

Senator Melissa Wiklund, Chair  
Senator Alice Mann, Vice Chair  
Health and Human Services Committee

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Support of SF 120, relating to insurance; limiting cost sharing for prescription drugs and related medical supplies prescribed to treat a chronic disease

Thank you for the opportunity to provide written testimony on the proposed bill to limit cost sharing for prescription drugs and related medical supplies to treat chronic disease. My name is Danielle and I am diagnosed with all three chronic medical conditions this bill addresses. I am sharing my written testimony with you today to share with you why limiting cost sharing for prescription drugs and medical supplies is such an important issue to me.

As a volunteer with the MN #insulin4all advocacy group, I hear from people all over the state of Minnesota who struggle with the cost of insulin and their medical supplies on a daily basis. I have connected with many people who are paying a significant portion of their income on the cost of insulin and medical supplies required to manage their diabetes. The unfortunate reality is that many of those living in Minnesota are not able to afford these costs and are rationing their insulin which can have deadly consequences.

The CDC reported that 8.2% of adults in Minnesota had three or more chronic health conditions including diabetes and asthma. This means almost 500,000 adults in Minnesota are likely impacted by prescription medication and medical supply costs for more than one medical condition. I fall into this category. I am diagnosed with multiple chronic medical conditions including diabetes, asthma, allergies, rheumatoid arthritis, severe migraines, and others requiring prescription medications and medical supplies. Until recently (despite maintaining a full-time job with benefits in a dual income household), I was unable to afford the cost of purchasing an insulin pump. I was only able to afford the purchase of the insulin pump in November 2022 due to meeting my out of pocket maximum after having a major surgery in June of 2022. The cost of the insulin pump was \$7,066.67. The cost of three months of supplies for the pump in November 2022 was \$2,469.45. The cost of a three month supply of a CGM and transmitter was \$1,185.16. Without insurance coverage, the total cost would have been \$10,721.28. If I had not met my out of pocket maximum, this would have cost \$3,344.25 out of pocket utilizing my insurance plan. To further highlight the monthly costs of medications and supplies, in a normal month I pay **28% of my income** on medication and medical supply copayments. For the month of March, my medication and medical supply copayment amounts will be **96% of my income** due to the pump supplies I was required to purchase. None of these numbers include the cost of an epi-pen as I have not had an epi-pen since aging off of my parents insurance plan in 2006 due to the cost of an epi-pen. These high costs force

Minnesotans to choose between paying for their medications or paying for other necessities such as food, electricity, and transportation. In T1International surveys, 1 in 4 people living with diabetes have reported rationing their insulin due to cost. Rationing insulin leads to serious medical complications up to and including death. Limiting cost sharing amounts for those in Minnesota will reduce unnecessary medical complications and the high costs associated with those complications and allow those living with diabetes and other chronic medical conditions to live healthier lives.

In closing, the cost of medication and medical supplies negatively impacts many Minnesotans. Limiting cost-sharing for prescription drugs and related medical supplies will have a very positive impact on the lives of many families and save lives. Therefore, I urge the committee to pass SF 120. Thank you for the opportunity to allow me to submit this written testimony.