

Testimony in SUPPORT of LCO-3601/An Act Concerning Diabetes and High Deductible Health Plans

My name is Kathryn Nagel, I am a resident physician in New Haven, the policy lead for the CT #insulin4all chapter, and I also have lived with type 1 diabetes for 28 years.

I want to start my testimony with a story about a patient I had a few months back, early on in the COVID pandemic. I was working in the medical ICU, and we got a new admission of a young man in his 30s. The admitting diagnosis was DKA, or diabetic ketoacidosis. Near death, the man was unconscious and ventilated due to a critically insufficient amount of insulin in his body. Our team worked for days to resuscitate him, and thankfully succeeded.

At this particular time, as waves of COVID patients were entering our hospital, we suspected this man's illness had been caused by the novel virus. This was not the case. Our patient's condition had happened because he had been forced to ration his insulin which he could no longer afford. He had lost his job during the pandemic, and with it, his health insurance. With a list price of hundreds of dollars per vial, insulin became out of reach for him.

A hospital stay for DKA in America, which is what this man had, is valued at approximately \$25,000. \$25,000 is a whole lot more than insulin and supplies would cost, even at their current outrageous prices.

The insulin bill being proposed today will be a step forward in preventing situations like the one I just described from happening to Connecticut citizens in the future. It is fiscally smart, it is humane, and it is critical that we pass it.

However, I want to be clear – it is not enough. For that young man I treated earlier this spring, the bill would not have helped him. In its current form, the bill only creates a cap for those with certain in-state insurances. For those people, and there are many, this bill will be critically important. The bill does not, however, have a substantial solution for individuals like my patient, who are, often to no fault of their own, uninsured or underinsured.

Lately the world has been thrown into chaos. We in medicine on the frontlines have heard a lot of praise for our work. Talk of heroes has been prominent. Simultaneously, the black lives matter movement has received immense attention and lots of well-meaning people praise the efforts and the push for meaningful change. But what does all of this cheering for healthcare workers and words of support for the Black Lives Matter movement mean, if not backed by meaningful policy change? I would like to point out, that the Black and Latino communities are far more likely to be uninsured and underinsured and to suffer from our lack of policy support for them.

In this particular instance, where people are losing jobs and health insurance en masse, I think we need to ask ourselves, and you, the insurance committee for Connecticut, need to ask yourselves, what are we doing to make healthcare and essential medicines accessible to the

most vulnerable amongst us? Before the pandemic, 1 in 4 patients at the diabetes center where I work were rationing diabetes supplies. I can only imagine it is worse now.

If we were to truly help my patient who nearly died from his lack of safety net in the midst of a global pandemic, and all the other people finding themselves in similar situations we must do more than just this bill. Yes, we must pass this bill. But we must also do the hard work of creating realistic access for the most vulnerable amongst us.

Thank you for hearing my testimony.

Kathryn Nagel, MD

References

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