

ECONOMIC COSTS OF DIABETES IN THE US IN 2022

ECONOMIC COSTS OF DIABETES IN THE US IN 2022: UNDERSTANDING THE FINANCIAL BURDEN

ECONOMIC COSTS OF DIABETES IN THE US IN 2022 HAVE REACHED STAGGERING LEVELS, REFLECTING NOT ONLY THE GROWING PREVALENCE OF THIS CHRONIC DISEASE BUT ALSO THE INCREASING COMPLEXITY OF MANAGING IT. DIABETES REMAINS ONE OF THE MOST SIGNIFICANT PUBLIC HEALTH CHALLENGES IN THE UNITED STATES, IMPACTING MILLIONS OF LIVES AND PLACING A HEAVY STRAIN ON THE HEALTHCARE SYSTEM AND THE ECONOMY AT LARGE. THIS ARTICLE DELVES INTO THE FINANCIAL IMPLICATIONS OF DIABETES IN THE US DURING 2022, EXPLORING DIRECT AND INDIRECT COSTS, THE FACTORS DRIVING THESE EXPENSES, AND WHY ADDRESSING THIS ECONOMIC BURDEN IS VITAL FOR BOTH INDIVIDUALS AND POLICYMAKERS.

THE SCOPE OF DIABETES IN THE UNITED STATES

BEFORE DIVING INTO THE ECONOMIC IMPACT, IT'S IMPORTANT TO GRASP THE MAGNITUDE OF DIABETES IN THE US. ACCORDING TO RECENT DATA FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), APPROXIMATELY 37.3 MILLION AMERICANS WERE LIVING WITH DIABETES IN 2022. THIS INCLUDES BOTH DIAGNOSED AND UNDIAGNOSED CASES, WITH TYPE 2 DIABETES COMPRISING THE MAJORITY. THE RISING PREVALENCE IS FUELED BY FACTORS SUCH AS OBESITY, SEDENTARY LIFESTYLES, AND AN AGING POPULATION.

WHY DIABETES COSTS SO MUCH

MANAGING DIABETES IS COMPLEX AND LIFELONG, REQUIRING FREQUENT MEDICAL VISITS, MEDICATIONS, MONITORING EQUIPMENT LIKE GLUCOSE METERS, AND OFTEN HOSPITALIZATION FOR COMPLICATIONS. THE DIRECT MEDICAL COSTS INCLUDE HOSPITAL CARE, PHYSICIAN VISITS, PRESCRIPTION DRUGS, AND DIABETES SUPPLIES. ON TOP OF THAT, THERE ARE INDIRECT COSTS SUCH AS LOST PRODUCTIVITY DUE TO ABSENTEEISM, DISABILITY, AND PREMATURE MORTALITY.

BREAKING DOWN THE ECONOMIC COSTS OF DIABETES IN THE US IN 2022

THE TOTAL ECONOMIC COSTS OF DIABETES IN THE US IN 2022 HAVE BEEN ESTIMATED TO EXCEED \$490 BILLION, A FIGURE THAT HIGHLIGHTS THE IMMENSE FINANCIAL TOLL ON THE NATION. THIS AMOUNT INCLUDES BOTH DIRECT MEDICAL COSTS AND INDIRECT COSTS RELATED TO LOST PRODUCTIVITY.

DIRECT MEDICAL COSTS

DIRECT MEDICAL EXPENSES REPRESENT THE LARGEST SHARE OF DIABETES-RELATED EXPENDITURES. THESE COSTS COVER:

- HOSPITAL INPATIENT CARE
- OUTPATIENT VISITS
- PRESCRIPTION MEDICATIONS, INCLUDING INSULIN AND NEWER GLUCOSE-LOWERING DRUGS
- MEDICAL DEVICES SUCH AS INSULIN PUMPS AND CONTINUOUS GLUCOSE MONITORS
- EMERGENCY ROOM VISITS

IN 2022, PEOPLE WITH DIAGNOSED DIABETES HAD MEDICAL EXPENDITURES APPROXIMATELY 2.3 TIMES HIGHER THAN THOSE WITHOUT DIABETES. HOSPITALIZATIONS AND COMPLICATIONS SUCH AS CARDIOVASCULAR DISEASE, KIDNEY FAILURE, AND DIABETIC FOOT ULCERS SIGNIFICANTLY CONTRIBUTE TO THESE COSTS.

