

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 SB2370.

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 over half of her young life. On average, a type one diabetic will make 180 more decisions each day. 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. To further complicate her life and others when they are reaching their young adult years, they will have to ask themselves whether they can afford insulin and supplies to keep themselves alive when they no longer have access through their parent's insurance policy or are faced with the question if their employer's policy will cover their disease, to name a few. There are a multitude of scenarios where an individual could be in a situation unable to access insulin. They will pay the price with their life.

At the time of Nina's diagnosis, and still today, we have been on a high deductible insurance policy because we are self-employed. For the first few years, we were paying over \$1,000 for each refill at the pharmacy for insulin for roughly a three-week supply. We pay 100% of all medical expenses which include costly premiums that experienced an annual increase just this year of over \$500 a month, a \$5,000 deductible and co-insurance on costly technology and other medications she uses to effectively manage this disease. Each year that we review and potentially renew our policy, I call the carrier to ask what benefits may have changed and if each of her medications and supplies are covered. Often, formularies are not released until after the first of the year when the policy takes effect, resetting the annual deductible, and the true cost may not be realized until you leave the pharmacy.

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, some markets like Medicare have a \$35 cap and essential health benefits are expanding to include an insulin copay because of the realized health benefit. Our work is not finished until everyone has access to affordable insulin in the North Dakota commercial market no matter how or where they get it from.

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 whose lives depend on it. Our daughter Nina has sent messages to our statewide legislators, she's spoken with our district legislators, written a letter and hand

delivered it to our former governor, met with our congressman to plead her case because she is concerned that one day she will be a statistic. She mentors newly diagnosed children and makes care packages for them, giving them her phone number to call her anytime they need. She has helped to raise money for research and camps for kids with diabetes each year and will be a counselor in training there this summer. How many children do you know that feel they have a price put on their life? When she has advocated for affordable insulin with me, she literally feels like her life is at stake, because she is very aware of why Minnesota has the Alec Smith Affordability Act in place. Alec Smith aged off of his parent's insurance and could not bring himself to ask for help. He paid the price with his life.

Studies have shown that downward pressure through advocacy and state mandated insulin caps have helped to lower the manufacturer's price on insulin. I'm extremely pleased to see that the results from the NDPERS study showed that nearly 2,000 North Dakotans were afforded access to life saving insulin and diabetes supplies. I have also met with some members of our congressional delegation both in North Dakota and in Washington D.C. to discuss our dire need for policy change on the federal level. Our conversations with them will continue, but we cannot simply wait. Lives depend on it.

Without access to affordable insulin, life becomes a fragile balance between simply existing, or living because without insulin, death is eventually guaranteed. Statistics have shown that 100,000 people lose their lives to diabetes annually in the US. Many of our public facilities provide AEDs to save lives. Narcan has become more readily available for potential overdoses to save lives. Affordable access to insulin save lives. 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. Let's keep working together to save lives.

Angela Kritzberger

Mother of a Type 1 Diabetic

Diabetes Advocate Hillsboro, ND

#701.430.3121