

In regard to SB 2183 - insulin copay capping

Hello!

Our son, Caffrey, was diagnosed with Type 1 Diabetes (T1D) 2 years ago at age 6. We were given brief hospital training and told to wake up at 2 a.m. every night to check his blood glucose to keep him alive. The very medicine we gave him could keep him in range or kill him. It is extremely important for T1D to keep their blood glucose in range to prevent long-term health problems. In children, this dosing can change weekly based on hormonal changes, growth, activity, and other things. We are constantly in contact with our doctor to make sure his blood glucose stays in range.

The cost of insulin is prohibitive in itself. It is not just a financial cost. The Type 1 diabetics and their loved ones face emotional cost, loss of sleep, and 24/7 stress of managing the disease. In addition to all of these costs, now add an expensive, FOR LIFE, medication that is life or death. There is technology to make the extreme stress of this disease a little more manageable but that adds even more financial cost. The cost of insulin itself is the burden we are addressing.

Everyone faces a co-pay or deductible. Our son's insulin for the month of January is 513.07 (and this is when he is 8 and his insulin needs are relatively small - see attached pharmacy receipt photo). His test strips that he also must have to check his blood glucose levels cost \$210.01. (Also on attached photo of pharmacy receipt) No matter what your income, paying the approximate \$700 per month until the deductible is met can be a financial hardship for many. This is for life. Many meds you can skip for a period of time without dying. Insulin is necessary all day every for life. Please consider this diabetes supply copay cap.

Thank you for your time and attention.

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