INDIRECT COSTS: LOST PRODUCTIVITY AND BEYOND

INDIRECT COSTS, OFTEN OVERLOOKED BUT EQUALLY IMPACTFUL, STEM FROM:

- ABSENTEEISM: MISSED WORKDAYS DUE TO ILLNESS OR MEDICAL APPOINTMENTS
- PRESENTEEISM: REDUCED PRODUCTIVITY WHILE AT WORK DUE TO DIABETES-RELATED HEALTH ISSUES
- DISABILITY: TEMPORARY OR PERMANENT INABILITY TO WORK
- PREMATURE MORTALITY: ECONOMIC LOSSES FROM EARLY DEATH

IN 2022, INDIRECT COSTS ACCOUNTED FOR NEARLY 30% OF THE TOTAL ECONOMIC BURDEN OF DIABETES. FOR INDIVIDUALS AND EMPLOYERS, THESE LOSSES TRANSLATE INTO DECREASED EARNINGS AND REDUCED WORKFORCE EFFICIENCY.

FACTORS DRIVING THE RISING ECONOMIC COSTS

UNDERSTANDING WHAT DRIVES UP THE ECONOMIC COSTS OF DIABETES CAN HELP IN CRAFTING EFFECTIVE INTERVENTIONS.

INCREASING PREVALENCE AND AGING POPULATION

WITH MORE AMERICANS BEING DIAGNOSED EACH YEAR, THE CUMULATIVE COSTS NATURALLY RISE. ADDITIONALLY, OLDER ADULTS TEND TO HAVE MORE COMPLICATIONS, LEADING TO HIGHER HEALTHCARE UTILIZATION AND EXPENSES.

ADVANCEMENTS IN TREATMENT AND TECHNOLOGY

WHILE INNOVATIONS LIKE CONTINUOUS GLUCOSE MONITORING AND ADVANCED INSULIN FORMULATIONS IMPROVE QUALITY OF LIFE AND DISEASE MANAGEMENT, THEY ALSO COME WITH HIGHER PRICE TAGS. THESE COSTS CONTRIBUTE TO THE OVERALL RISE IN DIABETES-RELATED MEDICAL EXPENSES.

COMPLICATIONS AND COMORBIDITIES

DIABETES OFTEN COEXISTS WITH OTHER CHRONIC CONDITIONS SUCH AS HEART DISEASE, HYPERTENSION, AND KIDNEY DISEASE. TREATING THESE COMPLICATIONS REQUIRES ADDITIONAL RESOURCES, FURTHER INFLATING THE ECONOMIC BURDEN.

THE BROADER IMPACT ON HEALTHCARE SYSTEMS AND SOCIETY

THE ECONOMIC COSTS OF DIABETES EXTEND BEYOND INDIVIDUAL PATIENTS AND FAMILIES. HEALTHCARE PROVIDERS, INSURANCE COMPANIES, AND GOVERNMENT PROGRAMS LIKE MEDICARE AND MEDICAID SHOULD A SIGNIFICANT PORTION OF THE FINANCIAL

RESPONSIBILITY. RISING DIABETES COSTS CAN STRAIN THESE SYSTEMS, POTENTIALLY DIVERTING RESOURCES FROM OTHER CRITICAL AREAS.

MOREOVER, THE SOCIETAL COSTS INCLUDE DIMINISHED QUALITY OF LIFE FOR THOSE AFFECTED AND THEIR CAREGIVERS. THE EMOTIONAL AND PSYCHOLOGICAL TOLL, WHILE NOT EASILY QUANTIFIED, COMPOUNDS THE OVERALL BURDEN.

WHY PREVENTION AND MANAGEMENT MATTER ECONOMICALLY

INVESTING IN DIABETES PREVENTION AND EFFECTIVE MANAGEMENT CAN YIELD SUBSTANTIAL ECONOMIC BENEFITS. PROGRAMS FOCUSING ON LIFESTYLE CHANGES, EARLY DETECTION, AND ADHERENCE TO TREATMENT REGIMENS CAN REDUCE COMPLICATIONS AND HOSPITALIZATIONS.

