receive reimbursement in a timely manner</b>                                 | 66.7%     | 76.0%        | 92.9%  |
| <b>Process for submitting orders is easy</b>                                    | 62.1%     | 59.5%        | 73.3%  |
| <b>Receive orders in a timely fashion</b>                                       | 73.7%     | 76.2%        | 90.0%  |
| <b>Had to pay an extra fee for insulin orders through manufacturer? (% yes)</b> | 5.6%      | 2.5%         | 0.0%   |

Source: MDH/Wilder Research Program, Satisfaction Survey of MN Insulin Safety Net Program, pharmacist survey conducted May and June 2021.

Pharmacists reported the process they had to go through to get insulin for in the Urgent Need and Continuing Need Programs was not consistent across manufacturers – 11.0% of pharmacists noted this was a problem that could be improved; they suggested manufacturers have better hours for program enrollment (e.g., evening and weekend hours).

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*“Each manufacturer should have to adhere to a specific route of reimbursement to pharmacies. I had to personally work my way through each manufacturer’s process. I gave the patient their insulin right away with the \$35 copay, but [then] had to hold the bag with*

## Assessing Satisfaction with the Minnesota Insulin Safety Net Program

*getting reimbursed by the manufacturer- namely Sanofi. They changed their process 3 times while I helped my patients. At one time, one of their reps accused me of trying “to cash in” on getting paid for a box of insulin dispensed to a patient in urgent need.”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

*“I don’t recall which manufacturer requires a phone call to start the process, but it was exceedingly frustrating to find out they were not open on the weekend. Typically, the patients I have helped with the program don’t present to the pharmacy until they are completely out of insulin, so it is not an option to wait until Monday to start the process.”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

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Other suggestions from pharmacists who responded to the survey included having consistent billing information for the programs, such as having unified codes and making billing information easier to find; some respondents noted the information on the Minnesota Board of Pharmacy website was either hard to find or unclear.

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*“Finding information on how to submit claims for [the] urgent need [program] is extremely hard and it’s buried in a PDF document. Please make the manufacturer information easier for pharmacists to find. “*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

*“...I’ve only had luck with 1 manufacturer that provides immediate billing information to give them a supply on the spot. Other manufacturers require income statements, etc. and have long processing times which does not help the patient in the moment when they are without their insulin”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

*“Navigating the instructions was difficult. It was so confusing to figure out how to actually work the program [Minnesota Insulin Safety Net Program] from the pharmacy end.”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

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## ii. Program Quality

The survey also asked pharmacists to report on how well the programs worked; responses varied widely. Half of pharmacists surveyed indicated it was easy to enroll participants, but nearly two-thirds said patients needed a lot of support with enrollment.

Pharmacists had numerous suggestions for improving the program or making it more efficient. Of those pharmacists who provided specific comments on making the programs more efficient, 77.8% said the programs were not easy to understand and were a burden on pharmacists. Several pharmacists suggested the application process for the Urgent Need Program could be improved by allowing for completion online or over the phone, by having the application available in multiple languages, and by having eligibility pre-determined by either the state or manufacturer before a patient arrives at the pharmacy. Streamlining the billing process, including having the eligibility statement include billing information, was also suggested.

## Assessing Satisfaction with the Minnesota Insulin Safety Net Program

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*“I’d make the application online instead of paper/fax. A link can be sent to patients and submitted. I’d send electronic confirmation to patient and caregivers. I’d also have it [the online system] send updates on progress as able. Also make other languages available (Spanish, Somali) available. This is a great advancement opportunity. It would be great to modernize!”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

*“There cannot be umpteen hoops for the pharmacy to do to fill an Rx for a patient. We simply just don’t have the time. Let the patient do all the work online, bring us a set of billing info (Bin #, PCN#, ID#, and group #) just like with a discount card or regular insurance, and if it works, it works, and if it doesn’t, we relay to the patient why not.”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

*“The registration process is not timely or smooth. There are many different applications and conflicting information provided by the MN Board of Pharmacy versus the insulin manufacturers. It puts the onus on the pharmacist to figure it out and it is not clear or easily accessible. Patients expect to be able to get insulin on the spot and we haven’t been able to figure out how to help them do that.”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

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While about half of pharmacists said it was easy to educate patients about the programs, only 41.0% of pharmacists said they received sufficient training. Additional training for pharmacists on the programs, as well as making it easier to find the information necessary, were two areas pharmacists noted needed improvement to make the programs more efficient. The time it took pharmacists to find information made the programs more burdensome.

*“The billing portion of the program [Minnesota Insulin Safety Net Program] is not clear, it took me a lot of time to figure out how to help the one patient that mentioned the program and I also did not get enough guidance from my management, unfortunately in retail, time is something we do not have, and it’s hard to stop everything you’re doing to try to figure out something that should have been more transparent to begin with. So, I believe more education is necessary on how the program works”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

*“MN [Board of Pharmacy] should make more of an effort with retail pharmacy’s leadership to ensure MN pharmacists are trained on how to utilize this program [Minnesota Insulin Safety Net Program]. My pharmacy manager told me we did not participate in the program when I asked for assistance; then, I researched [the] MN [Board of Pharmacy] website and guidance documents to reach the conclusion that we do in fact participate and we should not turn that patient away. I successfully provided insulin to that patient using the Sanofi voucher, however, my pharmacy manager, and likely the district and regional managers, did not*



*understand how to administer the program.”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

*“Have video trainings. I honestly have no idea how to do it. I had a tech figure it out one time (I have no real idea if we did it properly), but the copay was \$0 & I thought it would be \$35. I honestly don't even think of it or mention it most of the time because it seems complicated (possibly due to lack of knowledge/experience with the program [Minnesota Insulin Safety Net Program]). If it [is that] simple, then I have missed the memo. I honestly couldn't tell you how to start the process.”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

*“...And training pharmacists how to process the claim (I called about 6 of my experienced coworkers because I wasn't familiar with the process myself, and no one seemed to know.) After learning how to proceed, it still required too many steps for me to follow up with the patient (I believe patient ended up paying the regular copay of +\$200 for a month supply)”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

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Pharmacists reported that most patients were not familiar with the programs before they enrolled, which highlights the important role pharmacists play in educating their patients about the programs. Of the pharmacists surveyed who did not use the programs, only 60.0% were familiar with it; of those, 17.5% reported a patient had asked about the programs and another 28.3% reported they told patients about the programs.<sup>34</sup> Pharmacists suggested more effort should be made to educate Minnesotans about the programs in general.

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*“To be honest I thought the program [Minnesota Insulin Safety Net Program] would be more popular, I don't think people actually know it exists, so more awareness for the community would be good”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

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### iii. Program Effectiveness in Helping Patients

Pharmacists surveyed felt the programs were successful in helping patients afford insulin and better adhere to diabetes treatment and medication; they believed the programs should continue (Figure 3). Nonetheless, like patients being concerned they will struggle to afford insulin the future, 84.9% of pharmacists say their patients are still struggling to afford insulin.

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<sup>34</sup> This is among the 193 pharmacists who responded to the survey and indicated they had not helped patients access insulin through the MN Insulin Safety Net Program.

## Assessing Satisfaction with the Minnesota Insulin Safety Net Program

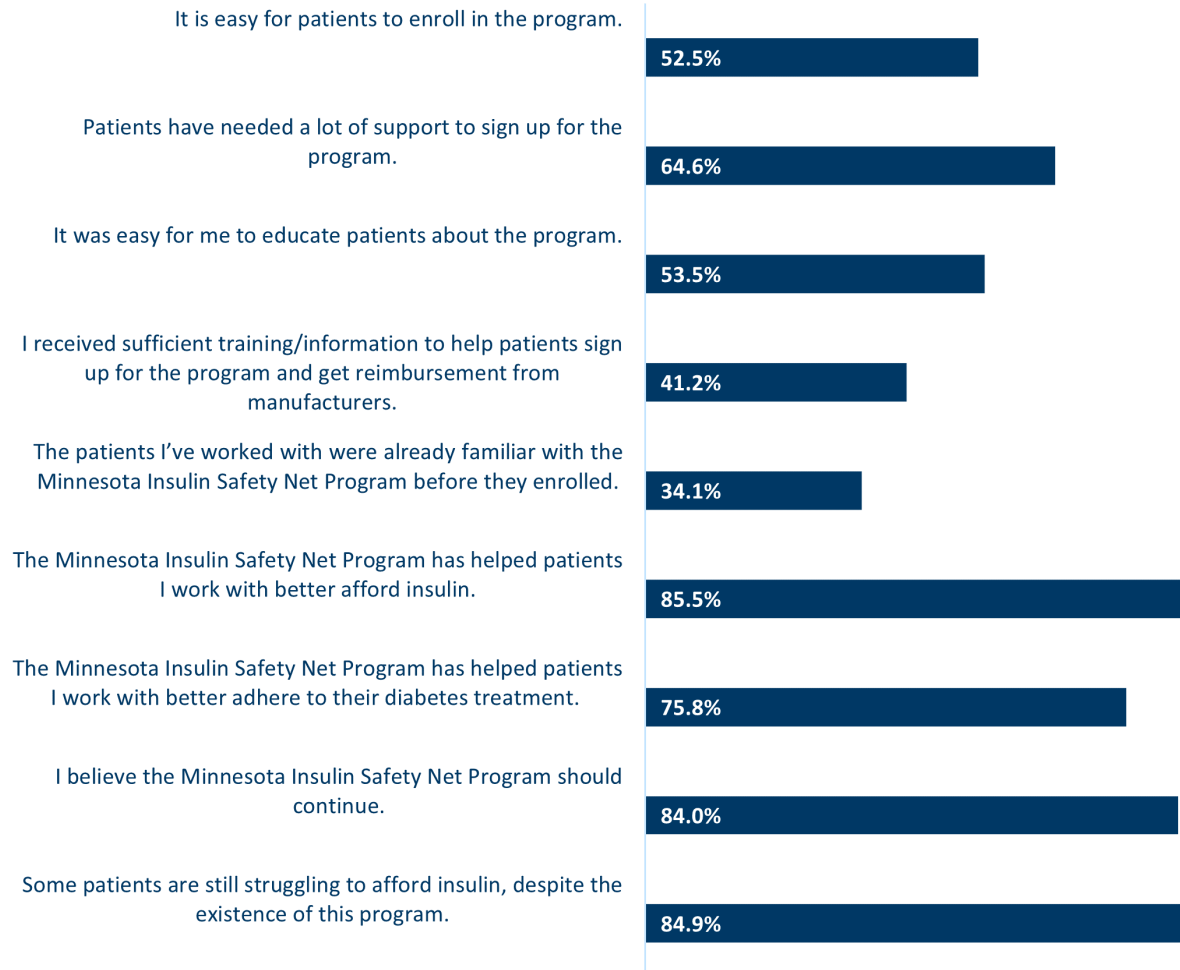
*“I think it is great. I have had patients [s]ay they cannot afford \$35, but those same people likely can’t afford \$5.”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

