

Good Day Members of the Insurance Committee,

My name is Lisa Retterer, I am a person with diabetes, a nurse, and a Certified Diabetes Care and Educational Specialist. I stand before you today to share my account of how capping the cost of insulin is important from all three perspectives.

Diabetes affects more than 34 million children and adults in the United States and 463 million around the world. The global personal and economic costs are staggering, and addressing this crisis is imperative. 11.1% of the adult population in Ohio have a diagnosis of diabetes with an additional 263,000 people having diabetes but don't know it. As of 2017, diagnosed Diabetes costs an estimated \$12.4 billion in Ohio each year. \$9 billion are from direct medical expenses with \$3.3 billion in indirect costs (loss of productivity). Medical expenses are approximately 2.3 times higher.

Senator Hackett at the previous meeting from 9/15/2021 you inquired about if insulin is capped what about other medications are we opening up a "Pandora's box?"

If people don't have insulin they will not live. Daily, I work at a rural hospital in Knox County with people who have diabetes. My job is to teach my patients how to care for and self-manage their diabetes. Focusing on keeping their blood sugars within target ranges. By doing this the risk of complications is reduced. In the medical field, we are so easily persuaded to say patients are non-compliant in managing their diabetes. However, we don't dig deep enough to ask why are they non-compliant. I have commercial insurance through my employer. Therefore, I can use savings cards from the insulin manufacturers that reduce my insulin to less than \$25.00/month. However, I have patients on Medicare Part D who are on a fixed income. When they are in the "donut hole." They ration their insulin thinking some is better than none. I had a patient who didn't qualify for Medicare because she made \$1.00 too much. Therefore, she started to take her dog's insulin which she received from Chewy.com. Another patient who is a truck driver and provides for his family of four cuts his basal and bolus doses in half or skips doses because his insulin costs him \$800.00 a month. When choosing between providing shelter and feeding his family he takes himself out of the equation. So I ask you, are these people non-compliant with their medical regimen if they can't afford their medications? I don't think so.

So what are we doing for those who cannot afford insulin? We prescribe the old insulin which at Walmart costs around \$30.00 a vial. These old insulins are difficult to regulate to provide blood glucose ranges within target ranges (glycemic control) versus the new analogs. So now we are prescribing based on the principle that "something is better than nothing." Also, this is available in a vial to administer via an insulin syringe/needle. This poses a safety risk because our patients who have diabetic retinopathy (the leading cause of blindness) or poor dexterity cannot see the hash marks on the needle to correctly draw up the right amount of insulin. This is not acceptable we live in the United States of America everyone should have access to the affordable life-saving insulin their healthcare providers/specialists prescribe.

My question to the committee, "Is it cost-effective to cap the price of insulin so that people can control their blood glucose ranges & decrease their risk of complications or to not cap the price and continue to spend \$12.4 billion annually to treat the complications of uncontrolled elevated blood glucose (heart disease, stroke, amputation, end-stage kidney disease, blindness-and death)?"

