



North Dakota House of Representatives

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COMMITTEES:
Human Services
Government and Veterans Affairs

March 5, 2023

Chairman Weisz and members of the Human Services Committee,

I am Carrie McLeod, Representative from District 45 in Cass County. I was asked to cosponsor this bill because of my experience working with patients who have diabetes and because I am a certified diabetes education specialist and private practice provider.

It is my honor to introduce this bill on behalf of the 9.2% of our North Dakota population that live with diabetes. SB 2140 provides for a cap on the cost of insulin and supplies. Insulin is a very old drug that was founded over 100 years ago. The Research and Development that is usually attached to the cost of a drug should have run its course long before any of us were born. The American Diabetes Association has provided the actual cost of a vial of insulin ranging from \$2.28 to \$6.16 to produce. However, patients that purchase insulin have cited an out-of-pocket cost of \$87-120 per vial after insurance was filed. The cost to patients has gone up steadily over the last few years even though the cost to produce the product is minimal. Placing a \$25 cap on insulin and supplies will still result in a profit to producers and suppliers. Patients with Type 1 diabetes require insulin to live. This is an auto-immune disease where the healthy insulin producing cells are destroyed through no fault of the patient. This disease did not come about through lifestyle or choices that a patient makes. Once the body can no longer make its own insulin the patient must take insulin throughout the day, or risk coma and ultimately an untimely death.

Insulin is necessary for life. Most of you on this committee have a healthy pancreas that produces insulin in the amount that your body requires. The body regulates this process and you do not need to calculate how much to take to keep your glucose levels in a healthy range.

Patients with diabetes need to carefully adjust and allow for insulin continuously throughout the day. There are more frequent provider visits and lab work in addition to supplies and insulin. This care can cost many thousands of dollars annually. It is a complex and costly disease.

Many patients cannot afford insulin which results in rationing a less than prescribed amount. It is thought that 1 in 5 patients ration their insulin at lower levels than the body requires because they cannot afford the high cost of insulin. The outcome of rationing can result in complications including hyperglycemia (high glucose levels), leading to pancreatitis, heart disease, loss of eyesight, kidney disease, neuropathy that can lead to amputations, sexual dysfunction, infections, problem pregnancies, a compromised immune system and other life threatening problems. High glucose levels can also cause a patient to act confused and irritable. These complications and symptoms are only part of the problems that can result from inadequate insulin amounts. The cost to treat these complications can be quite large and accumulative over time. Ultimately coma and death can be a part of the pathway when a patient is not getting the adequate amounts of insulin that their body desires.

Because patients with this disease require insulin to live, we are asking for your support of SB2140. There are only 3 companies that produce, and market insulin and they have created a monopoly. This is not a free market issue. You may have heard recently that Eli Lilly will be placing a cap on their insulin. That is good news, and they are a great company, however Eli Lilly is not the company that many formularies use, and not all insulins will be capped. The American Diabetes Association reports that only 3 in 10 patients use Eli Lilly insulin. Our own PERS program uses another company in the formulary. If this \$25 cap goes into place there will still be a good profit margin.

Typically thought to be a childhood disease, we now know that Type 1 Diabetes can be contracted during adulthood as was the case for me during my early 30s. At that time, a vial of insulin was less than \$20 to purchase out of pocket. It is hard to imagine the price increasing so much when insulin is an old drug with the cost of development running its course nearly a century ago.

SB2140 provides for a 2-year study with the ND PERS plan. Please vote yes to this life-giving bill.

Thank you.