*“I have helped 2 patients with urgent needs. The patient process is simple and straight forward. However, the pharmacy side is much more difficult to get the needed information. The patients are extremely grateful that this program exists.”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

**Figure 3: Pharmacists agreement with aspects of the Minnesota Insulin Safety Net Program (N=87)**



Source: MDH/Wilder Research Program, Satisfaction Survey of MN Insulin Safety Net Program, pharmacist survey conducted May and June 2021. Program refers to the Urgent Need and/or Continuing Need Programs.

Of particular concern for pharmacists was the one-time nature of the Urgent Need Program and the potential inability to provide more than one type of insulin to patients. Pharmacists noted that the programs do not

## Assessing Satisfaction with the Minnesota Insulin Safety Net Program

clearly cover more than one type of insulin, creating confusion, and a potential problem since many patients use more than one type of insulin. Suggestions to solve this problem were varied, with one pharmacist suggesting the programs should be limited to basal insulin only, and another pharmacist suggesting the programs should cover more than one insulin and that should be made clearer to manufacturers. Currently, the copay limits in the programs do not clarify if the copay applies to only one type of insulin or is for all insulins used each month – if the former, the \$35 copay could be \$70 or more depending on the unique needs of the person who relies on insulin.

Pharmacists also reported that the programs appeared to work best for Minnesotans enrolled in Medicare and Minnesotans who are uninsured but does not work as well for Minnesotans who are “underinsured” – that is, they may have private insurance coverage with deductibles and copayments/coinsurance that leave health care unaffordable.

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*“Most patients are on 2 insulin’s, so that [is] \$150 before we can use the program[s], no matter their income. Makes it really limited to use. The limit needs to be lower.”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

*“I provided a month supply of both of my patient’s insulin (Novolog and Levemir) as she was out of both and was told we had to give her both [of] them thru the urgent need program. I later found out that Novo Nordisk would only reimburse for ONE insulin. Any further guidance to help our pharmacy get reimbursed for the other insulin would be greatly appreciated. I think this is a great program to help our patients, but the process needs some clarification.”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

*“My patient received one month under the safety net program. He does have coverage, but the copayments were too high to afford. He did apply for the extended insulin program through the manufacturer and was denied because of income levels. He is trying to work with his doctor to find an affordable solution, but he is fairly certain he cannot continue on insulin at his current copayments.”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

*“Most of our patients have insurance coverage and do not hit this threshold. Please focus on getting [patients] covered by insurance and getting pharmacies adequate reimbursement for services.”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

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There were several suggestions from pharmacists for more state involvement in the programs. Some pharmacists suggested major changes in state involvement, including: 1) having reimbursement flow through the state instead of between manufacturers and pharmacies; 2) having the Minnesota Department of Human Services create a state formulary and price controls; and 3) establishing universal health care.

Other pharmacists suggested having one broad program application for the Continuing Need Program, rather than separate applications for each manufacturer, and increasing the involvement of health care providers and pharmacists in creating/evolving the program.

## Assessing Satisfaction with the Minnesota Insulin Safety Net Program

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*“Have the state reimburse the pharmacy, and the state can fight with the insulin companies for reimbursement. We don't have the time for all these additional laws and programs, even if they are helpful to our patients.”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

*“MN BOP [Board of Pharmacy] should make more of an effort with retail pharmacy's leadership to ensure MN pharmacists are trained on how to utilize this program.”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

*“Please work with manufacturers and other HC [health care] providers in coming up with programs, v. having a central mandate they need to react to and we need to all try to navigate.”*

– MN Pharmacist who helped MN Insulin Safety Net Program patients

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## 5. Summary of 2023 Manufacturer Reporting to the Minnesota Board of Pharmacy

To better understand how many people the Minnesota Insulin Safety Net Program impacts, manufacturers are legislatively required to report annually to the Minnesota Board of Pharmacy with the number of Minnesotans who have used each program. The Minnesota Board of Pharmacy also determines if any civil penalties are required, and then publishes this data in an annual report. As part of this assessment of satisfaction with the Minnesota Insulin Safety Net Program, the Minnesota Department of Health (MDH) analyzed the Minnesota Board of Pharmacy's most recent report that is similar to the timeframe of participant and pharmacist surveys (i.e., the Board of Pharmacy Report released in April 2023); this report provides a baseline of the number of Minnesotans who appear to have used each program.<sup>35</sup> MDH did this to better understand what portion of potential respondents answered the survey (limited in comparison to these reports) and, more importantly, to determine if the current manufacturer reporting would be adequate to inform the legislature of the program's success.

Based on this report, from April 2023, the four manufacturers producing insulin at that time (Eli Lilly, Novo Nordisk, Sanofi, and Viatrix) reported that up to 347 Minnesotans may have enrolled in the Minnesota Urgent Need, the Minnesota Continuing Need, or another existing manufacturer-based patient assistance program in calendar year 2022 (Table 7). This number could be an overestimate of the number of Minnesotans who use the Minnesota Insulin Safety Net Program, because all manufacturers reported separately and it is possible a person was using insulin from more than one manufacturer at a given point and throughout the year (MDH estimates that 24.5% of insulin-dependent Minnesotans use more than one manufacturer's insulin<sup>36</sup>) and some Minnesotans may have received insulin under both the Urgent Need and Continuing Need Programs. As mentioned, the number of participants responding to both the 2021 and 2023 participant surveys is much lower than this amount.

In 2019, when the legislature began debating how to assist Minnesotans struggling to afford insulin, MDH estimated that as many as 11,000 Minnesotans could be eligible for an urgent or continuing need insulin program, under somewhat different eligibility requirements. Using the final bill language and updated data through 2020, MDH estimates the number of Minnesotans potentially eligible for the Urgent Need Program to be as high as 20,500 and for the Continuing Need Program to extend to about 11,300 Minnesotans.<sup>37</sup> These numbers are substantially larger than the actual number of people who use the program, based on manufacturer reporting.

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<sup>35</sup> [Board of Pharmacy reports are available from the Minnesota Legislative Reference Library \(www.lrl.mn.gov/edocs/edocs?oclcnumber=1241261398\).](http://www.lrl.mn.gov/edocs/edocs?oclcnumber=1241261398)

<sup>36</sup> MDH, Health Economics Program analysis of insulin users from the MN APCD, data from 2019 and adjusted by health insurance coverage estimates.

<sup>37</sup> MDH, Health Economics Program analysis of insulin users and insurance coverage from the MN APCD (2019 and 2020) and the 2019 Minnesota Health Access Survey. Total includes some reductions to account for take-up; those eligible for the Continuing Need Program are a subset of those eligible for the Urgent Need Program. This does not account for the recent change in Eli Lilly's \$35 per month cap per insulin product announced on March 1, 2023, and Medicare copay changes from the Inflation Reduction Act (IRA) beginning in 2023.

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While the legislation provided definitions of the data required to be submitted by manufacturers to the Minnesota Board of Pharmacy annually, the manufacturers did not always include data definitions, nor did they always clearly distinguish between Minnesota-specific programs and existing manufacturer patient assistance programs, making it challenging to draw firm conclusions from the reported materials.<sup>38</sup> Furthermore, in prior year reporting (the 2022 report for calendar year 2021), Novo Nordisk provided the total number of Minnesota residents participating in its national patient assistance programs, irrespective if they requested or received coverage after referencing the Insulin Safety Net Program. The data from Novo Nordisk was very different than data from other manufacturers in the reports from calendar years 2020 and 2021 – reporting the value of the insulin supplied in excess of \$2 million and \$6 million, respectively. The latest report likely provides a more accurate picture of how the program is being used, compared to previous reports.

In Table 7, MDH shows the level of information these annual reports are able to provide about the Urgent Need and Continuing Need programs. To meaningfully interpret the data and assess its quality, MDH encourages increasing transparency and clarity in reporting by insulin manufacturers in their communications to the Minnesota Board of Pharmacy. Given the wide variation in the three years of reporting, requiring that manufacturers provide unique participant counts for the Minnesota-specific Urgent Need and Continuing Need Programs, and separate reporting of participants in pre-existing manufacturer-based patient assistance programs that were used in lieu of the Minnesota programs, might provide comparable data. This is evident in Table 6 — there is variation among manufacturers in the volume of program participants, the value of supplied drugs, and the per-participant value of insulin for the Continuing Need Program. Manufacturers could provide more clarity around whether the value of the insulin provided includes or excludes copays or other cost sharing by the insulin users themselves and how rebates were factored into the value of the insulin reported.

