

## Steven Sepe

---

**From:** Douglas Itkin <douglas.itkin@gmail.com>  
**Sent:** Thursday, March 6, 2025 9:48 PM  
**To:** House Health and Human Services Committee  
**Subject:** support for 2025 H. Bill 5026

Douglas itkin  
Rhode Island citizen in support of H. Bill 5026  
Testifying in person during committee meeting on Thurs. 3/06/2025

Submitting the following emailed testimony:

### WHO I AM:

My name is Douglas Itkin. I'm a citizen of Rhode Island and I strongly support RI House Bill H5026. I am a person living with Type 1 diabetes (T1D), so I thought it would be important for this committee to hear from someone who lives with the disease and will benefit from this legislation to cap the cost of diabetic supplies.

I was diagnosed with Type 1 Diabetes (T1D) 10 years ago at age 48, without having any prior symptoms in my life, and feel fortunate that I didn't get sick as a child. My body no longer makes insulin and without insulin the sugar continues to accumulate in my blood. So I rely on artificial 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, in comparison to separate test strips and shots with a separate syringes.

### INSULIN COSTS:

I'm very thankful for the cap on the cost of insulin to start, and now appreciate that people are looking at the full cost picture. Even if insulin is free or only \$30 or \$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 got a new job, sometimes the same employer switched insurers and other times I was on COBRA or community health plan as an independent consultant. In the past I've had to choose between an extremely expensive monthly premiums or a very high deductible (I consider that: pay now or pay later). There have been years, when insurance companies gave me insulin for free, along with free eye exams. One year, I worked remotely for a software company in New York State and the insurance they offered paid for all my insulin pumps - simply free. Clearly some employers (and the insurance plans they select) know that keeping employees healthy is in their interest. Unlike last year, while self-employed and using the RI BCBS, I choose a low monthly premium and a high deductible, then I never met the deductible, and it was cheaper to search for supplies using discount programs and secondhand suppliers online (blackmarket). This year, I'm currently working as a full time teacher and the union has affordable healthcare, but the diabetic supplies still remain an expensive burden.

### WHAT I USE:

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 to keep me safe. I use a wearable 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 cellphone app to manage actually pumping the insulin. The pump and CGM that I use communicate with each other in a closed loop system, which maintains my blood sugar range automatically except for manual adjustments that I calculate for meals. By using these devices, I'm able to work all day without distractions and sleep comfortably all night.

### IMPACT:

Capping diabetic supply costs at \$25 a month 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 these medical devices which can improve their quality of life. Many people can't meet the high deductibles that restart every year, then the ongoing monthly expenses. If more people can get on these systems, then more people will stay in range and remain healthy. 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 risks 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 an emergency room visit 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 all much more expensive than just paying for ongoing supplies to manage staying within a safe and healthy blood sugar range. Bottom line: providing primary prevention at subsidized prices will pay dividends by increasing productivity and decreasing long term risks.

Sincerely,  
Douglas Itkin  
170 9<sup>th</sup> St  
Providence, RI 02906