- WEIGHT MANAGEMENT AND PHYSICAL ACTIVITY INITIATIVES HELP LOWER TYPE 2 DIABETES INCIDENCE.
- PATIENT EDUCATION IMPROVES MEDICATION ADHERENCE AND GLYCEMIC CONTROL.
- COMMUNITY-BASED INTERVENTIONS CAN ADDRESS SOCIAL DETERMINANTS CONTRIBUTING TO DIABETES RISK.

BY REDUCING THE INCIDENCE AND SEVERITY OF DIABETES, THESE EFFORTS CAN SLOW THE GROWTH OF ASSOCIATED HEALTHCARE COSTS AND IMPROVE WORKFORCE PRODUCTIVITY.

LOOKING AHEAD: ADDRESSING THE ECONOMIC COSTS OF DIABETES IN THE US

THE ECONOMIC COSTS OF DIABETES IN THE US IN 2022 SERVE AS A WAKE-UP CALL FOR COMPREHENSIVE POLICY ACTIONS AND HEALTHCARE REFORMS. STRATEGIES THAT COMBINE PREVENTION, EARLY DIAGNOSIS, AFFORDABLE ACCESS TO CARE, AND SUPPORT FOR SELF-MANAGEMENT ARE ESSENTIAL TO CURB THIS TREND.

COLLABORATION AMONG HEALTHCARE PROVIDERS, INSURERS, EMPLOYERS, AND POLICYMAKERS IS CRITICAL. EMPHASIZING VALUE-BASED CARE MODELS THAT FOCUS ON OUTCOMES RATHER THAN VOLUME COULD ALSO HELP CONTAIN COSTS WHILE IMPROVING PATIENT EXPERIENCES.

AS DIABETES CONTINUES TO IMPACT MILLIONS, UNDERSTANDING ITS ECONOMIC FOOTPRINT SHEDS LIGHT ON THE URGENCY TO ACT—NOT JUST FOR HEALTH BUT ALSO FOR ECONOMIC SUSTAINABILITY. THE PATH FORWARD INVOLVES BALANCING MEDICAL INNOVATION WITH COST-EFFECTIVENESS, PRIORITIZING PATIENT-CENTERED CARE, AND INVESTING IN THE SOCIAL AND BEHAVIORAL FACTORS THAT UNDERPIN DIABETES RISK.

IN THE END, TACKLING THE ECONOMIC COSTS OF DIABETES IS ABOUT MORE THAN JUST DOLLARS AND CENTS; IT'S ABOUT IMPROVING LIVES AND CREATING A HEALTHIER FUTURE FOR ALL AMERICANS.

FREQUENTLY ASKED QUESTIONS

WHAT WAS THE TOTAL ECONOMIC COST OF DIABETES IN THE US IN 2022?

IN 2022, THE TOTAL ECONOMIC COST OF DIABETES IN THE US WAS APPROXIMATELY \$490 BILLION, INCLUDING BOTH DIRECT MEDICAL COSTS AND LOST PRODUCTIVITY.

How do direct medical costs contribute to the overall economic burden of diabetes in the US?

Direct medical costs, which include hospital care, medications, and outpatient services, accounted for around \$327 billion of the total economic burden of diabetes in the US in 2022.

What portion of diabetes-related costs in 2022 was attributed to lost productivity?

Lost productivity, including absenteeism, reduced work capacity, and premature mortality, contributed about \$163 billion to the economic costs of diabetes in the US in 2022.

How has the economic cost of diabetes in the US changed compared to previous years?

The economic cost of diabetes in the US has been steadily increasing over the years, with 2022 costs showing a significant rise due to higher prevalence and increased healthcare expenses compared to prior years.

Which age groups contributed most to the economic costs of diabetes in 2022?

Adults aged 45 to 64 contributed the most to the economic costs of diabetes in 2022, reflecting higher prevalence and greater medical expenses in this age group.

How do indirect costs impact the overall economic burden of diabetes in the US?

Indirect costs, such as lost productivity and premature death, represent a substantial portion of the economic burden, highlighting the broader societal impact of diabetes beyond healthcare expenses.

What strategies are recommended to reduce the economic costs of diabetes in the US?

Strategies include improving diabetes prevention programs, enhancing early diagnosis and management, promoting healthy lifestyles, and increasing access to affordable treatment to reduce complications and associated costs.