**Table 6: Summary of MN Board of Pharmacy report from insulin manufacturers, calendar year 2022**

| Program                    | Measure                          | Eli Lilly | Novo Nordisk | Sanofi   | Viatrix | Total            |
|----------------------------|----------------------------------|-----------|--------------|----------|---------|------------------|
| <b>Urgent Need Program</b> | Urgent Need Participants         | 101       | 50           | 143      | 0       | <b>294</b>       |
|                            | Value of Insulin                 | \$65,079  | \$31,821     | \$64,819 | \$0     | <b>\$161,719</b> |
|                            | Value of Insulin per participant | \$644     | \$636        | \$453    |         | <b>\$550</b>     |

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<sup>38</sup> The statute also requires manufacturers to report to the Minnesota Board of Pharmacy the value of the drugs dispensed to eligible Minnesota enrollees. It requires manufacturers to use the Wholesale Acquisition Cost (WAC), which is a gross medication price before price concessions are made by manufacturers. As shown in Table 1, the total value of insulin provided for all programs was reported at \$264,106. If price concessions were also considered when assessing the value of insulin, the “actual value” of the insulin would be reduced by an estimated 28% to 50%, making the actual value of insulin between \$132,053-\$190,156. [[US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Health Policy, “Comparing Insulin Prices in the U.S. to Other Countries.” September 2020. \[PDF\] \(https://aspe.hhs.gov/sites/default/files/migrated\\_legacy\\_files/196281/Comparing-Insulin-Prices.pdf\)](https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/196281/Comparing-Insulin-Prices.pdf). See page 3.]

## Assessing Satisfaction with the Minnesota Insulin Safety Net Program

| Program                                 | Measure   | Eli Lilly | Novo Nordisk | Sanofi   | Viartis | Total            |
|---|---|-----------|--------------|----------|---------|------------------|
|   | Percent of Total Urgent Need Program Participants                 | 34.4%     | 17.0%        | 48.6%    | 0.0%    | <b>100.0%</b>    |
|   | Percent Share of the Value of Insulin for Urgent Need Program     | 40.2%     | 19.7%        | 40.1%    | 0.0%    | <b>100.0%</b>    |
| <b>Continuing Need Program</b>          | Continuing Need Participants (eligible)                           | 17        | 5            | 31       | 0       | <b>53</b>        |
|   | Value of Insulin  | \$62,441  | \$33,281     | \$6,665  | \$0     | <b>\$102,388</b> |
|   | Value of Insulin per participant                                  | \$3,673   | \$6,656      | \$215    |         | <b>\$1,932</b>   |
|   | Percent of Total Continuing Need Program Participants             | 32.1%     | 9.4%         | 58.5%    | 0.0%    | <b>100.0%</b>    |
|   | Percent Share of the Value of Insulin for Continuing Need Program | 61.0%     | 32.50%       | 6.51%    | 0.00%   | <b>100.0%</b>    |
| <b>Total Insulin Safety Net Program</b> | Total Participants  | 118       | 55           | 174      | 0       | <b>347</b>       |
|   | Total Value of Insulin  | \$127,520 | \$65,102     | \$71,484 | \$0     | <b>\$264,106</b> |

Note: Urgent Need and Continuing Need Programs are limited to Minnesota-specific programs and do not include pre-existing manufacturer-based patient assistance programs for Eli Lilly and Sanofi. Novo Nordisk did not offer any clarification on which programs are included.

Source: Minnesota Board of Pharmacy, "Report to the Legislature on the Minnesota Insulin Safety Net Program. (In compliance with Minnesota Statutes Section 151.74, Subd. 13)," March 1, 2023. Data is based on Minnesotans enrolled in 2022, as well as Minnesotans who enrolled in 2021 and are continuing to receive product in 2022. This is not representative of all cumulative participants since the program's inception, and excludes residents who were not eligible for either program. Viartis was exempt from the reporting requirement until November 2022, and has no data to report.

## 6. Discussion

It is challenging to derive meaningful findings based on the limited feedback from pharmacists and responses from very few insulin-dependent Minnesotans (participants) who used the Urgent Need or Continuing Need Programs. That said, MDH heard the following themes in our surveys:

- Both programs succeeded in providing insulin for at least some Minnesotans in need of affordable insulin.
- Participants and pharmacists specifically noted that the programs were successful in providing urgent need and continuing need insulin for many patients who otherwise struggled with insulin affordability.
- Pharmacists noted the programs were especially helpful for uninsured and Medicare-enrolled Minnesotans.

In addition to the programs, the reduced cost sharing for insulin and diabetic supplies rolled out by Minnesota health insurance companies in January 2020 appeared to have some impact on improved patient affordability: while 28.9% of Minnesotans with private insurance were paying at least \$75 in out-of-pocket costs for a 30-day supply of insulin in 2019, that had been reduced to around 17.6% of Minnesotans in 2020.<sup>39</sup> Nevertheless, in 2023, only 16 of 23 program participants were confident they will be able to get affordable insulin in the following year, and in 2021 84.9% of pharmacists reported that some patients were still struggling to afford insulin despite the existence of the program.<sup>40</sup>

Since the survey was conducted, there have been some changes to Medicare and action taken by insulin manufacturers that may improve the affordability of insulin and diabetic supplies. These recent changes may further assist insulin-dependent Minnesotans with insulin affordability, but only in certain circumstances:

- **Insulin Savings Model – Medicare beneficiaries:** In 2021, the Insulin Savings Model began for some Medicare drug and Medicare Advantage plans with drug coverage; it allows participating plans to offer coverage for insulin at a maximum copayment of \$35 per month; however, this copayment does not apply during the catastrophic coverage phase (after the deductible, initial coverage, and coverage gap phases). This program will end December 31, 2023, and plans applied to participate.<sup>41</sup>
- **Inflation Reduction Act – Medicare beneficiaries:** The Inflation Reduction Act (IRA) of 2022 includes several provisions aimed at protecting Medicare beneficiaries against high drug costs – including those beneficiaries relying on insulin. Under the IRA, beginning in 2023, beneficiaries enrolled in Medicare Part D plans will not have a deductible for covered insulin products, and will have a monthly copayment cap of \$35 per insulin

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<sup>39</sup> Unpublished Minnesota All Payer Claims database (MN APCD) analysis, data from 2019 and 2020. Many self-insured plans do not report into the MN APCD, so this is likely an over-estimate of the impact of reduced cost sharing.

<sup>40</sup> A MDH Health Economics Analysis found that prescription affordability for diabetes medications continues to be an issue. Between 2009 and 2016 diabetes pharmacy spending increased from \$749 per person per year to \$1,119 per person per year. “Treated Chronic Disease Prevalence and Spending in Minnesota: Estimated Spending for 2009 and 2016; Projected Spending for 2016 Through 2027”. January 2022.

<sup>41</sup> Currently this program appears to be in effect until December 31, 2023; however, the plans participating in this model are subject to change each year. During the catastrophic coverage phase when Medicare enrollees reach \$7,050 (in 2022) in total drug costs, enrollees are still required, under most prescription drug plans, to pay a small coinsurance (e.g., 5%) of the cost of drugs. This causes immense financial strain for these Medicare participants. For example: [The Centers for Medicare and Medicaid Services, Medicare Drug Coverage \(www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage\)](https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage).



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product; there are similar provisions under Medicare Part B.<sup>42</sup> A recent study estimated that just over 12,000 insulin-dependent Medicare beneficiaries would benefit from the law.<sup>43</sup>

### ▪ **Insulin manufacturers' price commitment to insulin users:**

- *Eli Lilly*: On March 1, 2023, Eli Lilly announced certain insulin product price changes would happen throughout 2023; e.g., capping commercial patient out-of-pocket costs (what consumers pay themselves) to \$35 or less at participating retail pharmacies and lowering the price of certain insulin products by 70%.<sup>44</sup>
- *Novo Nordisk*: Beginning January 1, 2024, Novo Nordisk will lower certain insulin product prices by up to 75%.<sup>45</sup>
- *Sanofi*: Beginning January 1, 2024, Sanofi plans to cap Lantus' out-of-pocket costs to \$35 for commercial insurance enrollees, as well as capping out-of-pocket insulin costs for uninsured to \$35 (unclear if this is also limited to Lantus) and cut the cost of one short-acting insulin by 70%.<sup>46</sup>

### ▪ **Additional access to other generic insulin medications:**

- *Civica, Inc.*: Beginning in 2024, Civica, Inc. plans to produce three insulin medications that will be interchangeable with brand drugs. The state of California also secured a contract with Civica to make \$30 insulin.<sup>47</sup>

With most of these changes just underway, or not yet implemented, it is unclear if and when these initiatives will meaningfully reduce the cost burden for insulin-dependent Minnesotans. Changes to Medicare's plan design will not impact the over half of Minnesotans covered by private insurance, or those without insurance. It is still unclear how changes in manufacturer list prices will translate to consumer out-of-pocket spending, as well as costs to governments and insurance companies who provide coverage. While manufacturer list prices are known, the actual price paid throughout the supply chain is a closely guarded secret resulting from private negotiations between manufacturers, wholesalers, pharmacy benefit managers, health insurers, pharmacists and other middle-men organizations. It will take time and maturation of some of the prescription drug price transparency initiatives to fully assess the impact of these changes.

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<sup>42</sup> [The Centers for Medicare and Medicaid Services \(https://www.medicare.gov/coverage/insulin\)](https://www.medicare.gov/coverage/insulin).

<sup>43</sup> AARP, March 14, 2023. New Law Reduces Insulin Costs for Medicare Beneficiaries. This study produced by Avalere Health assumed 12,195 Minnesotans may benefit from this new law.

<sup>44</sup> [Eli Lilly News Release, March 1, 2023 \(https://investor.lilly.com/news-releases/news-release-details/lilly-cuts-insulin-prices-70-and-caps-patient-insulin-out-pocket\)](https://investor.lilly.com/news-releases/news-release-details/lilly-cuts-insulin-prices-70-and-caps-patient-insulin-out-pocket).

