

Testimony on SB2401, Joint Policy Committee. Special Session 1/21/2026

Good Morning, I am writing in support of adding continuing education in diet and metabolism.

The report on Diabetes presented to the Legislature claims 90% of health care spending is on metabolic conditions, not surprising since close to 90% of adults show at least one sign of metabolic syndrome, and under current treatment, typically conditions are chronic and progressive. The five indicators are visceral obesity, hypertension, insulin resistance, high triglycerides, and low HDL cholesterol.

If we look at insulin resistance, that is the body producing more than the normal amount of insulin in order to keep blood sugar under control, many conditions are either directly caused or strongly linked. This includes type 2 diabetes when blood sugar is no longer controlled, neurological disorders like neuropathy, but also mental health disorders, fatty liver, high blood pressure, weight gain, polycystic ovarian syndrome, kidney disease, stroke, cardiovascular disease, and some cancers to name a few.

If we look at type 2 diabetes, less than 1% following American Diabetes Association guidelines have put their diabetes into remission, blood sugars below diabetic levels without drugs for a period of time.

I went through this myself. I was diagnosed the last day of January, 690 blood sugar, HbA1c of 14.5, as high as their tester would go. Spent several days in the hospital on what seemed to be the never ending pasta bowl. Still had blood sugars over 300. Told I had a chronic progressive disease, told not to eat saturated fat or salt, and plenty of carbs to counteract the 80 units of insulin I was on. No carbs and the insulin would likely kill me.

I went home, saw Dr. Sarah Hallberg's Ted Talk.  
<https://www.youtube.com/watch?v=dalvvigy5tQ&t=9s>

Started following her and ran into the Low Carb Down Under group of videos. They were rather unusual because they gave scientific references. Was sure interesting to hear of people cancelling knee replacements, controlling their sleep apnea, losing weight, and my focus, remission of diabetes. Controlling carbohydrates and fasting were the most effective treatments.

Only took three days to know what to do, and with the help of my continuous glucose monitor I started to taper carbs and insulin with the goal of blood sugar below 110. By the time I met the Endocrinologist a week after leaving the hospital, my blood sugars were below 100. I tapered such that by the end of February, I was using no insulin and having normal, nondiabetic blood sugars. At six weeks I gave myself a glucose challenge and according to that I wasn't even prediabetic.

Almost right from the start I was coming off of drugs. I had puffy ankles for a long time. About a week into the taper I had ankles, a few days later I had to stop the diuretic. My knees hurt less without Celebrex than before with Celebrex. My lungs improved. And that brings up an

important point, insulin resistance is a state of inflammation. Inflammation is associated with all kinds of health problems.

Some people assume a ketogenic diet is bad for heart health. I have had two coronary arterial calcification scans 4 ½ years apart and plaque is low and more importantly, not progressing. Diabetics die from heart disease at an amazing rate.

But enough about me, I just show it is possible to do it, in a short time, starting from no knowledge. It is sad that many doctors have never seen a patient of theirs go into remission but that is becoming more rare because people aren't all waiting for doctors to catch up anymore.

I would also note that managing diabetes through diet is not only the most effective control, but costs a lot less, this just from the drugs not directly used for treatment of the diabetes. There are many other gains in health and productivity.

I tried to get this studied by the legislature when I was a Representative but it was rejected in the Senate. Not doing this has cost the PERS plan millions and the people of ND much more. I realize not every person would do it, but currently, they aren't even offered the option.

I would point to Dr. David Unwin in the UK. His medical practice went from one of the most expensive to one of the lowest cost when he offered a keto diet option to patients with about 70% choosing the diet, and diabetic drugs are cheap in the UK compared to here. He has published results about half of his patients which get 10 minute appointment once in awhile and he doesn't get to pick them have their diabetes in remission. Isn't that something standard care in US less than 1% while a general practitioner gets 50% and of course the other improve as well, just not reach remission. And kidney disease in his patients improves.

<https://pubmed.ncbi.nlm.nih.gov/34468402/>

I would also point to Virta Health who also use a ketogenic diet to treat diabetes. They are so confident their fees are at risk if clients do not see positive results. They have shown they are more effective than standard care at lower cost. And their most recent annual report with results currently in publication in scientific journals that in addition to improving blood sugar control, they reduced heart attacks, strokes, and deaths but over 50% in their patients with diabetes. No drug offers that.

<https://www.virtahealth.com/reversal-report>

Once tapered, I basically followed what is referred to as the page 4 diet because it fit on page 4 of the handout of the Duke University no sugar no starch diet. Dr. Eric Westman at Duke has used it for many years for successful weight loss along with diabetes. He wrote a book, "End your Carb Confusion" that goes into more depth and tells you how to find your carbohydrate tolerance long term.

<https://sites.duke.edu/dukeoutpatientclinic/files/2024/01/No-Sugar-No-Starch-Eating-Plan-Handout-DLWMC-2022-04-04.pdf>

This is but one example. One thing that has caused me a lot of sadness is I don't know a medical

doctor I can refer diabetics to for help with remission in North Dakota. They aren't trained to do it. I had signs of elevated insulin for years, skin tags, and acanthosis nigricans, no medical provider said anything, they don't seem to be trained to recognize skin signs or what to do about it.

I would also point out that health insurance in North Dakota does not cover the most effective lowest cost treatment of diabetes or prevention of diabetes. In other states, many do. Many self insured businesses use it, and while I point to Virta Health because they are nationwide. They are not the only provider offering real health improvement through diet. There is no reason North Dakotans aren't offered this care by North Dakota Providers except lack of knowledge and lack of coverage.

I believe a lot of the problem in rural North Dakota is healthcare isn't really provided, instead it is disease management. Once people have something serious happen, they get referred or hauled to one of the bigger centers and their rural providers are pretty well left out of the loop after that. The rural hospitals operating largely as a feeder system.

Thing in 1900 about 1 in 10,000 hospital patients had diabetes. In 1960 it was close to 2% and today it is very close to 10% and other metabolic conditions have exploded as well. It bankrupts a lot of people and potentially the whole country, causes premature deaths and produces years of illness. The answers are largely available if we get them in the hands of our providers, hopefully they don't get an hour of education in maintaining the status quo.

Thank you.

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