Additional Resources

Economic Costs of Diabetes in the US in 2022: A Comprehensive Review

Economic costs of diabetes in the US in 2022 represent a critical aspect of the healthcare landscape, reflecting the profound financial burden imposed on individuals, healthcare systems, and the broader economy. As diabetes prevalence continues to rise in the United States, understanding its economic implications is essential for policymakers, healthcare providers, and stakeholders aiming to mitigate its impact. This article delves into the intricate details of the economic costs associated with diabetes in 2022, examining direct medical expenses, indirect costs, and the broader socio-economic consequences.

UNDERSTANDING THE ECONOMIC BURDEN OF DIABETES

DIABETES, A CHRONIC CONDITION CHARACTERIZED BY ELEVATED BLOOD GLUCOSE LEVELS, AFFECTS MILLIONS OF AMERICANS. IN 2022, THE FINANCIAL TOLL OF THIS DISEASE WAS STAGGERING, ENCOMPASSING EXPENDITURES ON MEDICAL CARE, LOST PRODUCTIVITY, AND PREMATURE MORTALITY. THE ECONOMIC COSTS OF DIABETES IN THE US IN 2022 ENCOMPASS BOTH DIRECT AND INDIRECT COMPONENTS, EACH CONTRIBUTING TO THE OVERALL FISCAL STRAIN.

DIRECT MEDICAL COSTS INCLUDE EXPENSES RELATED TO HOSPITALIZATIONS, OUTPATIENT CARE, MEDICATIONS, AND DIABETES-RELATED COMPLICATIONS SUCH AS CARDIOVASCULAR DISEASE, KIDNEY FAILURE, AND NEUROPATHY. INDIRECT COSTS, ON THE OTHER HAND, COVER PRODUCTIVITY LOSSES DUE TO ABSENTEEISM, PRESENTEEISM (REDUCED PRODUCTIVITY WHILE AT WORK), DISABILITY, AND EARLY DEATH. TOGETHER, THESE COSTS PAINT A COMPREHENSIVE PICTURE OF THE ECONOMIC IMPACT DIABETES IMPOSES ON THE NATION.

DIRECT MEDICAL COSTS: A MAJOR CONTRIBUTOR

IN 2022, DIRECT MEDICAL COSTS ATTRIBUTED TO DIABETES IN THE US WERE ESTIMATED TO BE IN THE HUNDREDS OF BILLIONS OF DOLLARS. ACCORDING TO RECENT DATA FROM THE AMERICAN DIABETES ASSOCIATION (ADA), APPROXIMATELY \$379 BILLION WAS SPENT ON DIABETES-RELATED HEALTHCARE, MARKING A SIGNIFICANT INCREASE COMPARED TO PREVIOUS YEARS. THIS FIGURE INCLUDES:

- HOSPITAL INPATIENT CARE
- OUTPATIENT VISITS AND EMERGENCY ROOM CARE
- PRESCRIPTION MEDICATIONS, INCLUDING INSULIN AND ORAL HYPOGLYCEMIC AGENTS
- COSTS LINKED TO MANAGING DIABETES COMPLICATIONS SUCH AS AMPUTATIONS AND DIALYSIS

HOSPITALIZATIONS RELATED TO DIABETES AND ITS COMPLICATIONS ACCOUNTED FOR THE LARGEST SHARE OF THESE COSTS. FOR INSTANCE, DIABETES IS A LEADING CAUSE OF KIDNEY FAILURE REQUIRING DIALYSIS, A COSTLY AND RESOURCE-INTENSIVE TREATMENT. MOREOVER, CARDIOVASCULAR DISEASE—A COMMON COMORBIDITY IN DIABETIC PATIENTS—FURTHER ESCALATES HEALTHCARE EXPENDITURES.

INDIRECT COSTS: PRODUCTIVITY LOSSES AND BEYOND

WHILE DIRECT MEDICAL EXPENSES ARE SUBSTANTIAL, INDIRECT COSTS RELATED TO LOST PRODUCTIVITY POSE AN EQUALLY IMPORTANT ECONOMIC CHALLENGE. DIABETES OFTEN LEADS TO ABSENTEEISM DUE TO ILLNESS OR MEDICAL APPOINTMENTS, AND PRESENTEEISM, WHERE AFFECTED INDIVIDUALS ARE LESS PRODUCTIVE WHILE ON THE JOB. ADDITIONALLY, DIABETES INCREASES THE RISK OF DISABILITY AND PREMATURE MORTALITY, BOTH OF WHICH REMOVE INDIVIDUALS FROM THE WORKFORCE.

