Testimony in Support of LCO no 3601

Members of the General Assembly,

I support the insulin and diabetes supplies legislation.

I'm not here to share my scars with you all today – but as a diabetic I can assure you I have many. Both physical and psychological, from the 4-6 daily insulin injections to my nightmares where I cannot get my fingers to draw blood.

A life with diabetes is tiring, complicated, and unforgiving. As a man with type 1 diabetes, my life expectancy is 11 years fewer[1] than each of my three non-diabetic brothers. As compared to the general population, the diabetes community has triple the anxiety rate[2], is at 2 to 4 times higher risk of developing schizophrenia[3], and has a 50-100% higher risk of depression[4]. In addition to that, imagine the burden of acquiring our medication.

The costs are staggering. My list price of one year of insulin ($12,409) and diabetes supplies ($7,581) totals almost $20,000. This does not include the endocrinology and other doctor visits; whose costs are thousands more. $20,000 dollars for insulin, test strips, lancets and pen needles – I'm not talking about technology such as pumps and CGMs. Shoot me an email (eliterris@gmail.com), and I would be more than happy to send receipts.

In the book "How to Be an Antiracist" Ibram X. Kendi, a prominent scholar on policy, argues that a racist policy is when its outcome increases inequities between racial demographics. Of late, we are having a national conversation on rampant racist outcomes within our criminal justice systems. While it's easier to see racist impacts after, it's our responsibility to see it before it happens. I'm conflicted today, because while I support this legislation, I fear it will deepen racial inequities within the diabetes community. Let me explain.

11.4% of Connecticut residents have type 1 or 2 diabetes. That's roughly 355,000 individuals[5], more than the population of Connecticut's two largest cities combined, Bridgeport and New Haven. This legislation would certainly help residents on state-sponsored health insurance first

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[1] https://dlife.com/life-expectancy-prediabetes-type1-type2-type3-diabetes/

[2] Grigsby AB, Anderson RJ, Freedland KE, Clouse RE, Lustman PJ. Prevalence of anxiety in adults with diabetes: a systematic review. J Psychosom Res. 2002;53:1053–60.

[3] Expert Group. 'Schizophrenia and Diabetes 2003'. Expert Consensus Meeting, Dublin 3-4 October 2003: consensus summary. Br J Psychiatry Suppl. 2004;47:S112–4.

[4] Egede LE, Zheng D. Independent factors associated with major depressive disorder in a national sample of individuals with diabetes. Diabetes Care. 2003;26:104–11.

[5] http://main.diabetes.org/dorg/assets/pdfs/advocacy/state-fact-sheets/Connecticut2018.pdf

and foremost. Even accounting for the 340B expansion program, it's undeniable the legislation would do a lot less for those uninsured.

Access to health insurance varies significantly by racial demographic and income level. As of 2018, 3% of White residents in Connecticut were uninsured compared to 6.8% of African Americans and 13% of Latinx residents[6]. Data from Connecticut also shows a strong correlation between low-income families and diabetes, where almost 1 in 6 individuals with diabetes makes less than $25,000 a year[7]. While certainly individuals of all racial demographics and classes would benefit from this bill, in the end however, White individuals and individuals of higher income classes would benefit disproportionately because of their disproportionate access to health insurance.

While part of me will celebrate if this legislation passes, a part of me will know that it is doing a disservice to the people that need it most. Thank you.

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[6] https://wallethub.com/edu/uninsured-rates-by-state/4800/

[7] https://www.osc.ct.gov/reports/health/hcrpt2/uninsured.htm