

Dear Members of the Insurance and Real Estate Committee:

My name is Jonathan Gonzalez-Cruz. I live in Wallingford, Connecticut and am a recent graduate of UCONN earning a Masters in Quantitative Economics. I am also undocumented and uninsured. Today, I write in support of LCO No. 3601: An Act Concerning Diabetes and High Deductible Health Plans.

Insulin is life saving. Before its usage in modern medicine, people with diabetes were not expected to live long. Put plainly, there was not much doctors could have done back then for their patients. It was not until January of 1922 when Leonard Thomas, a fourteen year old boy dying from diabetes, received an injection of insulin and within a day witness his glucose levels return to normal from dangerously high levels¹. From then on, doctors knew they now had a tool to help their patients. Unfortunately today nearly 100 years later, insulin has been commoditized by pharmaceutical companies and insurers pass on their costs onto consumers. Consequently, this creates a severe public health crisis for persons with diabetes who cannot afford said life saving medication.

“Insulin is as necessary to a person with diabetes as oxygen is to any human being.”

The quote above taken from a fact sheet about this bill perfectly captures the reason to support this bill. As members of the Insurance Committee, it is your responsibility to ensure that all Connecticut residents have access to life saving medication- especially insulin. I strongly support this bill because it ensures more accessibility and affordability to insulin by:

- Capping the out-of-pocket monthly cost of insulin for state regulated health plans (small and large group employers and the Affordable Care Act)
- Capping the out-of-pocket monthly cost of noninsulin medications like glucagon and glucose tabs for state regulated health plans
- Capping the out-of-pocket monthly cost of diabetes-related supplies for state

¹ 12, L., & 08, L. (n.d.). The History of a Wonderful Thing We Call Insulin. Retrieved July 19, 2020, from <https://www.diabetes.org/blog/history-wonderful-thing-we-call-insulin>

regulated health plans (Amount for the above three points are still TBD)

- Allow pharmacies to provide emergency refills of insulin and diabetes supplies (commonly referred to as Kevin's Law)

Capping the out-of-pocket costs for consumers who depend on insulin, noninsulin medications and diabetes-related supplies is a necessary step, especially now with the ongoing pandemic and recession. Simply put, people are economically struggling right now given the significant number of jobs lost, hours reduced and a federal government that only provided crumbs in financial relief in the face of a life-threatening virus. As such, Connecticut has the responsibility to address this issue at a state-wide level by saying, "Here in Connecticut, we ensure a person with diabetes has access to affordable life saving medication". By voting otherwise, your "no" vote will ultimately lead to the detriment of someone's life.

As an undocumented person growing up, I learned what it meant to be uninsured and not have access to treatments and medication. According to a report conducted by the Migrant Policy Institute, there are approximately 102,000 undocumented immigrants in Connecticut; 52% of which are estimated to be uninsured. In other words, nearly 53,000 undocumented fathers, mothers, brothers, sisters, aunts, uncles, grandmothers, grandfathers and everyone in between know what it means to not have access to treatments and medication. Within that group, I can assure this committee that there are individuals with diabetes who are struggling day by day. As such, in addition to supporting this bill, I also urge the insurance committee to support policies that help provide undocumented immigrants health coverage so they are also able to benefit from receiving insulin at a capped cost.

I thank you all for your time and consideration, and look forward to seeing this bill passed.

Jonathan Gonzalez-Cruz

M.S. in Quantitative Economics