<sup>45</sup> [Novo Nordisk News Release, March 14, 2023 \(https://www.novonordisk.com/news-and-media/latest-news/lowering-us-list-prices-of-several-products-.html\)](https://www.novonordisk.com/news-and-media/latest-news/lowering-us-list-prices-of-several-products-.html).

<sup>46</sup> [Sanofi News Release, March 16, 2023 \(https://www.sanofi.com/en/media-room/press-releases/2023/2023-03-16-20-06-43-2629188\)](https://www.sanofi.com/en/media-room/press-releases/2023/2023-03-16-20-06-43-2629188).

<sup>47</sup> [Mayo Clinic News Release, March 3, 2023 \(https://newsnetwork.mayoclinic.org/discussion/nonprofit-co-founded-by-mayo-clinic-announces-plan-to-manufacture-affordable-insulin/\)](https://newsnetwork.mayoclinic.org/discussion/nonprofit-co-founded-by-mayo-clinic-announces-plan-to-manufacture-affordable-insulin/). [Office of Governor Gavin Newsom, March 18, 2023 \(www.gov.ca.gov/2023/03/18/governor-newsom-announces-30-insulin-through-calrx/#:~:text=DOWNEY%2C%20CA%20%E2%80%93%20Governor%20Gavin%20Newsom,to%20manufacture%20its%20own%20Naloxone\)](https://www.gov.ca.gov/2023/03/18/governor-newsom-announces-30-insulin-through-calrx/#:~:text=DOWNEY%2C%20CA%20%E2%80%93%20Governor%20Gavin%20Newsom,to%20manufacture%20its%20own%20Naloxone).

## 7. Conclusion and Recommendations

To conclude, the Minnesota Insulin Safety Net Program (i.e., the Urgent Need and Continuing Need Programs) has been successful in providing more affordable insulin for at least some Minnesotans. Through this evaluation, the Minnesota Department of Health (MDH) recorded suggestions for program improvement from those people tasked with much of the hands-on operation of the program: the pharmacists. There are several items the legislature may wish to consider when reviewing whether to maintain or adapt the Minnesota Insulin Safety Net Program, particularly since the law is currently set to sunset the Continuing Need program as of December 31, 2024.

Based on the input from pharmacists and a limited number of insulin-dependent Minnesotans, **it is abundantly clear the Minnesota Insulin Safety Net Program is still needed by a number of Minnesotans.** Both participants and pharmacists are still concerned about access to affordable insulin.

Specific suggestions from pharmacists for improving the Minnesota Insulin Safety Net Program include:

1. **Streamline the application process:** consider an online application, state-determined eligibility, and one single application across manufacturers, with the necessary resources and staffing for relevant state agencies.
2. **Standardize billing:** have a set of billing codes from each manufacturer; these could be provided to all participating pharmacies for the Urgent Need Program and included in the eligibility statement for the Continuing Need Program.
3. **Determine how to treat prescriptions for multiple types of insulin:** future bill language should clarify if people can obtain multiple types of insulin, including insulin from more than one manufacturer.

Fully assessing the effectiveness of the Minnesota Insulin Safety Net Program, its interaction with separate manufacturer initiatives, and the value it represents for patients is difficult given the limited statutory authorization to conduct a rigorous evaluation. The following suggestions could lead to improvements in understanding the effectiveness of the Minnesota Insulin Safety Net Program:

1. **Expand or clarify manufacturer reporting requirements to the Board of Pharmacy:** consider refining and enhancing data reporting requirements to improve understanding of which participants use the program, how many prescriptions they use, and what cost the prescriptions represent. Reporting guidance may also be expanded to further clarify when participants use manufacturer-based patient assistance programs vs. the Minnesota mandated program.
2. **Refine data collection to enable program evaluation:** establishing a clear definition to allow for data collection on both program participants and pharmacists will enable performing meaningful program evaluation, if that is desired in the future. Based on the new funding granted to MNSure to support program awareness, a survey link could be included on the Minnesota Insulin Safety Net Program application and webpage for participants to complete a survey on an ongoing basis, rather than at a limited time.

These changes would allow for an expanded understanding of how the Minnesota Insulin Safety Net Program is functioning over time and assess the impact of changes made by the federal government and manufacturers.

## Appendix A: Qualitative Results and Suggested Program Changes from Pharmacist Comments

**Table A1: What can be done to make the program work as efficiently as possible for Pharmacists?**

| Category   | Percent of Respondents |
|--|------------------------|
| Increase training, improve billing process with manufacturers and application process                      | 77.8%                  |
| Improve patient communications and enrollment/application process  | 31.1%                  |
| Increase consistency across manufactures, including billing and availability (e.g., evenings and weekends) | 26.7%                  |
| No suggestions – program is working adequately   | 15.6%                  |
| Other  | 17.8%                  |
| Specific recommendations for changes to program  | 77.8%                  |

Source: MDH analysis of responses from from MDH/Wilder Research Program, Satisfaction Survey of MN Insulin Safety Net Program pharmacist survey, conducted May and June 2021. Comments from 45 pharmacists were analyzed and categorized independently by four different people. After initial round of analysis, categories were streamlined and combined to the six categories in the table, and re-evaluated independently. Comments could be included in more than one category.

**Table A2: Specific suggestions from pharmacists for what can be done to make the program work efficiently as possible**

### Comments from Pharmacists to the question: What can be done to make the program work as efficiently as possible for pharmacists?

A more clear and direct instructions on how to bill at the pharmacy level such as having processing numbers etc.

A refresher on how the program works (specifically how to get reimbursed) and resources for patients would be helpful.

A unified reimbursement methodology and simplified enrollment process.

Better communication with both patients and pharmacies on how the program works is needed.

Each manufacturer should have to adhere to a specific route of reimbursement to pharmacies. I had to personally work my way through each manufacturer's process. I gave the patient their insulin right away with the \$35 copay, but that had to hold the bag with getting reimbursed by the manufacturer- namely Sanofi. They changed their process 3 times while I helped my patients. At one time, one of their reps accused me of trying "to cash in" on getting paid for a box of insulin dispensed to a patient in urgent need.

Easier applications, more training. I had a patient with MN Medicaid owe over \$300 for insulin and not qualify because she was on Medicaid. Makes no sense.

Finding information on how to submit claims for urgent need is extremely hard and it's buried in a PDF document. Please make the manufacturer information easier for pharmacists to find.

Get us clear-cut information on how to be reimbursed for the insulin provided. The information that is provided is vague and incomplete.

**Comments from Pharmacists to the question: What can be done to make the program work as efficiently as possible for pharmacists?**

Have a discount card that populates with patient info and you can track that way and we can submit at the pharmacy like insurance but not have to do all the follow up after.

Have a universal bin and PCN sent to us and use patients social [security number] or another identifier as [an] ID so it is easy.

Have ONE standard process for requesting reimbursement for all manufacturers.

Have the state reimburse the pharmacy, and the state can fight with the insulin companies for reimbursement. We don't have the time for all these additional laws and programs, even if they are helpful to our patients.

Have video trainings. I honestly have no idea how to do it. I had a tech figure it out one time (I have no real idea if we did it properly), but the copay was \$0 & I thought it would be \$35. I honestly don't even think of it or mention it most of the time because it seems complicated (possibly due to lack of knowledge/experience with the program). If it [is] simple, then I have missed the memo. I honestly couldn't tell you how to start the process. Also possibly educate Minnesotans. I think that it launched & then the state got sued by drug manufacturers made it feel like it wasn't a thing anymore or at least was in limbo (at least to me).

I don't recall which manufacturer requires a phone call to start the process, but it was exceedingly frustrating to find out they were not open on the weekend. Typically, the patients I have helped with the program don't present to the pharmacy until they are completely out of insulin, so it is not an option to wait until Monday to start the process.

I'd make the application online instead of paper/fax. A link can be sent to patients and submitted. I'd send electronic confirmation to patient and caregivers. I'd also have it send updates on progress as able. Also make other languages available (Spanish, Somali) available. This is a great advancement opportunity. It would be great to modernize!

It has been very difficult to navigate the website. Patient's basically think all they have to do is come into the pharmacy and drop off a signed piece of paper and then they should get their insulin for free. I have been confused on what the next step is after they bring in the piece of paper - I don't feel it's as clear cut as it should be. Do I call the drug company? Does the patient call the drug company? Are there certain hours they are only allowed to call? What if they need the insulin now and it's later in the evening? I just wish the website made it clearer that there is likely more the patient is going to have to do. It would be nice if it was like all the other manufacture coupons out there where the patient goes online, signs up, and brings me the bin, PCN, id, and group #. THAT would be an insulin safety net program that would work and be more easily accessible to the general public.

It needs to be for more than one time use. Helping patients for one month is not a good solution. Also, patients should be able to sign up through the state then bring us the billing information instead of having pharmacists try to sign them up. Make the pharmaceutical companies set up a phone line to get people signed up.

Keep regulations stable. If it ain't broke, don't fix it.

Limit coverage to basal insulin

Make it easier for the patient to enroll independently and the pharmacy not to do so much paperwork.

Make the billing process easier and provide that billing information to the pharmacy. We shouldn't have to look up the process and call every time.

Make the processing information easier to obtain so we are not wasting time for information that should be readily available. Ultimately allowing us to better take care of the patient.

### Comments from Pharmacists to the question: What can be done to make the program work as efficiently as possible for pharmacists?

Making the program easier to access for both patients and pharmacies would be helpful. I also wish processing/claim information was easier to obtain to submit a claim to each manufacturer.

