



March 10, 2025

Dear Chair Lee and Committee Members,

On behalf of the American Diabetes Association (ADA), I write to share the ADA's support for House Bill 1114, which would enact patient cost sharing limits of insulin and diabetes supplies at \$25 for a 30-day supply.

The American Diabetes Association (ADA) estimates 57,300 adults in North Dakota have been diagnosed with diabetes. And every year another 3,000 adults in the state are diagnosed with diabetes.¹

People with type 1 diabetes produce little to no insulin, requiring that they administer insulin simply to continue to live each day. Others with type 2 diabetes may no longer be sufficiently producing insulin, or their bodies may be resistant to its effect, requiring that they also administer insulin to control glucose levels and avoid complications. The devastating complications associated with diabetes include blindness, end-stage kidney disease, lower limb amputation, heart attack, stroke, and death.

Too often, people with diabetes struggle to afford the insulin their care providers have prescribed. The average price of insulin has skyrocketed in recent years, with some insulins tripling in price over a decade. And many people with diabetes need to take multiple types of insulin. In addition, they are also burdened with costs related to the equipment and supplies they rely on each day to administer their insulin and monitor glucose levels to ensure they remain in an appropriate range. People with diabetes have medical expenses that are 2.6 times higher than those who do not have diabetes. When people cannot afford the medication and supplies necessary to manage their diabetes, they scale back or forego the care they need to manage their health, exposing themselves to complications.

In North Dakota, diagnosed diabetes costs an estimated \$2 billion each year.¹ In 2022 total direct medical expenses for diagnosed diabetes in North Dakota were estimated to be \$620 million.¹ In addition, there were \$900 million in estimated indirect costs from lost productivity due to diabetes.¹

The American Diabetes Association® believes that no individual in need of life-saving medications should ever go without due to prohibitive costs or accessibility issues.

Addressing insulin affordability by lowering cost sharing burdens will allow people with diabetes to better manage their glucose levels to stay healthy and productive, and remain out of

the ER and the hospital, and away from expensive and potentially disabling or deadly complications.

Over the last few years, policymakers across the country have recognized the importance of this issue with 26 states plus the District of Columbia passing laws to cap insulin cost sharing. Following Colorado's first-in-the-nation law, the Colorado Sun reviewed documents from the 21 health plans and found that limiting out-of-pocket monthly spending on insulin either did not impact premiums or if they did, it was described as negligible.² Analyses in a number of other states have confirmed that any increase is immaterial.

We support House Bill 1114 and respectfully ask the committee for a "Do Pass" recommendation to capping cost sharing for insulin and diabetes supplies at \$25 for a 30-day supply for North Dakotans on state employee and state regulated insurance plans.

Sincerely,

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1 https://diabetes.org/sites/default/files/2025-02/adv_2024_state_fact_sheets_2_20_25_final_nd.pdf

2 <https://coloradosun.com/2019/09/11/colorado-insulin-price-insurance/>