IN 2022, THESE INDIRECT COSTS WERE ESTIMATED TO CONTRIBUTE OVER \$90 BILLION TO THE TOTAL ECONOMIC BURDEN. THIS INCLUDES:

1. WORKDAYS LOST DUE TO ILLNESS AND MEDICAL APPOINTMENTS
2. REDUCED WORK PERFORMANCE ATTRIBUTABLE TO DIABETES-RELATED COMPLICATIONS
3. DISABILITY PAYMENTS AND SOCIAL SUPPORT COSTS
4. ECONOMIC VALUE LOST DUE TO PREMATURE DEATH

THE CUMULATIVE EFFECT OF THESE FACTORS LEADS TO A SIGNIFICANT REDUCTION IN ECONOMIC PRODUCTIVITY, IMPACTING NOT ONLY INDIVIDUALS BUT ALSO EMPLOYERS AND THE NATIONAL ECONOMY.

COMPARATIVE ANALYSIS: DIABETES VS. OTHER CHRONIC CONDITIONS

TO CONTEXTUALIZE THE ECONOMIC COSTS OF DIABETES IN THE US IN 2022, IT IS USEFUL TO COMPARE DIABETES-RELATED EXPENDITURES WITH THOSE OF OTHER CHRONIC CONDITIONS. FOR EXAMPLE, HEART DISEASE, CANCER, AND CHRONIC RESPIRATORY DISEASES ALSO IMPOSE SUBSTANTIAL FINANCIAL BURDENS. HOWEVER, DIABETES STANDS OUT DUE TO ITS HIGH PREVALENCE AND THE MULTIPLICITY OF COMPLICATIONS IT ENGENDERS, OFTEN OVERLAPPING WITH THESE OTHER DISEASES.

COMPARED TO HEART DISEASE, WHICH ACCOUNTED FOR APPROXIMATELY \$363 BILLION IN HEALTHCARE COSTS IN 2022, DIABETES SLIGHTLY SURPASSES THIS FIGURE WHEN BOTH DIRECT AND INDIRECT COSTS ARE COMBINED. THIS COMPARISON UNDERSCORES THE URGENCY OF ADDRESSING DIABETES NOT JUST AS A MEDICAL ISSUE BUT AS A CRITICAL ECONOMIC CHALLENGE.

TRENDS OVER TIME

THE ECONOMIC COSTS OF DIABETES IN THE US HAVE BEEN RISING STEADILY OVER THE PAST DECADE, DRIVEN BY INCREASING PREVALENCE RATES, AGING POPULATIONS, AND ADVANCEMENTS IN MEDICAL CARE THAT, WHILE IMPROVING OUTCOMES, OFTEN COME WITH HIGHER PRICE TAGS. THE COVID-19 PANDEMIC ALSO INDIRECTLY INFLUENCED THESE COSTS BY DISRUPTING ROUTINE CARE AND POTENTIALLY EXACERBATING DIABETES-RELATED COMPLICATIONS.

FROM 2010 TO 2022, THE TOTAL ECONOMIC BURDEN OF DIABETES NEARLY DOUBLED, REFLECTING BOTH INFLATION AND REAL INCREASES IN DISEASE INCIDENCE AND SEVERITY. THIS UPWARD TRAJECTORY HIGHLIGHTS THE NEED FOR EFFECTIVE PREVENTION AND MANAGEMENT STRATEGIES TO CURB FUTURE COSTS.

FACTORS DRIVING THE ECONOMIC COSTS OF DIABETES

SEVERAL KEY FACTORS CONTRIBUTE TO THE ESCALATING ECONOMIC COSTS OF DIABETES IN THE US:

1. RISING PREVALENCE AND INCIDENCE

THE NUMBER OF AMERICANS DIAGNOSED WITH DIABETES HAS GROWN STEADILY, WITH OVER 37 MILLION PEOPLE LIVING WITH THE CONDITION IN 2022. THIS INCREASE IS FUELED BY LIFESTYLE FACTORS SUCH AS OBESITY, SEDENTARY BEHAVIOR, AND AGING DEMOGRAPHICS. HIGHER PREVALENCE NATURALLY LEADS TO GREATER AGGREGATE COSTS.

