

What do you say when someone says to you, "Can I borrow \$200 to get my grandparent's family heirloom out of the pawn shop?"

You reply with, "Why was it pawned?"

Then, your heart breaks as you hear, "It was all I had left of value and I HAD to buy insulin."

Please accept this testimony on the need to cap cost sharing for prescription insulin drugs. My name is Kelly Bolin and I offer this testimony on behalf of my late husband, Steve, who passed away from to a heart attack and diabetic complications due to his lifelong battle with Type 1 Diabetes.

I had NO IDEA how expensive it is to have diabetes and what a financial drain insulin is to a family until I married my husband. Here is his story:

- Age 7 at Harmon Elementary on the westside Steve was diagnosed with Type 1 Diabetes.
- Careers he loved were no longer an option for him: Police; Fire, Military, Truck Driver (like two of his brothers.) None of those careers accepted, at the time, people with type one diabetes.
- In his early 20's, Steve was hospitalized and in a coma, nearly dying due to diabetes complications: Filed Bankruptcy due to medical bills.
- In 2007 Steve was single and his small salary did not allow for him to pay his meager living expenses, insurance and purchase insulin. Steve cobbled together the money to purchase his insulin and did without food. When I first saw his refrigerator it was EMPTY. Zilch. Nada. Not even a bottle of catsup. In the freezer was one frozen meal he could microwave at work the next day.
- He would so carefully ration his insulin, combining drops out of bottles. He worked so hard just to stay alive. He only checked his blood sugar on rare occasions because those finger prick sticks cost \$1.00/piece. To stay alive, he needed to check his blood sugar 7 times a day.
- It was after about 3 months of dating, Steve asked me that most heartbreaking question regarding borrowing money to get his family heirloom rifle out of the pawn shop. He had already pawned everything else he could think of to purchase insulin and as a final last resort to stay alive, sold his prized possession.
- In my mind, I kept thinking. This. Is. The. United. States. We should be better than this. We have programs for everything. Surely, Steve just isn't doing enough to get the help he needs. As a single, white male, working enough to stay afloat at a temporary

placement agency in a warehouse, Steve just didn't qualify for "help." Steve was just at the mercy of pharmacies, doctors, insurance companies. I was fairly connected with various helping agencies and none of them offer assistance for insulin.

Steven's inability to acquire enough insulin resulted in this:

- Later that year, Steve's toe became infected, which is extremely dangerous for a diabetic. With no money for doctor's bills, he continued to work with the infected toe and tried home remedies to no avail. He finally went to an ER. They took one look at his foot and hospitalized him for a week, amputating the toe. Because diabetics are slow healers, he was not able to return to his work environment which required steel toed shoes. I tried to help him find public assistance, but we couldn't find it. As a single, white, male he didn't fall into any of the protected classes that would have provided support. He filed for disability and was denied.
- Out of work and 2 months later out of his apartment, he was living in a bedroom provided by church friends. He asked the church to pay for his insulin. They did, but they couldn't do it every month.
- Glucose numbers should be between 80-120. Steve's normal blood sugar was in the 400's. The toe remained an open wound and he walked in a black cast boot to protect the toe. There was no hope of his toe healing because his glucose was too high.
- Finally, Mt. Carmel stepped up to provide insulin until we were married and he could get on my insurance.
- Six days after our wedding, Steve was hospitalized with infection in his foot and leg. He had two weeks in the hospital, 3 months of home nursing, daily antibiotics through a portacath, and was physically attached to a wound vacuum. Because it was a pre-existing condition and this was before the ACA, we had to pay all of these medical bills ourselves because insurance denied the bills.
- With his foot finally on the mend, insurance now covering expenses, you would think that all is well. No. Because he overcompensated with the healthy foot, he now had an infection in the "good foot." A toe on that foot was amputated as well. Two eye surgeries followed due to "diabetic eyes."
- Steve needed about 9 vials of insulin per month to stay alive. Because he couldn't get that much insulin, his body deteriorated.
- In a two year period 2011 - 2013, Steve had over 50 doctor appointments, two hospitalizations and two surgeries. He finally qualified for disability. Two years later he qualified for medicare insurance. He died within that year.

Can you imagine how much healthier Steve would have been, had he only had access to affordable insulin at the beginning of this century? The lack of insulin resulted in infections which resulted in toe amputations, multiple surgeries and hospitalizations. High glucose sabotaged his eyesight. All of this could have been avoided, if only he had access to insulin and diabetic supplies.

What would you trade for your health? What would you sell to buy your lifesaving medicine?

Diabetes is a disease without fault. Steve didn't ask for or earn diabetes. His pancreas stopped producing insulin. To stay alive, he had to have insulin multiple times per day and throughout his lifetime, over 80,000 finger pricks. He was my hero. Steve never complained. Never gave up. Always wanted to live.

To close, I want you to know, that within 24 hours of Steve passing, his oldest son, gently held onto his great grandfather's rifle feeling like that was all that remained of his dad.

The inventors of insulin won the nobel prize and sold the formula for insulin for \$1.00 to the University of Toronto. They believed insulin was life saving, life giving and should be freely accessible for those who need it. Where have we gone wrong in the last 100 years, that we now believe we should make a profit on life saving medication?

Thank you for your time.