

Ms. Chairperson and members of the Senate Human Services committee, my name is Angela Kritzberger and I am from Hillsboro. I am a mother to Nina, who, at the age of 7, nearly 5 years ago, was diagnosed with Type 1 Diabetes. I would like to speak to you regarding the importance of supporting HB1288 which provides coverage for Continuous Glucose Monitors and why they should be a standard of care for all insulin dependent diabetics regardless of their age.

When a child/person is first diagnosed with T1D, you are sent home with a prescription for insulin and basic diabetes supplies as well as a protocol for care. You learn how to give multiple daily injections of insulin, which is always done after you have confirmed what the current Blood Glucose is by a finger stick and a drop of blood which is placed on a test strip and placed into a Glucose Meter. Many do not know, but when a person is first diagnosed with T1D, no one can know for certain if the pancreas has been completely depleted of its insulin production because Type 1 is an auto-immune disease where the body attacks the insulin producing beta cells. They call this the "honeymoon" period. It is far from anything that the word would imply and eventually the body will become entirely dependent on a person's very closely monitored prediction of what their insulin needs truly are while and after the cells in the pancreas have become unable to produce it.

We are fortunate to have our private insurance plan cover a CGM (after we have met our deductible and pay co-insurance), but not until **after** we had proved that Nina had reached deadly levels of low blood sugars, or hypoglycemia, which can lead to unconsciousness or even death. I slept close to Nina and did finger sticks 24 hours a day, every two to three hours for 60 straight days. If you are wondering why a person would do this – children and many adults are hypoglycemic unaware – which means that while Nina sleeps and her blood sugars drop dangerously low, she does not have a physical reaction that would cause her body to wake up. I remember one such instance early on in our journey where Nina lay limp on the floor, her eyes barely open with a blood glucose in the 20s, feeding her juice to bring up her BG and her whispering "let me go mom I can't do this anymore." Remember – she was only 7 years old at this time and is something that is etched in my memory. On the other end of the spectrum is hyperglycemia, or high blood glucose levels, which can lead to diabetic ketoacidosis (DKA) which can be fatal and typically requires medical intervention. There was an instance where we ordered a meal with a diet soda for Nina only to realize after she had been drinking it that the server had made a grave error and had given her a regular soda. Drinking a regular soda which contains over 50 grams of sugar uncovered, or without dosing for insulin, could cause her blood glucose to raise to dangerous levels over 500. It often feels like you are balancing between life and death and for many who do not have access to a CGM to monitor current BG levels more closely -it is just that. A CGM provides access to real-time blood sugars without the need to stick your finger and draw a drop of blood. To give you an idea of what Nina's insulin needs are for a young, growing, maturing female, she can only eat a piece of cheese or a hand full of nuts without the need to check her blood sugar and cover the carbs with insulin.

I have been told that our neighboring states (Montana, South Dakota, Minnesota) all provide CGM's to diabetics who have been diagnosed with needing short acting insulin. I have also been told that there are some 35 other states who also offer this benefit to newly diagnosed insulin dependent diabetics. North Dakota needs to join this effort in providing CGMs.

Think of the infrastructure that is offered to a person who was born blind: signs that are in braille, vertical clearances, right of ways, recessed objects, sound activated crosswalks, assistive technologies. Shouldn't the same standard of care be applied to someone who cannot "see" their blood glucose with the parallel possibility of death or loss of life?

I would like to take a moment to tell you how important a CGM is to my family. We do not have a nurse at our school. You would be shocked to know how very little support a diabetic child receives when you truly understand how very complicated this disease is. Nina is the only student fighting this invisible disease in our school grades K-12. Because of the CGM and utilizing it to its fullest potential through software integration, we are able to build a remote support system that can follow her blood glucose levels. Parameters can be set so that if her blood sugar drops below a certain number, it will alarm. Parameters can be set so that if her blood sugar rises above a certain number, it will alarm. Her care plan allows her to have a cell phone so that we can communicate with one another how to assess a situation so that she can continue learning in a continuous and undisturbed environment, as well as remaining active in physical activities and sports.

In conclusion, I would like to offer you one final example of why I feel so passionately about access to a CGM with HB1288. Prior to my uncles passing at the young of 59, I was hopeful that he would have had access to a CGM. He did not have health insurance and lived a delicate balance of maintaining a job while trying to maintain his health. His body had suffered for years with inconsistent blood glucose levels which lead to severe neuropathy of his hands, feet and internal organs. He was a happy soul who never wanted to burden others with his health issues. Sadly, he slipped into a diabetic a coma and suffered a massive heart attack to which he was not able to fully recover from. There are so many people fighting this disease every day. A CGM should be the new standard of care for all diabetics who are insulin dependent.

Thank you for your time. I look forward to answering any questions that you might have.