Hello,

Thank you for the opportunity to offer my support on behalf of SB 220 this afternoon. My name is Janet Zappe and I am the Diabetes Education Program Manager at The Ohio State University Wexner Medical Center. My background is a nurse with a master degree with an emphasis on community nursing from The Ohio State University. Since 1992, I have worked as a Certified Diabetes Care and Education Specialist. My career has spanned public health, insurance and academic worlds all centered on caring for people with diabetes.

Imagine a dark room where children lay side by side in a coma like state. The children are severely underweight appearing more like concentration camp survivors than teenagers. As death looms the only sound heard is the wail of a parent losing their child to diabetes. The only treatment for these children with Type 1 diabetes is a low carb diet that essentially starves them. Blood sugar levels rise to a level that leaves them unconscious. Life expectancy is one year from diagnosis. Prior to insulin, this is the reality.

January 1922 Leonard Thompson received the first insulin dose in Toronto, Canada. Frederick Banting and Charles Best are credited with this discovery. Recognizing the life-saving value of insulin, they sold their patent to the University of Toronto for one dollar. Yes, one dollar. The Nobel Peace Prize in 1923 went to Banting and J.J.R. MacLeod recognizing this life saving medication. People with Type 1 diabetes literally cannot live without insulin.

Insulin is a hormone that helps move blood sugar from the bloodstream into cells where it turns into energy. Energy to think, to work, to play, to create and to heal when sick. Without insulin, the sugar builds up in the blood stream. That high blood sugar damages the eyes leading to blindness; decreases circulation leading to amputations; blocks kidney function leading to dialysis and damages sexual organs leading to impotence.

In the 1990's I managed the patient assistance program through the Central Ohio Diabetes Association. Insulin was not consistently covered by insurance companies especially if you were living with Type 2 diabetes. Due to the expense and the demand from the public, the agency could only provide assistance once a year. Part of that job also entailed being the charge nurse at a summer camp where over 200 kids would come for a week. All of their diabetes care including insulin and blood sugar monitoring supplies were provided by pharmaceutical companies. A number of counselors specifically signed up for the last week knowing they could possibly receive a couple of unopened vials of insulin that literally kept them alive.

With the passage of the Affordable Care Act, ACA, I thought, we are going to see a huge difference in career paths for kids graduating from high school. Up until that point, kids with Type 1 diabetes often lost insurance as parents plans no longer covered them. The choice was to find full time work rather than pursue a trade or college unless the family had the financial means to pay for insulin and supplies. Just having diabetes was a health / financial inequity. Until the ACA eliminated pre-existing clause, even with insurance, for a year until medication and monitoring supplies would be covered. Many skipped or reduced the amount of insulin needed.

The ACA was enacted in 2010 – 11 years ago. Yet, today, I still am aware of so many people who must choose between food or housing or insulin. At Ohio State we see many people who use the hospital as a

method of obtaining insulin. They skip or omit all together until the blood levels are dangerously high requiring hospitalization. All done in an effort to obtain a life- saving medication that they cannot afford. They cannot hold a job as they are too busy being too sick to work and hence a terrible repeating cycle.

A few specific examples – and I could offer many more examples if you wish. Recently I worked with a man who worked out of town and drove home on the weekends. He skipped taking insulin due to the cost and thought he could manage with diet alone. One night he pulled off the highway into a gas station where he slipped unconscious. Based on the last contact with his wife, and when police found him, he was unconscious in his car at least six hours. His blood sugar so high that the traditional meter used by the EMT could not register a value. He was transported to the hospital where he went into cardiac arrest and placed on a ventilator. He survived and regained consciousness a few days later. After a week, he was released and now is trying to figure out how to cover the hospital expense. His wife is fearful to have him leave the house yet he must as the job that pays the family bills and provides health insurance and they cannot afford to move the entire family.

I had the privilege of working with a 20 year old who thanks to the ACA obtained health insurance and was accepted at cosmetology school. Unfortunately, the years of diabetes and lack of insulin had caught up and her kidneys failed causing her to begin dialysis. She remained optimistic about her future– up until the day she died literally in her driveway. She had just dropped her kids off at school. Her family could not figure out why she was still in the car only to discover she had passed away. She was not even 30 and left behind several young children.

In 1992, two companies (Eli Lilly and Novo Nordisk ) produced four types of insulin (Ultralente, Lente, NPH and Regular). Today we have four companies that produce over eight types of insulins (Ultra rapid, rapid short, intermediate, long, ultra long, mixed and inhaled plus multiple types of insulin in each class of insulin). Yet, the cost continues to spiral. Per the ADA, insulin tripled between 2002 and 2013. It has since doubled in cost. Despite being on the market for nearly a hundred years and increased competition, cost increases.

Insulin is just one expense that people with diabetes require to live a safe and healthy life

Insulin expense is not just an issue for people with diabetes. Cost is shared by all people with health insurance. The issue goes deeper than the patient copayment. In my opinion, the cost must be limited at the pharmacy benefit manager level. If this is not addressed, the health insurance plans must absorb additional cost which will limit the coverage they can provide and the cost at which it can provide. The Ohio legislature has worked on the PBM issue and I hope they can continue that work and protect Ohio citizens of price gauging.

Thank you for looking into this serious issue. It is incomprehensible to me that a life saving medication that was sold for one dollar, now can cost hundreds of dollars a month. That the cost of insulin that was prohibitive 30 years ago due to a lack of insurance coverage now is prohibitive due to the combined cost of the pharmaceuticals, the pharmacy benefit managers and health insurance plans.

Diabetes is not a character flaw. Having health that requires insulin is not a crime. Today I offer my full support in favor of SB 220. Thank you for your time.