

Mister Chairperson and members of the House Government and Affairs Committee, my name is Angela Kritzberger from Hillsboro. I am asking you for your support and thoughtful consideration of HB1114. In the last several legislative sessions, I have worked alongside diabetes advocates and legislators to address the need for access to affordable insulin and diabetes supplies for over 50,000 North Dakotans whose lives depend on it and over a million Americans who are faced with rationing their insulin.

Our 16-year-old daughter Nina, who is with me today, was diagnosed with Type 1 Diabetes at the young age of 7. She has lived with this chronic, life threatening disease for over half of her young life. I am proud of the hard work that she does to maintain healthy blood sugars. It is not an easy task for anyone let alone a young child to make life and death decisions each day to manage this disease. Asking herself whether she can afford insulin when she ages off our insurance should not be one of them.

When I first started advocating for affordable insulin a number of years ago, we were paying over \$1,000 for each refill at the pharmacy just for insulin. We calculated that for every \$1 of food she ate based on her insulin needs, we were paying \$1 in insulin, so her \$10 meal at Subway actually cost us \$20. We are a self-employed farm family that pays 100% of all medical expenses. Our high deductible policy, and I would also say that it feels like a high premium policy, lies within the private commercial market sector that is regulated by the Department of Insurance in North Dakota. A few years after our advocacy work started in North Dakota, our carrier implemented a \$5 co-pay for some of their preventative drugs for the top chronic diseases which included insulin therapy. As a consumer, I cannot say that it was implemented on all of the plans that the carrier offered – I only know that our family was opting for the highest level of coverage and had heard from others that they did not have the same benefit. While we now pay \$5 for insulin, the \$5,200 deductible we must meet has now shifted to buying pump and glucose monitoring supplies before we pay 10% co-insurance on those supplies.

When we first started advocating for an insulin cap, 20 states had implemented some form of price cap. Today, 24 states and the District of Columbia have implemented caps, including SB2140 which was limited to NDPERS plan members in 2023 when it passed. While there is some movement by manufacturers to reduce costs and some markets like Medicare have a \$35 cap, our work isn't finished until everyone has access to affordable insulin no matter how or where they get it from. In a free and fair marketplace, we would have the cost of our prescriptions available to us so that we can make the best educated decision for our families. Instead, we often find out after our first trip to the pharmacy in the new year after our coverage has taken effect what our actual cost will be for filling our prescriptions and supplies.

Nina has been using insulin pump therapy for eight years. Prior to using a pump, we would have to fingerstick 10-14 times a day as well as give her multiple daily injections of long-acting insulin and short acting insulin for food and correcting high blood glucose levels. I'm proud to have been part of a global DIY movement that donated data to the TidePool Foundation after building a closed loop system for her insulin delivery during COVID-19. It was the first time in years we slept through the night because of the system's ability to predict elevated or dropping blood sugars and automatically respond with its built-in algorithm. Tidepool Loop is the first fully interoperable automated insulin dosing app, cleared by the FDA in January of 2024, that originated as a patient-led initiative.

Advocacy drives progress. Innovation drives progress.

You have the power to keep this progress moving forward. Lives depend on it.

Thank you for your time.

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