

Written Testimony of Christina Dahl, NP-C, BC-ADM  
Parent of a child with Type 1 Diabetes and Nurse Practitioner for Persons with Diabetes  
In support of Bill SB 2183  
January 18, 2021

Chair Judy Lee and members of the Senate Human Services Committee, thank you for the opportunity to discuss issues related to pricing, affordability, and patient access to insulin and supplies in the state of North Dakota.

My name is Christina Dahl, I am a parent of a child with Type 1 diabetes and a Nurse Practitioner, Board Certified in Advanced Diabetes Management providing medical care and education to patients living with diabetes in Fargo, ND. I am writing to ask for your support of SB 2183, which will cap out-of-pocket costs for insulin and necessary diabetes supplies.

My child Sarah, being diagnosed with Type 1 Diabetes, is dependent on insulin to survive. Sarah was diagnosed with Type 1 diabetes when she was 18 months old and is now 20 years old. Together, we have been able to successfully manage her diabetes and avoid complications to this point. We are very fortunate that her medications and supplies are affordable with insurance. However, I have serious concerns about Sarah no longer being covered by our current insurance carrier once she reaches the age of 23 and potentially not being able to afford life sustaining insulin or supplies.

Personally, we are not insured with a North Dakota based insurance company, so we will not experience immediate relief if SB 2183 passes. Even so, I am asking you to pass the legislation for other reasons, including helping advance the movement toward affordable insulin across the nation and helping others in the diabetic community including those I serve as patients in my medical practice.

The out-of-pocket cost of insulin and supplies needed to successfully manage diabetes is a significant problem nationwide and in North Dakota, and it must be addressed. In my medical practice I see first-hand the hardships and difficult decisions that patients are forced to make regarding cost of medications and supplies needed to successfully manage their disease. It is truly heartbreaking and frustrating because I am aware of the potential outcomes of poorly managed blood glucose levels, the significant impact on quality of life these complications can have, and the associated healthcare costs.

In an attempt to illustrate the enormity of this problem, I have outlined some important statistics that include estimates of diabetes and its burden in the United states. The information to follow was obtained from The National Diabetes Statistics Report 2020, Diabetes in North Dakota 2018, and Beyond Type 1: Type 1 Diabetes Statistics.

- There are an estimated 34.2 million people of all ages or 10.5% of the US population with diabetes.

- Approximately 1.6 million people are diagnosed with Type 1 diabetes requiring insulin.
- Roughly 21% (6.9 million) of people with Type 2 diabetes require insulin.
- The incidence of Type 1 diabetes has increased significantly from 2001-2015 by 21% with an estimated 40,000 new diagnoses per year.
- Total direct and indirect estimated costs of diagnosed diabetes in the United States in 2017 was \$327 billion. Estimated direct cost was \$237 billion and indirect cost was \$90 billion.
  - Medical care for people with diabetes accounts for one in four health care dollars spent in the U.S., and more than half of that expenditure is directly attributable to diabetes.
  - Individual medical expenses for persons with diabetes are approximately 2.3 times higher than those without.
  - Medications constitute the largest portion (43%) of excess cost associated the total direct medical burden:
    - \$15 billion for insulin (\*\*The average price of insulin nearly tripled between 2002 and 2013 with no substantial changes to the product)
- Persons with diagnosed diabetes are at a significantly elevated risk of complications and death compared with those without diabetes.
  - Proper management of blood glucose levels reduces the risk of complications. Each 1 percent reduction in hemoglobin A1c (improved glucose control) was associated with:
    - a 37 percent decrease in the risk for microvascular complications and
    - a 21 percent decrease in the risk of any end point or death related to diabetes.
  - Diabetes is a leading cause of blindness, kidney failure, heart attacks, stroke, and lower limb amputation.
  - Diabetes was the seventh leading cause of death in the United States in 2017 based on the 83,564 death certificates in which diabetes was listed as the underlying cause of death and was mentioned as a cause of death in a total of 270,702 certificates.
- In 2016 alone there were an estimated 448,000 emergency department visits related to hyperglycemic crisis (high blood sugar). Of these visits 85.6% of patients were hospitalized with the average cost of admission being \$26,500.

- Preliminary data from T1International access and supply survey showed that 1 in 4 US respondents have rationed insulin due to cost.

The bottom line is, when necessary insulin and diabetes related supplies are readily accessible, affordable, and used properly; costly complications that drive these figures can be prevented.

The out-of-pocket cost of insulin and supplies needed to manage diabetes is a significant problem in North Dakota. Approval and implementation of this bill will have a direct impact on quality of life for those living with diabetes and significantly reduce overall healthcare costs for years to come. Many other states have passed regulation that increases insulin availability or decreased its cost. It is time for North Dakota to do the same.

Thank you kindly for the opportunity to share testimony regarding this issue. Your time and attention to this matter is greatly appreciated.