2. COMPLEXITY OF DISEASE MANAGEMENT

MANAGING DIABETES REQUIRES ONGOING MEDICAL ATTENTION, INCLUDING REGULAR MONITORING OF BLOOD GLUCOSE, MEDICATION ADHERENCE, AND MANAGEMENT OF COMORBIDITIES. ADVANCED TREATMENTS, NEWER INSULIN FORMULATIONS, AND CONTINUOUS GLUCOSE MONITORING DEVICES OFFER IMPROVED OUTCOMES BUT COME WITH HIGHER COSTS.

3. COMPLICATIONS AND COMORBIDITIES

COMPLICATIONS SUCH AS NEUROPATHY, RETINOPATHY, CARDIOVASCULAR DISEASE, AND RENAL FAILURE SIGNIFICANTLY INCREASE MEDICAL EXPENDITURES. THESE COMPLICATIONS OFTEN NECESSITATE COSTLY INTERVENTIONS LIKE SURGERIES,

DIALYSIS, OR LONG-TERM CARE.

4. SOCIOECONOMIC DISPARITIES

ECONOMIC COSTS ARE DISPROPORTIONATELY BORNE BY UNDERSERVED POPULATIONS, INCLUDING LOW-INCOME AND MINORITY GROUPS, WHO EXPERIENCE HIGHER DIABETES PREVALENCE AND POORER ACCESS TO CARE. THESE DISPARITIES EXACERBATE THE OVERALL ECONOMIC BURDEN DUE TO DELAYED DIAGNOSIS AND SUBOPTIMAL DISEASE MANAGEMENT.

POLICY IMPLICATIONS AND FUTURE DIRECTIONS

UNDERSTANDING THE ECONOMIC COSTS OF DIABETES IN THE US IN 2022 IS CRITICAL FOR SHAPING HEALTH POLICY AND RESOURCE ALLOCATION. STRATEGIES AIMED AT PREVENTION, EARLY DETECTION, AND EFFECTIVE MANAGEMENT CAN POTENTIALLY REDUCE BOTH DIRECT AND INDIRECT COSTS.

INVESTMENTS IN COMMUNITY-BASED INTERVENTIONS, LIFESTYLE MODIFICATION PROGRAMS, AND EXPANDED ACCESS TO AFFORDABLE MEDICATIONS COULD MITIGATE DISEASE PROGRESSION AND COMPLICATIONS. ADDITIONALLY, INTEGRATING TECHNOLOGY SUCH AS TELEMEDICINE AND REMOTE MONITORING MAY IMPROVE CARE EFFICIENCY AND REDUCE HOSPITALIZATIONS.

EMPLOYERS AND INSURERS ALSO PLAY A ROLE IN ADDRESSING PRODUCTIVITY LOSSES THROUGH WELLNESS PROGRAMS AND FLEXIBLE WORK ARRANGEMENTS THAT ACCOMMODATE DIABETES MANAGEMENT NEEDS.

INNOVATIONS IN COST MANAGEMENT

EMERGING TRENDS INCLUDE VALUE-BASED CARE MODELS THAT INCENTIVIZE OUTCOMES OVER VOLUME, POTENTIALLY LOWERING COSTS ASSOCIATED WITH DIABETES CARE. PHARMACEUTICAL ADVANCEMENTS, INCLUDING BIOSIMILARS AND GENERIC MEDICATIONS, MAY REDUCE MEDICATION EXPENSES.

MOREOVER, PUBLIC HEALTH CAMPAIGNS EMPHASIZING PREVENTION AND EDUCATION COULD SHIFT THE TRAJECTORY OF DIABETES-RELATED COSTS IN THE COMING YEARS.

THE ECONOMIC COSTS OF DIABETES IN THE US IN 2022 UNDERSCORE THE COMPLEXITY OF MANAGING A CHRONIC DISEASE WITH FAR-REACHING FINANCIAL IMPLICATIONS. BALANCING THE NEED FOR HIGH-QUALITY CARE WITH COST CONTAINMENT REMAINS A FORMIDABLE CHALLENGE FOR THE HEALTHCARE SYSTEM. AS DIABETES PREVALENCE CONTINUES TO RISE, SO TOO WILL THE IMPERATIVE FOR INNOVATIVE, EQUITABLE, AND COST-EFFECTIVE SOLUTIONS.

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