Madam Chairperson and members of the Human Service committee, my name is Angela Kritzberger and I am from Hillsboro. I am here today to ask for your support and thoughtful consideration of SB2140 which provides a cap on insulin and basic diabetes supplies that are the minimum necessary requirements for sustaining life to those diagnosed as being insulin dependent.

On June 14th, 2016 our youngest daughter, age 7, was placed on life support. We received a rare house call from our local physician who came to offer their diagnosis and condolences after witnessing for several weeks what the cause of her symptoms were. We quickly learned that she would no longer live the carefree life of a healthy young child, and that her livelihood would rest solely on those that provided care to and for her. The diagnosis: Type 1 diabetes – an auto-immune disease that killed the healthy beta cells in her pancreas that produced the hormone known as insulin. Soon after, we would also come to learn what the cost was associated to keeping her alive. Not only the rising cost of insulin that has become a talking point across America, but the many medical and auxiliary supplies needed for her to sustain a healthy life.

I stand before you today as a concerned parent whose child will one day age off her parents self-employed, self-funded, high deductible health insurance plan. One day soon, she will have to ask herself if she can afford insulin and diabetes supplies on her own. I am also here today to be the voice for the many who are living with this costly life-long disease which can lead to complications; or worse, those who have already died because they could not afford to pay the price for their life. I have experienced caring for a daughter who lives with this disease; as well as experienced the loss of life to an uncle who could not effectively manage or afford the disease.

Affordable access to necessary life-saving medicines and supplies should be the minimum standard of care. In 2021, I offered my support to similar legislation. At that time, several states had passed legislation. Since then, 12 more states have taken action and passed legislation. As you will see from testimony offered from the American Diabetes Association, there are now 23 states that have put controls in place to help insulin dependent individuals access life sustaining supplies. I do not want to be standing here today asking for a bill to be named in memory of a loved one or close friend like our neighbors to the east in Minnesota who passed the Alec Smith Insulin Affordability Act in 2020. As a result of that legislative body being bold in their work, 465 lives were saved in 2021 because of that legislation providing access to affordable insulin.

In June of 2022, the Interim Health Care committee was presented a Diabetes Report for North Dakota in pursuant to ND Century Code (N.D.C.C.) 23-01-40. In this report, the first recommendation was for investing in/and or implementing was as follows: “Institute minimum health insurance policy coverage requirements for diabetes treatment and services. North Dakota is one of only four states that do not have a mandate or insurance requirement related to diabetes care. Because of this, prevention, management and medication coverage vary greatly, and places added burden on North Dakotans living with diabetes”. There have been numerous reports providing an overview of diabetes in the United States, associated complications to the disease as well as the costs associated with diabetes and actionable items for consideration. We know what the costs are associated to diabetes, but can we put a price on life?

I hope North Dakota is willing to come to the table as many other states have for meaningful and policy making discussions. I am asking you today – what is it that you choose for my daughter and for thousands of North Dakotans who have been forced to pay the price of a disease they did not choose? If not me, then who? If not them, than you.

Thank you for your time.

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