Dear members of the House Health Committee,

I am writing today to testify for the necessity and passage of HB 37, which would expand on HB 188, passed in 2015.

My name is Piper Ogden. I am 17 years old, from Reynoldsburg, Ohio. If you take a look at me, I’m a very typical teenager with very typical fears, worries, and anxieties – scared to grow up and move onto a new chapter in my life, nervous about making decisions, endless stress about school, etc. However, there is one thing that makes my life a million times more difficult, that *deeply* compounds all my fears, worries, and anxieties and creates endless new ones: I am a Type 1 Diabetic.

I was diagnosed with Type 1 Diabetes on March 2, 2019. Two years ago now. My diagnosis brought countless fears. Clearly, it was life-altering: diabetes requires great physical awareness. I had no idea what others would think, especially considering the stigma surrounding diabetes. While at the time I still had limited understanding of the disease, with the constant management and seemingly endless supplies, I knew the disease could not be “cheap.” My family has enough to live comfortably, but not excessively, and I worried this disease – especially the monthly insulin supply I would need – would bring about financial troubles for us.

My family is *incredibly* blessed with good health insurance and thus has never had to worry about sacrificing some other necessity in order to pay for my insulin. However, my situation is not reflective of the greater population; I am by no means blind to the financial struggles of other diabetics. One in four diabetics are forced to ration their insulin because they simply cannot afford it. This is extremely dangerous – only a few hours without insulin/without adequate doses of insulin can lead to life-threatening hospitalizations, long-term health complications, or even death.

I personally worry in 8 years, when I am kicked off my parents’ insurance, will I be okay? What if I cannot find a job: no insurance coverage, no source of income, no way to pay for what I need to survive? What if I drop my last vial of insulin, or the power goes out and the insulin expires?

My worries are especially compounded as I look forward to college. Because of high tuition costs, and because I must fund my own education, my reality will be having to take out tens of thousands of dollars in loans. How will I be able to pay off student debt while I have to pay hundreds each month for my insulin? How will I be able to ever buy a house? How will I be able to raise a family? How will I live?

Diabetes is a full-time job. There are no breaks, ever. Countless fears and unknowns are constantly plaguing our every thought.

Sir Frederick Banting, upon discovery of insulin, sold the patent for $1, saying the discovery belonged to the world, not to him. He saw the medicine's necessity and decided that he couldn't put a price on the lives of diabetics. Banting ensured that my T1D diagnosis was not a death sentence, but rather, just another chapter to my story.

Unfortunately, for some, this disease is still a death sentence. Why… isn't insulin there? Yes, insulin *is* there – and what a gift it is! – BUT so many cannot afford it. What good does insulin do if people cannot afford it and thus it cannot be used? How disappointed Banting would be to see the major profits of the pharmaceutical companies producing insulin, and of the middlemen involved in distributing the drug, and of politicians supported by their donations, profits made at the expense of people with diabetes just fighting to survive.

HB 37 would give us diabetics a much-needed safety net. If in a situation where the doctor cannot be reached to authorize a prescription, a pharmacist can dispense emergency supply of that medication up to three times a year. This is lifesaving. The clause that would guarantee insurance coverage for these emergency refills is even more lifesaving. As I mentioned earlier, insulin is only as accessible as it is affordable. If assured of insurance coverage, individuals who find themselves in such emergency situations can actually *accept* that emergency supply of their life-saving and life-sustaining drug without fear of falling instantly into financial ruin.

Remember, insulin is absolutely necessary. Only a few hours without insulin can lead to the development of ketones, when the body converts fat, rather than glucose, into energy. To treat ketones, an individual must administer additional insulin. If an individual doesn't *have* insulin, or have enough extra, and thus cannot attempt to get rid of the ketones, he/she can quickly fall into diabetic ketoacidosis (DKA). Then, the individual – who is unattentive, fatigued, and incredibly weak – must go to the hospital for proper treatment. DKA is a life-threatening, time-sensitive condition, one which may very well be prevented by access to an extra vial of insulin, which quite possibly may not be attained without the protection of HB37.

Unfortunately, diabetes doesn't care about our circumstances. Our bodies aren't sympathetic to exorbitant insulin prices. Our bodies aren't sympathetic when we fall ill and require additional insulin, only to be out of insulin and out of refills. Our bodies aren't sympathetic when we can't get through to an endocrinologist to rewrite that script.

Our bodies aren't sympathetic to the difficulty of securing insulin. Our bodies just need insulin. Kevin's Law looks out for diabetics in such emergency situations.

Life is quite unpredictable. No one expects that a pandemic will hit the world in full force. No one expects to drop things of value. No one expects natural disasters to ravage communities. No one expects to lose their job. Things happen. HB 37 gives diabetics some comfort in that there is room for things to happen – we can rest assured that even if life isn't going the way we would like it to, at least we can acquire insulin and *live*.

Representatives, you hold our fears and anxieties and stress in your hands. You hold our future in your hands. You hold *our lives* in your hands.

This is a matter of grave consequence. This is a matter of life or death. By passing this law and allowing for three emergency refills a year rather than one, you can make a difference. You can prevent yet another life perishing.

We look to a future where no one has to sacrifice their home, or food, or clothing, or car, or *dignity* because they need to pay for their insulin. We look to a future where there is never another headline about yet another life lost due to the lack of insulin access and affordability. We look to a future where the world works together to defend life. We look to the future with hope. And the expansion of Kevin's Law is an incredible step in that direction.

Finally, I want to thank Mr. and Mrs. Houdeshell, and all who have supported them in their tireless fight. I cannot even begin to imagine their pain and suffering resulting from losing their dear son, Kevin, but it is so admirable and inspirational how they have moved forward, creating an incredible legacy for Kevin. Their efforts have saved and will continue to save lives, and ensure that no parent ever again has to mourn the loss of their child who simply couldn't get the insulin they needed.

Thank you for your time and consideration.

Sincerely,
Piper Ogden