

March 10th, 2025 Senate Human Services Hearing: SB2370-Insulin & Supply Cap

Madame Chairman and members of the Senate Human Services Committee, my name is Angela Kritzberger from Hillsboro. I am asking you for your support and thoughtful consideration of HB1114.

Our 16-year-old daughter Nina, was diagnosed with Type 1 Diabetes (T1D) at the young age of 7. She has lived with this chronic, life-threatening disease for close to nine years. It is not an easy task for anyone let alone a young child to make life and death decisions each day to manage this complex disease. Her greatest fear is whether she will be able to afford her insulin and supplies when she no longer has access through our health insurance policy and is faced with the question if one day her employer's policy will cover this costly disease. And, as she looks towards graduation and her future career, she is asking herself if the wages she will earn will cover the cost to maintain her health. There are a multitude of scenarios where an individual could be unable to access their life-saving medicines. They will pay the price with their life.

I am a moderator in a support group in our tri-state area whose focus started as a way to support other caregivers and people living with Type One Diabetes. It has literally become a lifeline for many and the true definition of paying it forward when people are temporarily short on supplies or without insulin in an emergency for a variety of reasons. For a number of years, I have worked alongside diabetes advocates and legislators to address the need for access to affordable insulin and diabetes supplies for over 57,000 North Dakotans who live with diabetes. Why? It's simple. Lives depend on it. Doing nothing simply is not the answer.

So what can be done? First, we recognize that not all citizens in North Dakota who have health insurance would be eligible for an insulin cap through legislative action. A consistent statement we have heard throughout our advocacy work in the last six years is that 60% of the population in North Dakota fall under ERISA or self-funded insurance plans; that Medicare has implemented a cap; that an insulin cap is now covered under the plans with Essential Health Benefits, or finally that carriers have already voluntarily implemented a cap to insulin. These statements leave one asking who could be left then to help? 60,000 North Dakotans who fall under the small and large fully insured groups. We don't believe that an individual's misunderstanding of a complex insurance market should prohibit our efforts to help them receive affordable access to life saving medications when markets have been overlooked. Without access to affordable insulin, life becomes a fragile balance between simply existing, or living because without insulin, death is eventually guaranteed. There are still North Dakotans who struggle, there are still plans

that do not offer a reduced cost to insulin. This is why our work continues.

You will hear testimony about the experience the NDPERS Plan had under SB2140 that we successfully passed in 2023 and why there is a recommendation to continue that coverage. When we initially drafted the bill, the commercial market was included, and we are now asking for eligible North Dakotans to be offered that same benefit. We are simply asking for the absolute basic necessities to sustain life.

When we hear statements that say diabetics want the latest and greatest in technology and medications they see on tv, I would like to counter to tell you that in our experience, in the last eight years, we have asked for one insulin pump upgrade through our durable medical equipment benefit and one pharmacy benefit change. Our first pump was so old that the remote it came with operated on radio frequency and didn't communicate with her continuous glucose monitor that operated on blue tooth frequency. It was actually introduced on the market in 2005 four years before she was born. The insulin we started with and are currently using is the same insulin that was released in 2000. We are at the mercy of our insurance carriers to provide negotiated drug formularies that give our loved ones the best health outcomes as prescribed by their doctors. The millions in rebates for insulin that are received by the insurance carriers as part of formulary negotiations help to subsidize ALL policyholder's premiums.

In conclusion, the cost to implement is negligible. The Nova Rest study shows that there could be a premium increase of \$0.30 to \$1.00 on a per member-per-month (PMPM) basis for large group plans. To put this in perspective, the next time you ask a co-worker if they want a Starbucks coffee, I want you to consider if the price you paid would have been better spent on giving your co-worker access to their life saving medicine for a year under your group insurance plan. I hope the answer to be yes.

Let's keep working together to save lives. Please give HB1114 a DO PASS.

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