MN BOP should make more of an effort with retail pharmacy's leadership to ensure MN pharmacists are trained on how to utilize this program. My pharmacy manager told me we did not participate in the program when I asked for assistance; then, I researched MN BOP website and guidance documents to reach the conclusion that we do in fact participate and we should not turn that patient away. I successfully provided insulin to that patient using the Sanofi voucher, however, my pharmacy manager, and likely the district and regional managers, did not understand how to administer the program.

Need a MN state formulary and public DHS control over all drug prices.

Please work with manufacturers and other HC providers in coming up with programs, v. having a central mandate they need to react to and we need to all try to navigate.

Quantity limitations is a huge problem and results in many phone calls to finally get a person who can help fix the coupon limits.

Scrap it. It's a terrible program. We pharmacists on top of vaccines for covid and all our other community dispensing tasks do not agree or have time for this program which doesn't work and is confusing.

Streamline the process and give immediate access to insulin. The current guidance on the BOP website is not realistic and is not actionable.

The billing portion of the program is not clear, it took me a lot of time to figure out how to help the one patient that mentioned the program and I also did not get enough guidance from my management, unfortunately in retail, time is something we do not have, and it's hard to stop everything you're doing to try to figure out something that should have been more transparent to begin with. So, I believe more education is necessary on how the program works

There cannot be umpteen hoops for the pharmacy to do to fill an Rx for a patient. We simply just don't have the time. Let the patient do all the work online, bring us a set of billing info (Bin #, PCN#, ID#, and group #) just like with a discount card or regular insurance, and if it works, it works, and if it doesn't, we relay to the patient why not.

There was absolutely no training on how this program works. In fact, the day after it was rolled out, the lawsuit was announced so we weren't even sure the program was in effect.

Training. Also the process was not easy to follow and required many steps. I helped one patient but many of my answers are I'm not sure because I was not able to follow up with the patient's claim.

Unfortunately, this is a bandage for a system that is broken. There is no need for the cost of these products to be at the level they are except for greed. Don't be part of the problem, institute pricing guidelines and caps, or take over the research on drugs and give it to the manufactures to do their job and manufacture the product and distribute it.

We should be able to give patients a phone number to call and have a rep[resentative] do all the enrollment work. Then it should be billed to one bin and PCN aka 1 card.

Source: MDH analysis of responses from from MDH/Wilder Research Program, Satisfaction Survey of MN Insulin Safety Net Program pharmacist survey, conducted May and June 2021. Comments from 45 pharmacists. Comments have been lightly edited for grammar and clarity.

**Table A3: Additional feedback on the Insulin Safety Net Program**

| Category  | Percent of Respondents |
|---|------------------------|
| Program is not easy to understand, is burdensome to pharmacists. Including billing, application process and training.   | 48.4%                  |
| This program is a lifeline for patients/very helpful (especially for Medicare and uninsured).                           | 38.7%                  |
| This program doesn't work well for everyone – especially the under-insured and people who are on state public programs. | 41.9%                  |
| Raise public awareness about who qualifies and where to find resources, for both patients and pharmacists.              | 29.0%                  |
| Provided specific recommendations for changes to program  | 48.4%                  |

Source: MDH analysis of responses from from MDH/Wilder Research Program, Satisfaction Survey of MN Insulin Safety Net Program pharmacist survey, conducted May and June 2021. Comments from 31 pharmacists were analyzed and categorized independently by four different people. After initial round of analysis, categories were streamlined and combined to the six categories in the table, and re-evaluated independently. Comments could be included in more than one category.

**Table A4: Specific suggestions from pharmacists for changes to the program**

**Comments from Pharmacists to the prompt: Please share any additional feedback you have about the Insulin Safety Net program, including its effectiveness in helping Minnesotans afford insulin.**

Coverage should be for basic basal insulin only.

I provided a month supply of both of my patient's insulin (Novolog and Levemir) as she was out of both and was told we had to give her both [of] them thru the urgent need program. I later found out that NovoNordisk would only reimburse for ONE insulin. Any further guidance to help our pharmacy get reimbursed for the other insulin would be greatly appreciated. I think this is a great program to help our patients, but the process needs some clarification.

Informing patients about its availability. And training pharmacists how to process the claim (I called about 6 of my experienced coworkers because I wasn't familiar with the process myself, and no one seemed to know.) After learning how to proceed, it still required too many steps for me to follow up with the patient (I believe patient ended up paying the regular copay of +\$200 for a month supply).

It's a great program for uninsured patients but it should also be expanded for under-insured patients.

Most of our patients have insurance coverage and do not hit this threshold. Please focus on getting pts covered by insurance and getting pharmacies adequate reimbursement for services.

Most patients are on 2 insulins, so that [is] \$150 before we can use the program, no matter their income. Makes it really limited to use. The limit needs to be lower.

My patient received one month under the safety net program. He does have coverage, but the copayments were too high to afford. He did apply for the extended insulin program through the manufacturer and was denied because of income levels. He is trying to work with his doctor to find an affordable solution, but he is fairly certain he cannot continue on insulin at his current copayments. Reform PBM practices, actually enforce the passed 62W and drug prices will go down. Pharmacy rarely sees a claim through a PBM that is paying us anywhere near the cost of the drug. The problem is bigger than this drug class- it's the PBMs.

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**Comments from Pharmacists to the prompt: Please share any additional feedback you have about the Insulin Safety Net program, including its effectiveness in helping Minnesotans afford insulin.**

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Only a Mn State drug Formulary & Rx price controls can bring access to the MANY Rx drugs costing \$100-\$1000/month or far more if specialty drugs like Humira at \$5,000/month.

Our pharmacy has worked with only one patient at the very beginning of the program. At that time my company had no information for reimbursement, so our pharmacy "ate" the cost of the insulin. We still have not been reimbursed. That's why a packaged refresher of the program would be very useful, especially now that the program has been running and (I'm hopeful) that the initial kinks have been worked out.

Scrap the program come up with better universal Healthcare!!!

The one time fill doesn't help in the long term. The billing for pharmacist is awful we've had people come from other pharmacies saying they wouldn't do it because they don't know how. It needs to be easier.

The problem I had was the help center for Novonordisk is not always open. When a patient comes in after those hours, there's no way for me to submit anything to them.

The process needs to be made as simple as possible so patients with lower levels of education can have more access.

The registration process is not timely or smooth. There are many different applications and conflicting information provided by the MN Board of Pharmacy versus the insulin manufacturers. It puts the onus on the pharmacist to figure it out and it is not clear or easily accessible. Patients expect to be able to get insulin on the spot and we haven't been able to figure out how to help them do that. I've only had luck with 1 manufacturer that provides immediate billing information to give them a supply on the spot. Other manufacturers require income statements, etc. and have long processing times which does not help the patient in the moment when they are without their insulin.

Too complicated to sort through the applications and manufacturers. Is not instant when the patient needs it.

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Source: MDH analysis of responses from from MDH/Wilder Research Program, Satisfaction Survey of MN Insulin Safety Net Program pharmacist survey, conducted May and June 2021. Comments from 45 pharmacists. Comments have been lightly edited for grammar and clarity.

# Appendix B: 2021 Pharmacist and Participant Survey

## Methods

The Minnesota Department of Health (MDH) contracted with Wilder Research to conduct two surveys: 1) a survey of program participants in the Minnesota Insulin Safety Net Program (program); and 2) a survey of pharmacists who assisted patients with the program. The surveys were designed based on the requirements in [Minnesota Statutes, section 151.74, subdivision 15](#).

MDH contracted with Wilder Research to develop and conduct the survey. Wilder Research and MDH drafted the survey, and Wilder Research conducted five key-informant interviews with health care providers and insulin users (or parents of insulin users) to provide input on the survey questions. The survey was then modified by Wilder Research and MDH to reflect interviewee feedback. Surveys covered both the Urgent Need and Continuing Need Programs, addressing requirements included in the legislation.

### Program Participant Survey

MDH and Wilder Research initially intended to conduct the survey via web and paper copy. Program participant information, including a request for email address and physical address, was collected directly from pharmacists. Unfortunately, there were very few email addresses provided as part of program participant contact details. Due to the complexity of the survey [certain questions were only answered based on which program(s) participants used], MDH and Wilder Research determined that a phone survey would provide a better experience for respondents.

Pharmacists helped to identify 96 participants; Wilder Research was able to identify phone numbers for 57 program participants. These 57 program participants were called up to five times by Wilder Research; survey participants were eligible to receive a \$10 gift card as remuneration for participating in the survey. Survey participants needed to provide contact information to Wilder Research to receive the gift card; this information was kept separate from survey responses and was not provided to MDH.

The program participant survey is available in Appendix C.

### Program Pharmacist Survey

The survey for pharmacists was designed to be conducted on the Web. The Minnesota Board of Pharmacy provided an initial contact list of 6,827 licensed pharmacists in Minnesota. The contact information provided included pharmacist name and known email. MDH and the Minnesota Board of Pharmacy emailed these 6,827 licensed pharmacists to alert them to a forthcoming pharmacist survey and to request program participant contact information; in total 6,069 pharmacists did not opt-out of the survey and received an email invitation to participate. The pharmacists provided contact information on 96 people they had helped with the program.

Of the 6,069 pharmacists emailed, only 386 pharmacists responded: 193 pharmacists indicated they had not used the program, 105 pharmacists indicated they had at least one patient who used the program, and 88 pharmacists opted-out of the survey at the time of response. Pharmacists were not offered remuneration for participating in the survey.

The pharmacist survey is available in Appendix E.



## APPENDIX B: SURVEY METHODS

All data was stored on a secure server. MDH did not have access to program participants' identifying information, unless pharmacists chose to send the information to MDH instead of using the secure drop box provided by MDH. MDH immediately transferred any contact information to Wilder Research via secure drop box, and as soon as receipt was confirmed, deleted the information from MDH servers.

