SB2140

House Human Services Committee Representative Weiss Chair

Chairman Weiss and Members of the Committee,

My name is Donene Feist and I am the Director for Family Voices of North Dakota. Our work as you know, includes working with families who have children and youth with disabilities and chronic health conditions.

We stand today in support of SB2140. We hear from families on a regular basis, medical treatment for insulin dependent diabetics skyrocketing in price making it most difficult and often inaccessible with the best of health insurance for many across North Dakota and the country.

It is the one medication with a 100% success rate in managing their chronic illness. Families have little to no choice. For some it may mean putting milk on the table to feed the family or pay for medication. Their children and youth simply cannot go without.

Since 1990 the cost of insulin has risen 1200%. This is not a choice for families. Many families have more than one child/youth who have a diabetes diagnosis. Children with diabetes visited the emergency room 2.5 times more often than children without it. Acute inpatient services were used nearly five times more often.

We continue to support the original proposal of making a monthly co-payment cap of \$25 for insulin and an additional \$25 co-payment cap for diabetes supplies for the patients who utilize insulin for their diabetes management.

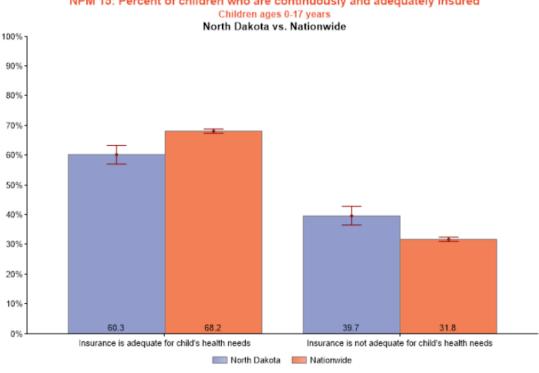
While the federal government as you know passed legislation, it only addressed those on Medicare. Addressing this immediate need or the supply chain itself will address ensure affordability and accessibility for all North Dakotans. My fear for families is what happens, if they become unable to pay for this life sustaining medication. I cannot bear the thought.

Additionally, since this was heard last session, I have been diagnosed with diabetes myself and understand fully the cost that this disease incurs.

I would also like this committee to consider going back to the original proposal to make this happen for all North Dakota citizens, not just those on the PERS plan. I am grateful for Eli Lilly for making price cuts, meanwhile other companies are dragging their feet. This bill is one that literally could save a life.

Additionally, I would like to point out some data for North Dakota. Included is a table of how ND compares to the rest of the nation in having adequate insurance coverage for our children. Nearly 40% of children have coverage that does not meet their needs.

I share this because I feel it is important to begin to address the gaps that continue and request that we collectively address why this gaps are happening, what we will do to address them to improve the health needs of ND children.

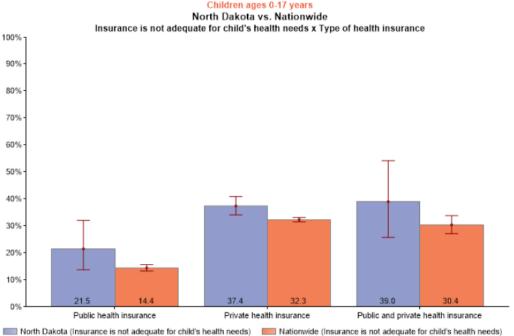


NPM 15: Percent of children who are continuously and adequately insured

Data Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. https://mchb.hrsa.gov/data/national-surveys

Citation: Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent H supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [mm/dd/yy] from [www.childhealthdata.org].

DATA ALERT: Children who are covered only by the Indian Health Service or a health care sharing ministry are considered as "currently uninsured".



NPM 15: Percent of children who are continuously and adequately insured
Children ages 0-17 years

Data Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. https://mchb.hrsa.gov/data/national-surveys

Citation: Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [mm/dd/yy] from [www.childhealthdata.org].

Please pass SB2140, let's protect not just our children and youth with diabetes but all who are affected by this disease.

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