



Testimony on House Bill 2623
March 30, 2021
House Committee on Health Care
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Good afternoon Chair Prusak, Vice Chairs Salinas and Hayden, and members of the committee. My name is Deborah Riddick. I am the Director of Government Relations for the Oregon Nurses Association (ONA). We represent 15,000 registered nurses throughout the state, as well as our member organization, the Nurse Practitioners of Oregon. The ONA supports HB 2623, which would limit cost-sharing for health benefit plan coverage of insulin prescribed for treatment of diabetes.

According to the 2015 *Oregon Diabetes Report*, there were 287,000 patients living with diabetes with, at that time, an annual cost of \$2.2 billion to treat. Another estimated 110,000 adults had diabetes but were unaware; <https://www.oregon.gov/blind/Documents/OregonDiabetesReport.pdf>. For those patients who rely on insulin to manage glucose levels, an inability to pay consistently high costs could be a matter of life, death or dismemberment, literally. Conversations about reductions to these skyrocketing costs typically devolve into protests about research and development costs and free market principles. I believe a recent editorial in the *New England Journal of Medicine* frames our concerns accurately:

“there is value in remembering that when the patent for insulin was first drafted in 1923, Banting and Macleod declined to be named on it. Both felt that insulin belonged to the public. Now, nearly 100 years later, insulin is inaccessible to thousands of Americans because of its high cost.”

It’s important to note that co-inventors also had concerns about affordability and broad access of the drug and sold the patent to University of Toronto for \$1. Clearly, not what has occurred.

As Senate Finance Committee hearings revealed, the average cost of insulin per vial in 2015, for the top 3 insulin makers, was \$234 - \$540 and benefit managers are also being questioned about their role; <https://www.usatoday.com/in-depth/news/50-states/2019/03/21/diabetes-insulin-costs-diabetics-drug-prices-increase/3196757002/>. The amount of profit in the industry is unacceptable. Colorado and Illinois have recently adopted caps on insulin costs. Oregon, typically a national leader in health care innovation, should not wait on Congress to protect its residents. The responsibility is ours and we should accept it.

The ONA supports the life-saving potential and value statement of advanced by HB 4073. If Oregon and its representative body truly believe that health care is a right and not a privilege, adopting patient-focused policy, translates that belief into practice. We hope you support HB 2623.