## Appendix C: 2023 Participant Survey Methods

This Minnesota Insulin Safety Net Program participant survey is the second survey conducted, following low participation from the first survey conducted in 2021.

The survey assessed:

1. Accessibility of urgent-need insulin.
2. Adequacy of the information sheet and list of MNSure navigators received from the pharmacy.
3. Whether the person contacted a trained navigator and, if so, if the navigator was helpful and knowledgeable.
4. Whether the person accessed the manufacturer's patient assistance program (e.g., Continuing Need Program) and, if so, how easy it was to access application forms, apply to the manufacturer's program, and receive the insulin product from the pharmacy.
5. Whether the person is still in need of a long-term solution for affordable insulin.

MDH contracted Wilder Research to conduct this additional survey and for incentive distribution. The survey covered both the Urgent Need and Continuing Need Programs, addressing requirements included in the legislation; it was web-based with the option to complete by phone, as needed. Individuals who responded had the option to enter their contact information to receive one \$20 retail gift card.<sup>48</sup>

Similar to the first participant survey, receiving participant responses to the second survey was challenging. The statute did not explicitly require that pharmacists share participant contact information with the state, though the statute classified data “collected, created, received, maintained, or disseminated by the Board of Pharmacy, the legislative auditor, the commissioner of health, MNSure, or a trained navigator” as private data on individuals [people].<sup>49</sup> As a result, participation in the survey was voluntary; the survey was promoted through social media, the Minnesota Board of Pharmacy website, MNinsulin.org, and outreach to the diabetes community.

Opt-in web surveys are vulnerable to bots (automated survey responses). Throughout the survey, there were bot-check questions added in an effort to reduce the number of bots attempting to complete the survey. In addition, after data collection, further cleaning was done based on inaccurate or nonsensical responses to factual or open-ended questions.

This participant survey was conducted from January 30, 2023, through April 30, 2023.<sup>50</sup> A total of 37 Minnesota Insulin Safety Net Program participants responded to the survey invitation—most of which used the program for themselves (Table 1). An additional 4 responses were not considered in this analysis as they were not program participants, but worked with program participants in a pharmacy, provider’s office, or navigator setting.

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<sup>48</sup> Funding was available for up to 500 respondents to receive a gift card.

<sup>49</sup> [Minnesota Board of Pharmacy. Minnesota Insulin Safety Net Program Guidance \[PDF\] \(https://mn.gov/boards/assets/ISNP\\_Guidance%2010.21.2021\\_tcm21-503596.pdf\).](https://mn.gov/boards/assets/ISNP_Guidance%2010.21.2021_tcm21-503596.pdf)

<sup>50</sup> The survey did not ask participants of any potential impact due to the Eli Lilly’s recent announcement of a \$35 per month cap per insulin product (March 1, 2023) or Medicare copay changes from the IRA beginning in 2023.

## Appendix D: 2023 Program Participant Survey

The 2023 Program Participant Survey was based off the 2021 Program Participant Survey, with a few modifications. Minor changes include modifying the survey background and survey conclusion language, expanding the years that someone may have used the Urgent Need and Continuing Need programs, and survey question modifications to better articulate the types of Medicare programs. Name and address information was collected at the end to allow for distribution of gift cards, but was not provided to MDH.

### Participant Survey

This survey is for individuals and their caregivers who have used the Minnesota Insulin Safety Net Program at some point since July 2020. This is the program described at [MNInsulin.org](https://mninsulin.org), also known as the Alec Smith Insulin Affordability Program. Your feedback will help improve the program.

The survey should take about 10 minutes. This survey is optional. Your decision whether or not to complete the survey, and any answers you give, will not affect your ability to receive insulin from the Minnesota Insulin Safety Net Program or any other services you receive from your pharmacy, your health care providers, your insurance company, your insulin manufacturer, or the Minnesota Department of Health (MDH). Your responses will be grouped with the responses of other participants who complete the survey. Your individual responses will not include any information that would identify you personally and will be sent to MDH for analysis.

After you complete the survey, the first 500 individuals will have the option to enter your contact information to receive one \$20 retail gift card per participant. Your name and contact information will not be connected to any of your answers on the survey and will not be shared with the state of Minnesota.

1. Have you enrolled in the Minnesota Insulin Safety Net Program at any time since July 2020 for yourself or someone you care for?

*The Minnesota Insulin Safety Net Program was created to make it easier for people to afford insulin. The program is for people who pay more than \$75 for a 30-day supply of insulin. To use the program, you would have filled out a form at your pharmacy. You could then receive a 30-day supply of insulin immediately at your pharmacy for no more than \$35, or up to a year supply of insulin for no more than \$50 per 90-day refill.*

- <sup>1</sup> Yes, for myself (CONTINUE TO Q2)
- <sup>2</sup> Yes, for someone I care for (CONTINUE TO Q1A)
- <sup>3</sup> No
- <sup>4</sup> I'm not sure

IF NO OR I'M NOT SURE: You are not eligible for this survey.

1A. What is your relationship to the person you care for who receives insulin through the Minnesota Insulin Safety Net Program?

- <sup>1</sup> I am the parent or guardian of a child who receives insulin through the program
- <sup>2</sup> I am the caregiver of an adult who receives insulin through the program
- <sup>3</sup> I am related to the person who received insulin through the program in another way (please describe: \_\_\_\_\_)

APPENDIX E: 2021 PHARMACIST SURVEY

2. What year(s) did you use the Minnesota Insulin Safety Net Program? (check all that apply)

- <sup>1</sup> In 2020
- <sup>2</sup> In 2021
- <sup>3</sup> In 2022
- <sup>4</sup> In 2023
- <sup>5</sup> I don't remember

3. Where did you first hear about the Minnesota Insulin Safety Net Program?

- <sup>1</sup> A pharmacist
- <sup>2</sup> A patient navigator
- <sup>3</sup> My doctor or another health professional (not a pharmacist or patient navigator)
- <sup>4</sup> A family member or friend
- <sup>4</sup> School nurse
- <sup>5</sup> My insurance company
- <sup>6</sup> The Minnesota Insulin Safety Net Website
- <sup>6</sup> Social media or online support groups
- <sup>7</sup> Another website (please describe: \_\_\_\_\_)
- <sup>8</sup> Other (please describe: \_\_\_\_\_)
- <sup>9</sup> I'm not sure

4. What type of diabetes do you use the Minnesota Insulin Safety Net Program for? (Check all that apply)

- <sup>1</sup> Type 1 diabetes
- <sup>2</sup> Type 2 diabetes
- <sup>3</sup> Gestational diabetes
- <sup>4</sup> Other (please describe: \_\_\_\_\_)
- <sup>5</sup> I'm not sure/would prefer not to say

5. Which Minnesota Insulin Safety Net Program(s) did you sign up for? (Check all that apply)

- <sup>1</sup> The Urgent Need program (provides a one-time 30-day supply of insulin immediately for up to \$35) (PROCEED TO 5A)
- <sup>2</sup> The Continuing Need program (provides up to a year supply of insulin for no more than \$50 per 90-day refill, application is through a manufacturer) (PROCEED TO 5B)
- <sup>3</sup> I'm not sure

APPENDIX E: 2021 PHARMACIST SURVEY

5A. How much did you have to pay for a 30-day supply of insulin once you enrolled in the Urgent Need program? (PROCEED to 6)

- <sup>1</sup> I didn't have to pay anything
- <sup>2</sup> \$1-\$15
- <sup>3</sup> \$16-35
- <sup>4</sup> I'm not sure

5B. How much did you have to pay for a 90-day supply of insulin once you enrolled in the Continuing Need program?

- <sup>1</sup> I didn't have to pay anything
- <sup>2</sup> \$1-\$25
- <sup>3</sup> \$26-50
- <sup>4</sup> I'm not sure

6. Which manufacturer(s) did you get insulin from through the Minnesota Insulin Safety Net Program? (Check all that apply)

- <sup>1</sup> Eli Lilly (Humulin, Humalog, Basaglar)
- <sup>2</sup> Novo Nordisk (Levemir, Tresiba, Novolog, Novolin, Fiasp, Xultophy)
- <sup>3</sup> Sanofi (Admelog, Toujeo, Lantus, Apidra, Afrezza)
- <sup>4</sup> Another insulin (please describe): \_\_\_\_\_
- <sup>4</sup> I'm not sure

7. Are these the same type(s) of insulin you were using before you enrolled in the program?

- <sup>1</sup> Yes, all of them
- <sup>2</sup> Yes, some of them
- <sup>3</sup> No
- <sup>4</sup> I was not using insulin before I enrolled in the program
- <sup>5</sup> I'm not sure

8. Did you have health insurance when you first enrolled in the Minnesota Insulin Safety Net Program?

- <sup>1</sup> Yes (PROCEED TO 8A)
- <sup>2</sup> No
- <sup>3</sup> I'm not sure

8A. What type of health insurance did you have at the time you used the Minnesota Insulin Safety Net Program? (Check all that apply)

- <sup>1</sup> Private Health Insurance from an employer
- <sup>2</sup> Private health insurance I purchase myself (can be purchased through MNsure or directly from a health insurance company)

APPENDIX E: 2021 PHARMACIST SURVEY

- <sup>3</sup> Traditional Medicare (including Medicare Part D and Medigap/Medicare Supplement)
- <sup>4</sup> Medicare Advantage or Medicare Cost
- <sup>5</sup> Medical Assistance (Medicaid)
- <sup>6</sup> MinnesotaCare
- <sup>7</sup> VA, TRICARE or Champus
- <sup>8</sup> Indian Health Service
- <sup>9</sup> Something else (please specify: \_\_\_\_\_)

8B. Did your health insurance cover the type(s) of insulin you are using through the Minnesota Insulin Safety Net Program?

