

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/diabetes-discourse/cost-nonadherence-diabetes/57026/>

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### Addressing Cost-Related Medication Non-Adherence in Diabetes

#### Announcer:

This is *Diabetes Discourse* on ReachMD. On this episode, Dr. Kimberly Narain will discuss cost-related medication nonadherence among individuals with diabetes and low incomes, which she also spoke about at the 2026 American Diabetes Association Scientific Sessions. Dr. Narain is an Assistant Professor of Medicine at the David Geffen School of Medicine at UCLA, as well as the Director of Health Services and Health Optimization Research at the Iris Cantor UCLA Women's Health Center. Let's hear from her now.

#### Dr. Narain:

I want to start out with a story. I had a new patient who came to me a couple of years ago. She was establishing care. Not a significant medical history; she only had some issues with being overweight. But other than that, no real issues. We talked, and we did some baseline labs. Come to find out she had a newly diagnosed diabetes. We decided that she was going to start medication. And when I checked her labs a few months later, her hemoglobin A1C was actually going up instead of down, and I was really confused, I thought it was something that I had done wrong, and I happened to have knowledge of a pharmacist-led program in our primary care center, and I just threw my hands up and sent her to that program. And come to find out the issue wasn't anything to do with me at all. She actually had a high deductible health plan, and her medication was going to cost her \$500 per month until she actually met her deductible.

So when I got that information, it was no surprise that she didn't start the medication. It really just shifted the way that I think about this issue, even in the context of folks with private insurance coverage getting care at very prominent academic medical centers, where you'd think that would not be an issue. My particular work, which was with individuals making less than \$30,000 a year but who did have private insurance coverage, indicated that about 30% of folks were dealing with cost-related non-adherence. We're talking about one in three people, so you're going to see that several times a day, whether you realize it or not.

The difference between dying of a diabetes-related complication between someone making less than the federal poverty level and somebody making 400 percent of the federal poverty level is something like a 300 percent difference. And so when you are thinking about what is happening, it is really those medications that are lowering the hemoglobin A1C, lowering the blood pressure, and lowering the cholesterol that really what set the stage for reductions in heart disease risk, kidney disease, blindness, and amputations, and then once again, this premature diabetes-related mortality that we see, particularly among folks making low incomes.

The driving connective tissue across all my work is to think about insurance in a more holistic way. We tend to think about it in this binary: do you have it or do you not? Or, even if we're being generous, is it public versus private? Medicaid versus not? Those are the binaries that we operate in. But I think once we start to think more holistically about insurance quality, we will see that the landscape of folks who are vulnerable to these issues of cost-related non-adherence is much broader than what we would think. And thinking about that will put us in a better position to make more strategic investments with our dollars and our resources that can really help improve outcomes for everyone.

#### Announcer:

That was Dr. Kimberly Narain sharing insights on cost-related medication nonadherence in diabetes. To access this and other episodes in this series, visit *Diabetes Discourse* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!