

Testimony on SB 2183

Senate Human Services Committee

Senator Dick Dever

January 19, 2021

Madam Chair, members of the committee, I am Dick Dever, Senator from District 32 here in Bismarck. We bring to you this morning a bill with passion – passion because of the tremendous impact it has on those who are affected by it.

SB 2183, in its simplest terms, places a cap on the monthly co-pay for insulin and “medical supplies for insulin dosing and administration”. It also provides that coverage may not be changed by formulary. I’ll speak to that again.

This bill does not come to us from a national organization. It does not come to us from a lobbyist. This bill comes to us from mothers of children with Type 1 Diabetes. They are passionate. They are well informed. They are driven by their love and concern for their children. Their testimony is far more important than anything I can say.

I don’t like insurance mandates. This one is different. The cost of insulin is far higher than is justified. I feel like large pharmacy manufacturers are taking advantage of the fact that their consumers have no choice. This issue for many people is literally a matter of life and death.

As the bill was in the Employee Benefits Committee, Senator Anderson made the point that when the consumer is no longer the payer, they are more likely to demand the higher, more expensive product. He makes a valid point, but the flip side of that argument is that when the insurance company becomes the payer, they are similarly inclined to restrict the product to the lowest price. The goal should be the most effective medication as determined by the health care provider and the patient.

I have a daughter-in-law who is a school nurse in an elementary school here in Bismarck. I understand that the Bismarck School District provides a nurse in each elementary school and one for the three middle schools and one for the three high schools. She tells me that the average elementary school has one or two students with Type 1 diabetes, that they need assistance in managing their disease, and that high schoolers are better able to manage their own disease. She is very good at what she does.

The fiscal note shows a significant cost to the PERS Health plan. Several sessions ago, we considered another program that had a significant cost. We adopted a program patterned after what was known then as the Asheville Project. It provides a payment to pharmacists to who counsel and help patients manage their diabetes. In the reports that I have seen, that cost if far outweighed by the saving that have generated by the positive outcomes since.

I am happy to respond to any questions, but the greater testimony on this bill will come from those who follow.