

Hello,

I'm writing today because this topic has a very special place in my life. We are a Salem family and in June 2019, my 5 year old son was diagnosed with Type One Diabetes and requires insulin to live. We've learned so much about this disease since that time. He's mastered so many aspects of the disease and he was even granted an opportunity to be an Ambassador for the American Diabetes Association and share part of his story through a video testimonial. <https://vimeo.com/390640192/261bc5706d>

One of the most shocking learning curves we've encountered about diabetes is the costs. My son was admitted to the hospital for 4 days at diagnosis. Before we could take him home, the doctor had to verify we had the medication necessary. I walked to the pharmacy completely unsure of what I was about to face. They sat a bag of supplies on the counter and explained my total was \$1,277.09 which needed to be paid before I could have the supplies and medication. \$434.28 was for the long acting insulin he would need 1x per day and \$699.52 was for his short acting insulin he would need 3-5x per day. We continue to pay about \$1,000 per month in supplies and medication to keep our son safe, healthy and alive. The amount of insulin he needs will only increase as he grows. Of course, it's money well spent. We're grateful to be able to do that for him. However, the cost of insulin does not have to remain so high. It must be capped.

I'm writing to ask you to pass House Bill 2623 to limit cost-sharing for health benefit plan coverage of insulin prescribed for treatment of diabetes.

As a mother, I'm happy to carry this financial burden for my son but I would be incredibly relieved to know he will not have to do the same when he is older. Unfortunately, many diabetic families are not able to manage the financial cost. Diabetes often runs in families. A family with a parent and a child, or two children who are diabetic would have double the cost. As a result, many diabetics ration their insulin. Using less insulin than is needed is a short term fix and compounds a long term problem. Poorly managed diabetes, which occurs from insulin rationing, leads to long term health complication and increased cost. Rationing insulin also leads to medical emergencies for many and sadly, it leads to death.

The patent for insulin was sold for \$1. That is all. It was sold for \$1 because the inventors felt the patent belonged to all of humanity and no one should profit from it. This medication is needed daily for my son to live. Insulin is inexpensive to manufacture and other countries sell it for much less. This medication is not optional, it isn't a luxury, it isn't even something that can be rationed. The number of people who depend on insulin to live is raising dramatically. As profits have risen, the cost of insulin has risen dramatically as well.

Please help us take action to limit cost-sharing for health benefit plan coverage of insulin prescribed for treatment of diabetes. Please help save many lives and keep Oregonians healthy.

Thank you,  
Gayla Dillon