- <sup>1</sup> Yes, all of the them
- <sup>2</sup> Yes, some of them
- <sup>2</sup> No
- <sup>3</sup> I'm not sure

9. Before you enrolled in the Minnesota Insulin Safety Net Program, what was the most you paid per month for insulin (not including supplies)?

- <sup>1</sup> \$0-\$75
- <sup>2</sup> \$76-\$150
- <sup>3</sup> \$151-\$250
- <sup>4</sup> \$251-\$500
- <sup>5</sup> \$501-\$1,000
- <sup>6</sup> More than \$1,000
- <sup>7</sup> I'm not sure

**Insulin Affordability**

The next few questions are about how the cost of insulin may or may not impact you.

10. Before you enrolled in the Minnesota Insulin Safety Net Program, did you ration your insulin because of cost? Rationing means using less than your doctor prescribed, not filling a prescription when you needed it, or stopping use all together.

- <sup>1</sup> Yes
- <sup>2</sup> No
- <sup>3</sup> I'm not sure

11. Have you had to ration your insulin since participating in the Minnesota Insulin Safety Net Program?

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- <sup>1</sup> Yes (PROCEED to 11A)
- <sup>2</sup> No (PROCEED TO 12)
- <sup>3</sup> I'm not sure

11A. How has enrolling in the Minnesota Insulin Safety Net Program affected how much you've had to ration insulin?

- <sup>1</sup> I ration insulin less now
- <sup>2</sup> I ration insulin about the same amount as before
- <sup>3</sup> I ration insulin more now
- <sup>4</sup> I'm not sure

12. How did rationing your insulin affect your health? (Check all that apply)

- <sup>1</sup> It has not affected my health
- <sup>2</sup> I have had to use expired insulin
- <sup>3</sup> I have had to use a type of insulin incompatible with my diabetes
- <sup>4</sup> I have experienced diabetic ketoacidosis
- <sup>5</sup> I have had to go to the Emergency Department
- <sup>6</sup> I have had to stay at least one night in the hospital
- <sup>7</sup> I have had to rely on crowd funding to pay my daily necessities or my insulin
- <sup>8</sup> I have had to miss work or my child has had to miss school due to health issues
- <sup>9</sup> Other health impacts (please describe: \_\_\_\_\_)
- <sup>10</sup> I'm not sure

13. Before you enrolled in the Minnesota Insulin Safety Net Program, did you ever forgo other health care because you needed to pay for your insulin?

- <sup>1</sup> Yes
- <sup>2</sup> No
- <sup>3</sup> I'm not sure

14. Have you had to forgo other health care to pay for your insulin since participating in the Insulin Safety Net program?

- <sup>1</sup> Yes (PROCEED TO 14A)
- <sup>2</sup> No (PROCEED TO 15)
- <sup>3</sup> I'm not sure (PROCEED TO 15)

14A. How has enrolling in the Minnesota Insulin Safety Net Program affected how much you've had to forgo health care to pay for insulin?

- <sup>1</sup> I forgo health care less now
- <sup>2</sup> I forgo health care about the same as before

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<sup>3</sup> I forgo health care more now

<sup>4</sup> I'm not sure

15. Before you enrolled in the Minnesota Insulin Safety Net Program, were you ever unable to pay for household expenses (such as rent, mortgage, heat, car payment, food, etc.) because you needed to pay for your insulin?

<sup>1</sup> Yes

<sup>2</sup> No

<sup>3</sup> I'm not sure

16. Have you been unable to pay for household expenses because you needed to pay for your insulin since participating in the Insulin Safety Net program?

<sup>1</sup> Yes (PROCEED to 16A)

<sup>2</sup> No (PROCEED TO 17)

<sup>3</sup> I'm not sure (PROCEED TO 17)

16A. How has enrolling in the Minnesota Insulin Safety Net Program affected how often you've been unable to pay for household expenses because you've needed to pay for insulin?

<sup>1</sup> I'm unable to pay for household expenses less now

<sup>2</sup> I'm unable to pay for household expenses about the same as before

<sup>3</sup> I'm unable to pay for household expenses more now

<sup>4</sup> I'm not sure

**Minnesota Insulin Safety Net Resources and Services**

17. Did you receive a handout with information about the Minnesota Insulin Safety Net Program?

<sup>1</sup> Yes (PROCEED TO 17A)

<sup>2</sup> No (PROCEED TO 18)

<sup>3</sup> I'm not sure

17A. Please select how much you agree or disagree with the following statements.

| The <b>handout</b> I received about the program was... | Strongly agree           | Agree                    | Disagree                 | Strongly disagree        | I'm not sure             |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Easy to understand.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Helpful.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**FOR RESPONDENTS WHO SELECTED THE FIRST OPTION (“THE URGENT NEED PROGRAM”) IN Q5**

18. Why did you first seek out the Urgent Need program? (Check all that apply)

- <sup>1</sup> I broke or lost my last insulin vial
- <sup>2</sup> I could not afford the prescription
- <sup>3</sup> I had struggles with insurance coverage
- <sup>4</sup> Another reason (please describe: \_\_\_\_\_)
- <sup>4</sup> I’m not sure

19. How did you get the application for the Urgent Need program?

- <sup>1</sup> Through the Minnesota Insulin Safety Net Program website (PROCEED TO 20)
- <sup>2</sup> Through my pharmacist (PROCEED TO 19A)
- <sup>3</sup> Through a patient navigator from the list provided through the Minnesota Insulin Safety Net Program (PROCEED TO 19B)
- <sup>4</sup> Through a patient navigator or community health worker I was already working with (PROCEED TO 19B)
- <sup>5</sup> Through a doctor or nurse at a clinic (PROCEED TO 20)
- <sup>6</sup> Another way (please specify: \_\_\_\_\_)
- <sup>7</sup> I’m not sure

19A. Please select how much you agree or disagree with the following statements. (PROCEED TO 20)

| <b>The pharmacist(s) I worked with was/were...</b> | Strongly agree           | Agree                    | Disagree                 | Strongly disagree        | I’m not sure             |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Helpful.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledgeable about the program.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

19B. Please select how much you agree or disagree with the following statements.

| <b>The navigator(s) I worked with was/were...</b> | Strongly agree           | Agree                    | Disagree                 | Strongly disagree        | I’m not sure             |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Easy to connect with from the list provided.      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|                                  |                          |                          |                          |                          |                          |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Helpful.                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledgeable about the program. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

20. How long did it take to receive the insulin after you signed up for the program?

- <sup>1</sup> Within an hour
- <sup>2</sup> Within 1-3 hours
- <sup>3</sup> More than 3 hours
- <sup>4</sup> I'm not sure

**FOR RESPONDENTS WHO SELECTED THE SECOND OPTION (“THE CONTINUING NEED PROGRAM”) IN Q5**

21. How did you get the application for the Continuing Need program?

- <sup>1</sup> Through my pharmacist (PROCEED TO 21A)
- <sup>2</sup> Through a patient navigator from the list of navigators provided through the program (PROCEED TO 21B)
- <sup>3</sup> Through a patient navigator or community health worker I was already working with (PROCEED TO 22)
- <sup>3</sup> Through the insulin manufacturer directly (PROCEED TO 22)
- <sup>4</sup> Another way (please specify: \_\_\_\_\_) (PROCEED TO 22)
- <sup>5</sup> I'm not sure (PROCEED TO 22)

21A. Please select how much you agree or disagree with the following statements. (PROCEED TO 22)

| <b>The pharmacist(s) I worked with was/were...</b> | Strongly agree           | Agree                    | Disagree                 | Strongly disagree        | I'm not sure             |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Helpful.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledgeable about the program.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21B. Please select how much you agree or disagree with the following statements. (PROCEED TO 22)

APPENDIX E: 2021 PHARMACIST SURVEY

| <b>The navigator(s) I worked with was/were...</b> | Strongly agree           | Agree                    | Disagree                 | Strongly disagree        | I'm not sure             |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Easy to connect with from the list provided.      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Helpful.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledgeable about the program.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22. Please select how much you agree or disagree with the following statements.

|  | Strongly agree           | Agree                    | Disagree                 | Strongly disagree        | I'm not sure             |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I was easily able to get the application forms for my insulin manufacturer's patient assistance program. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The application process for my insulin manufacturer's patient assistance program was simple.             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I was able to easily get insulin from the pharmacy using the manufacturer's patient assistance program.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23. How long did it take to receive the insulin after you signed up for the program?

- <sup>1</sup> Within one day
- <sup>2</sup> Within 1-2 days
- <sup>3</sup> Within 3-5 days
- <sup>4</sup> More than 5 days
- <sup>4</sup> I'm not sure

**FOR ALL RESPONDENTS**

24. Was your application accepted when you first signed up for the program?

- <sup>1</sup> Yes (PROCEED TO Q25)
- <sup>2</sup> No (PROCEED TO Q24A)
- <sup>3</sup> I'm not sure

24A. What reason were you given when your application was rejected?

- <sup>1</sup> My income was too high.
- <sup>2</sup> I did not reside in Minnesota.
- <sup>3</sup> My copay/monthly cost for insulin was not high enough.
- <sup>4</sup> Other (please describe: \_\_\_\_\_)
- <sup>5</sup> I'm not sure

24B. Did you submit an appeal when your application was rejected?

- <sup>1</sup> Yes (PROCEED TO Q24B1)
- <sup>2</sup> No (PROCEED TO Q25)
- <sup>3</sup> I didn't know I could (PROCEED TO Q25)
- <sup>4</sup> I'm not sure

24B1. How easy was it to submit the appeal(s)?

