

Douglas Itkin
Rhode Island citizen in support of H. Bill 7364

Testifying in person during committee meeting on Thurs. 2/29/2024

Submitting the following written testimony:

WHO I AM:

My name is Douglas Itkin. I'm a citizen of Rhode Island's and I support RI House Bill H7364. I am a person living with Type 1 diabetes (T1D), so I thought it would be important to hear from someone who lives with the disease and will benefit from this legislation.

I was diagnosed with T1D nine years ago at age 48, without having any prior symptoms in my life, and feel lucky that I didn't get sick as a child. Now I rely on insulin every day to keep my blood sugar within a healthy range and actually stay alive. Without any insulin people with T1D will go into a coma after a few days and then die within a week or two. Even with insulin T1D reduces life expectancy by an average of 10 years. In many studies, it's been proven that the best therapy for people with T1D is continuously monitoring blood sugar (CGM) and using a wearable pump for multiple daily doses of insulin, however compared to simply using a syringe.

INSULIN COSTS:

I just want to say I'm thankful for the cap on the cost of insulin to start, and now appreciate that people are working towards looking at the full picture. Even if insulin is free or only \$40 per month, the ability to keep blood sugar in range by monitoring blood sugar levels and getting many doses of insulin per day continues to be an expensive challenge.

INSURANCE COSTS:

In the past 10 years, I've probably had five different insurance companies. Sometimes it changed because I was leaving a company, sometimes the same company will switch insurers and other times I was on COBRA or community health plan as an independent consultant. Right now I don't have insurance from an employer, so I'm using a RI state plan with BlueCross BlueShield. I had to choose between an extremely expensive monthly bill or a very high deductible. I choose a lower monthly cost and a high deductible and then I have been using discount programs and secondhand suppliers.

WHAT:

Currently, I use a CGM (continuous glucose monitor), so I can see my blood sugar level at any time, and alarms go off even while sleeping. I use an insulin pump to continuously dose insulin. I change the glucose monitor every 10 days, and change the pump every three days. I use test strips to calibrate the monitor. There's a phone app to manage actually pumping the insulin. The pump and CGM that I use communicate with each other in a closed loop system, to stay in range automatically except for adjustments for meals.

IMPACT: So \$25 a month for some of those supplies would be a huge help on top of paying for the health insurance. So I'm testifying for myself, to some extent, but also for the people who haven't had the opportunity to use those types of devices. And people who can't afford that deductible at the beginning of the year to start paying for it or the ongoing monthly payments. If more people that can get on these systems, then more people will stay in range. Having really low blood glucose or really high blood glucose, are both risks for going into a coma in the short term, or increasing the risk of everything from blindness, to amputations, to heart failure in the long term. It's also in the benefit of the insurance companies and the state to lower the costs to provide this equipment so that people don't end up in critical care and don't have the long term lasting effects as well. The cost of a stay in an emergency room for somebody who didn't know their blood sugar was dropping, or gets in a car accident or maybe just impacts their ability to work...is much more expensive than just paying for ongoing supplies to manage staying within a healthy blood glucose range.

Sincerely,
Douglas Itkin
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