

To whom it may concern,

My name is Lacie Maresh. I am a wife, mother, resident of North Dakota, and a RN who has worked at Sanford Hospital in Fargo my entire 23 year career. I am writing in support of bill HB 1114.

My top reason for writing in regard to bill HB 1114 is my son, Wyatt, who was diagnosed with Type 1 Diabetes on February 17, 2020. He was just 7 years old. He is now 12, and almost 5 years into his diagnoses. I have witnessed him having to grow up and care about his health much faster than any of his peers. He is responsible and knowledgeable beyond his years. He (and our family) must deal with blood sugar numbers, counting carbohydrates, taking insulin via shot or insulin pump, poking his finger or using a continuous glucose monitor (CGM) to get blood sugar readings, adjusting diet and exercise, and adjusting his daily life to protect his health. Diabetes is a 24-hour, 7 day per week disease. It does not sleep, so even during the night we are dealing with either high or low blood sugars. Wyatt, and others like him CAN NOT LIVE WITHOUT INSULIN and the supplies to safely monitor his blood sugar numbers. Our family has concern each month regarding the cost of not only insulin, but the supplies that go along with keeping Wyatt healthy, including supplies like lancets to poke his finger, test strips to go into a meter to give a blood sugar reading, the meter to give the blood sugar reading, glucagon (emergency treatment for an extremely low blood sugar), needles and syringes, an insulin pump, insulin pump supplies, his CGM, supplies to help his insulin pump and CGM sites adhere well to his body, and supplies to protect his CGM when he is swimming and playing sports so that it does not get accidentally pulled off. The cost of keeping Wyatt alive and as healthy as he can be is high. We are fortunate to have adequate insurance coverage, and our out-of-pocket cost can still be extremely high some months. We also have the concern, as Wyatt ages, of what insurance/benefit coverage he will have as an adult.

I have been a RN for 23 years. During my career I have cared for numerous people who have been admitted to the hospital due to lack of ability to afford insulin. I have had patients who are rationing insulin every month and end up hospitalized due to illness from that. I have had patients who die, because they are rationing their insulin and go into deadly Diabetic Ketoacidosis (DKA). The cost of hospitalization is much higher for insurance companies and individuals than providing an affordable way for all North Dakotans to access affordable insulin with a copay cap. Furthermore, the cost of paying for the many complications that come with rationing insulin and therefore poor blood sugar control (vision loss, kidney failure and dialysis, high blood pressure, heart disease, neuropathy, amputation) will cost insurance companies much more than providing affordable insulin.

The cost of insulin was not always so astronomical. At this point companies are charging upward of \$300/vial of insulin, the cost to produce that insulin is less than \$10. It was not always this way. When Dr Frederick Banting invented insulin just over 100 years ago he sold the patent for only \$1, stating that insulin was “not for me, but for the world”.

Everyone in North Dakota who has insulin dependent diabetes should have access to a [lifesaving](#) requirement, at a cost that they can afford each month, without having to ration or go without. I urge you to pass bill HB 1114 and cap the monthly cost of insulin and the supplies that are required to safely give insulin and monitor blood sugars at \$25.

Thank you for your consideration,

Lacie Maresh