- <sup>1</sup> Very easy
- <sup>2</sup> Somewhat easy
- <sup>3</sup> Not very easy
- <sup>4</sup> Very hard
- <sup>5</sup> I'm not sure

25. How would you prefer to receive information about the Urgent Need or Continuing Need program(s)?

(Check all that apply)

- <sup>1</sup> I prefer to get information online myself
- <sup>2</sup> I prefer to read a brochure or other written materials
- <sup>3</sup> I prefer to have a phone number or hotline to call
- <sup>4</sup> I prefer to talk to my pharmacist or health care provider in person
- <sup>5</sup> Another way (please describe: \_\_\_\_\_)
- <sup>6</sup> I'm not sure

APPENDIX E: 2021 PHARMACIST SURVEY

26. Please select how much you agree or disagree with the following statements.

|  | Strongly agree           | Agree                    | Disagree                 | Strongly disagree        | I'm not sure             |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| It was easy to enroll in the Minnesota Insulin Safety Net Program.               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel confident that I will be able to get the insulin I need in the next year. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The program improved my peace of mind about getting insulin.                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The program helped me take better care of my diabetes.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The program improved my health.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

27. Please share any other feedback about how easy or hard it was to use the program.

28. How could the Minnesota Insulin Safety Net Program be improved?

**About You**

The next questions are intended to help better understand who uses the insulin program. The information you provide will not be connected to your name or any information that would identify you personally. You can skip any questions you do not want to answer.

29. Which of the following best describes your gender?

- <sup>1</sup> Female
- <sup>2</sup> Male
- <sup>3</sup> Gender non-conforming, genderqueer, or genderfluid
- <sup>4</sup> Another gender identity (please describe : \_\_\_\_\_)
- <sup>3</sup> I'm not sure/would prefer not to say

30. Do you identify as transgender?

- <sup>1</sup> Yes
- <sup>2</sup> No
- <sup>3</sup> I'm not sure/would prefer not to say

31. What is your age? \_\_\_\_\_

- <sup>1</sup> 0-17
- <sup>2</sup> 18-25
- <sup>3</sup> 26-34
- <sup>4</sup> 35-44
- <sup>5</sup> 45-54
- <sup>6</sup> 55-64
- <sup>7</sup> 65+
- <sup>8</sup> I'm not sure/would prefer not to say

32. What is your race or ethnicity? (Check all that apply)

- <sup>1</sup> American Indian or Alaska Native
- <sup>2</sup> Asian, including Pacific Islander
- <sup>3</sup> Black or African American
- <sup>4</sup> African born, including Oromo, Somali, Ethiopian, etc.
- <sup>5</sup> Hispanic or Latino
- <sup>6</sup> White
- <sup>7</sup> Another race or ethnic group (please specify: \_\_\_\_\_)
- <sup>8</sup> I'm not sure/would prefer not to say

33. Which category best describes your household income for the past month?

- <sup>1</sup> Less than \$200
- <sup>2</sup> \$200 to under \$500
- <sup>3</sup> \$500 to under \$1,000
- <sup>4</sup> \$1,000 to under \$1,500
- <sup>5</sup> \$1,500 to under \$2,000
- <sup>6</sup> \$2,000 to under \$2,500

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- <sup>7</sup> \$2,500 and over
- <sup>8</sup> I'm not sure/would prefer not to say

34. How many people live in your household (including yourself)?

- <sup>1</sup> 1
- <sup>2</sup> 2
- <sup>3</sup> 3
- <sup>4</sup> 4
- <sup>5</sup> 5
- <sup>6</sup> 6
- <sup>7</sup> 7 or more
- <sup>8</sup> I'm not sure/would prefer not to say

35. What is the highest grade or year of school you have completed?

- <sup>1</sup> 8th grade or less
- <sup>2</sup> Some high school
- <sup>3</sup> High school graduate or GED
- <sup>4</sup> Trade school (Vocational, Technical, or Business School)
- <sup>5</sup> Some college or Associate's degree (including Community College)
- <sup>6</sup> Bachelor's degree
- <sup>7</sup> Graduate or professional degree
- <sup>8</sup> I'm not sure/would prefer not to say

36. Which of the following best describes your current work situation?

- <sup>1</sup> Working full-time
- <sup>2</sup> Working part-time
- <sup>3</sup> Stay at home caregiver
- <sup>4</sup> Currently unemployed, but actively seeking work, or
- <sup>5</sup> Not working for pay (unable to work, retired, student)
- <sup>6</sup> I'm not sure/would prefer not to say

37. What is your zip code? \_\_\_\_\_

- <sup>1</sup> I'm not sure/would prefer not to say

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Thank you for your valuable feedback! As our way of saying thank you for your time to complete this survey, the first 500 individuals will have the option to receive one **\$20 retail gift card per participant**. Gift cards are mailed out on a monthly basis; gift cards are not delivered electronically.

It is optional to receive a gift card and entering your contact information is not required for you to complete the survey. Your contact information will not be connected to your survey responses. This information will only be used to send your gift card, and will not be used for any other purposes.



## Appendix E: 2021 Pharmacist Survey

Please take a few moments to complete this survey for the Minnesota Insulin Safety Net Program from the Minnesota Department of Health, a program launched in 2020 through the Minnesota Legislature help Minnesotans who face difficulty affording their insulin. We are interested in your perspective as a pharmacist about the reimbursement process and how the program could be improved.

This survey is optional. Your decision whether or not to complete the survey, and any answers you give, will not affect any services your pharmacy receives from the Minnesota Department of Health, reimbursement you receive from manufacturers, or your employment at the pharmacy. Your individual responses will be de-identified and sent to MDH for analysis.

1. Have you helped patients use the Minnesota Insulin Safety Net Program since it started in July of 2020?

*The Minnesota Insulin Safety Net Program allowed Minnesota residents with a copay of over \$75 per month to get low- or no-cost insulin from pharmacies, with pharmacies reimbursed by the insulin manufacturers.*

- <sup>1</sup> Yes (PROCEED TO 2)  
<sup>2</sup> No (PROCEED TO 1A)  
<sup>3</sup> I'm not sure (PROCEED TO 1A)

- 1A. Are you familiar with the MN Insulin Safety Net Program?

- <sup>1</sup> Yes (PROCEED TO 1A1)  
<sup>2</sup> No (THANK YOU FOR COMPLETING THE SURVEY.)  
<sup>3</sup> I'm not sure (THANK YOU FOR COMPLETING THE SURVEY.)

- 1A1. Have patients at your pharmacy asked about the program?

- <sup>1</sup> Yes  
<sup>2</sup> No  
<sup>3</sup> I'm not sure

- 1A2. Have you told patients about the program?

- <sup>1</sup> Yes  
<sup>2</sup> No  
<sup>3</sup> I'm not sure

THANK YOU FOR COMPLETING THE SURVEY.

2. Which manufacturer(s) have you submitted reimbursements for? Check all that apply.

- <sup>1</sup> Eli Lilly  
<sup>2</sup> Novo Nordisk  
<sup>3</sup> Sanofi  
<sup>4</sup> I'm not sure

**ADMIN: Q3 AND Q4 should be answered for each of the items selected in Q2.**

3. Please select how much you agree or disagree with the following statements about [MANUFACTURER SELECTED ABOVE].

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|   | <b>Strongly agree</b> | <b>Agree</b> | <b>Disagree</b> | <b>Strongly disagree</b> | <b>I'm not sure</b> |
|---|-----------------------|--------------|-----------------|--------------------------|---------------------|
| I receive reimbursement from the manufacturer for urgent-need insulin in a timely manner. | r                     | r            | r               | r                        | r                   |
| The process of submitting insulin product orders to this manufacturer is easy.            | r                     | r            | r               | r                        | r                   |
| I receive insulin orders from the manufacturer in a timely manner.                        | r                     | r            | r               | r                        | r                   |

4. Have you had to pay an extra fee for insulin orders through this manufacturer?

- <sup>1</sup> Yes
- <sup>2</sup> No
- <sup>3</sup> I'm not sure

5. Please select how much you agree or disagree with the following statements.

|   | <b>Strongly agree</b> | <b>Agree</b> | <b>Disagree</b> | <b>Strongly disagree</b> | <b>I'm not sure</b> |
|---|-----------------------|--------------|-----------------|--------------------------|---------------------|
| The patients I've worked with were already familiar with the Minnesota Insulin Safety Net Program before they enrolled through my pharmacy. | r                     | r            | r               | r                        | r                   |
| The Minnesota Insulin Safety Net Program has helped patients I work with better afford insulin.   | r                     | r            | r               | r                        | r                   |
| The Minnesota Insulin Safety Net Program has helped patients I work with better adhere to their diabetes treatment.                         | r                     | r            | r               | r                        | r                   |
| It is easy for patients to enroll in the program.   | r                     | r            | r               | r                        | r                   |
| Patients have needed a lot of support to sign up for the program.   | r                     | r            | r               | r                        | r                   |
| I received sufficient training/information to help patients sign up for the program and get reimbursement from manufacturers.               | r                     | r            | r               | r                        | r                   |
| It was easy for me to educate patients about the program.   | r                     | r            | r               | r                        | r                   |
| Some patients are still struggling to afford insulin, despite the existence of this program.  | r                     | r            | r               | r                        | r                   |
| I believe the Minnesota Insulin Safety Net Program should continue.   | r                     | r            | r               | r                        | r                   |

6. What can be done to make the program work as efficiently as possible for pharmacists?

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7. Please share any additional feedback you have about the Insulin Safety Net program, including its effectiveness and how it helps Minnesotans afford insulin.

8. What is the zip code of your pharmacy? \_\_\_\_\_

<sup>1</sup> I would prefer not to say

9. Which best describes the pharmacy you work for?

<sup>1</sup> An independent pharmacy

<sup>1</sup> A small local chain

<sup>2</sup> A large chain pharmacy (e.g., CVS or Walgreens)

<sup>3</sup> A pharmacy in a hospital or clinic

<sup>4</sup> Something else (please describe: \_\_\_\_\_)

<sup>5</sup> I'm not sure/would prefer not to say