

My name is Carlye Gast. I am an attorney from Fargo, and I am an advocate for insulin affordability. I am testifying on behalf of myself as the mother of an 11-year-old boy with Type 1 diabetes.

Insulin is expensive. My son needs about 65 units of it a day. That's a tiny amount - a little over a tenth of a teaspoon. But it carries a sticker price of nearly \$30 for that day's coverage. \$30 for a *day*. He has two insulin prescriptions - a long-acting and a short-acting. He also has ten other prescriptions running, to cover all of the supplies so that he can safely use insulin: test strips, lancets, meters, glucagon should he go very low, ketone strips in case he is high. It's expensive.

The actuarial study provided for this bill does not really look at any one person's expense, or the expenses of all insulin diabetics in North Dakota collectively. It does not look at the impact of a 1200% increase in insulin cost over the past 20 or so years. It does not look at my son or others like him and consider them as having any value. It just looks at cost.

So let's talk about cost. Do you know what else costs a lot? No insulin. Or not enough insulin. Or improperly used insulin. The actuarial study does not appear to account for any cost savings that could come with our bill, but in fact, diabetes - thanks largely to poor control in many people - is the most expensive chronic illness in the United States. It is also the seventh leading cause of death in the United States.

Diabetes is a leading cause of a number of significant and severe diseases, including heart attack, stroke, and kidney disease. In fact, it is the leading cause of end stage kidney disease, causing nearly 40% of all cases. Dialysis has an *annual* cost of approximately \$90,000 per patient, and a transplant can cost \$400,000, plus a lifetime of anti-rejection drug costs.

Diabetes is also the leading cause of blindness. Direct and indirect costs of blindness total \$60,000 per individual.

Significantly, diabetes is also the leading cause of lower extremity amputations in North Dakota. Per the CDC, in 2014, 87% of all lower extremity amputations that occurred in our state were due to diabetes. The two-year cost of a single below knee amputation is estimated to be \$91,000, with a lifetime cost of more than a half million dollars.

The magic bullet for all of these horrible figures? Insulin! Basic supplies for the safe use of insulin! In the end, providing affordable insulin and supplies to patients could save employers, insurers, and the government a tremendous amount of money by avoiding complications, lost productivity, disability payments, and the like. This bill could be a win-win.

But also, it's just the right thing to do. At the Human Services Committee meeting, several of those testifying as either "opposed" or "neutral" to this bill said something along the lines of "We are sorry your children have this disease, but we don't think everyone else should have to pay for it." But what we are asking is not a novel concept. The government ensures that people are

able to get many preventative treatments through their insurance free of charge: vaccines, mammograms, screening colonoscopies, even HIV preventative medications and birth control. Insulin is similar to these, because it is the ultimate preventative medication, warding off all the complications I just discussed.

We are also comfortable as a society with having government and private businesses pay for things like wheelchair ramps, automatic doors, elevators, braille signs, audible crosswalk signals, and special hearing-impaired telephone services. We *should* be providing these accommodations. These are appropriate and allow people with disabilities to live *better* lives.

Today, I am asking for affordable insulin and basic supplies through SB 2183 so that insulin-dependent people can *live* lives. Period. The struggle is real, and it is ongoing. Sleepless nights, unpredictable impacts of activity, emotions, weather, and illness, are all part of this disease. Insulin and supplies should not be a burden to obtain. This population is burdened enough.