

Testimony in SUPPORT of LCO no 3601

Thank you for creating and fostering this bill. I am a pediatric endocrinologist with type 1 diabetes who serves children and young adults in the state of CT. I am also a member of the American Academy of Pediatrics, and outreach lead for the CT chapter of T1international.

When I tell families that their child has been diagnosed with type 1 diabetes, I offer hope that diabetes will not prevent their child from achieving their dreams. I tell them that there are Olympic athletes, supreme court justices, lawyers, nurses, actors, and musicians with diabetes. This helps give families hope that their lives will not be limited by having type 1 diabetes. And this is true for those who have access to affordable health insurance.

More recently, I fear that this may not be the case. I have found myself counseling teens and young adults that they may lose their health insurance with their chosen career path and that they need to prepare and have a back-up plan. I have to counsel them on the horrifying truth that our country does not provide health insurance for everyone who needs it, and that they should consider the type of health insurance offered when choosing a job, a school, or a training program. I teach them the basics of navigating an incredibly complex health care system that creates endless barriers to acquiring the lifesaving medications and supplies that they need to survive.

The truth is that to get the medications and supplies that they need, they are going to have to fight. They will need to wait on hold for hours, they will need to ask to speak to a manager, they will need to keep notes, write down the names of the people they talk to, who told them what, and continue to call, complain, shout, and make noise until they get the medications and supplies that they need. They will call the insurance company. They will call the manufacturer. They will call their doctor's office. Each will claim to have done everything correctly and blame the others, and in the end, the patient will suffer and not get what they need. Many of us have come to accept that that this battle is just a part of having diabetes. But this greed-motivated battle wastes all of our time. We desperately need a sustainable solution.

While this bill will help those with diabetes who have high deductible health plans, or about 30% of the diabetes population in CT, it will not provide support for those who are most vulnerable. Specifically, individuals without insurance or undocumented individuals will continue to be left without the infrastructure to support them. We need to create legislation in the that will cause widening of the disparities that are already present. As a physician, it is not ethical for me to ask about someone's insurance status or documentation status prior to treating their medical condition. Nor is it ethical to prevent them from receiving the medications they need to survive at the pharmacy. I appreciate your efforts to expand the 340B program, however this system is complex and does not guarantee access to insulin. Despite being a 340B provider, and sending a prescription to a 340B pharmacy, I have had patients turned away without insulin because they did not process my prescription correctly just 2 months ago. The patient

had recently been diagnosed with diabetes, their insurance was in process, and they had run out of the supply of insulin we had given them in the hospital. They did not know what to do or how to navigate the system. The patient asked if they could buy insulin off from someone on an app and I advised against it. Instead, I delivered insulin donations to the patient in person because they urgently needed it. This was the first of 3 occasions this year where I have delivered insulin donations to families in urgent need after hours.

The purpose of this legislation is to prevent people with diabetes from dying because they cannot access insulin. Thank you for this. In order to use insulin, however, you need many other items, including a glucometer, glucose test strips, lancets, alcohol swabs, etc. You also need treatments like glucagon to reverse a severe hypoglycemic reaction. Please also include **blood and urine ketone test strips and ketone meters**, as these are necessary to screen for, prevent, and treat early diabetic ketosis at home to prevent hospital admissions for diabetic ketoacidosis, which is the life-threatening consequence we are trying to avoid with this legislation. For those who cannot hold their bladder (the very young and elderly), blood ketone test strips and meters are needed, because using urine strips are not feasible. These are standard prescriptions for patients with diabetes who require insulin and are at risk of developing DKA. This is the only way we can monitor for ketones at home and determine how sick someone is. It helps us know to adjust their insulin doses based on the level of ketones, and potentially prevent an admission for DKA. It is how we teach our patients and families to know when to go to the hospital, and to help prevent hospital admissions. ***You would not sell a car without warning lights, so you should not create a bill to provide insulin without also providing the necessary items needed to help monitor and prevent the outcome we are all trying to avoid – death from DKA.***

Thank you for hearing my testimony and I am happy to answer any questions you may have.

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