

February 6, 2020

Maryland General Assembly
Health and Government Operations Committee
House Office Building
Attention: Delegate Kirill Reznik, District 39; Sarian Holt, Legislative Director

Re: HB0134 – Support – Hearing Testimony

Dear Committee Members:

I was diagnosed with Type-1 Diabetes at the age of four. A Type-1 diagnosis means that I depend on multiple, daily doses of insulin in order to stay alive. At such a young age, aside from daily injections and finger pricks, I couldn't fully grasp the burden that would come with living as a Type-1 Diabetic. Thus, early on, much of that burden fell to my parents. As I later became aware, the burden is unrelenting. There are no breaks from Diabetes. Every meal, every activity, when I go to sleep and when I wake up, and even whether or not I can get behind the wheel to drive, is dependent on maintaining certain blood sugar and insulin levels.

Now nearing my 30th birthday, I have lived a quarter-century as a Type-1 Diabetic. In that time, I have seen many advancements to reduce the burden of living with Diabetes, which gives me hope. However, in that same span, the cost-burden of insulin (a drug on which I and every Type-1 Diabetic depend upon to stay alive) has only gone up. When considering my insulin dosage and my doctors' recommendations for adjustments, too often the question of "how much more will that cost?" creeps into my decision-making. Too often, at the start of a new year (being on a high deductible plan), I have found myself trying to "get by on a little less" in hopes of making it just a few more days before facing a several hundred dollar bill for insulin at the pharmacy. This same logic, of rationing insulin, has ended in tragedy for many Type-1 Diabetics, as it results in uncontrolled high blood sugar which in turn can lead to diabetic ketoacidosis, heart disease, and kidney failure among other lethal diseases.

This ever increasing cost-burden, when added to an already uphill battle, is simply demoralizing.

There has been much debate over who is to blame for the ever-rising cost of insulin. However, that debate falls on deaf ears for those of us who depend on insulin to survive. Therefore, it is my hope and request, as a life-long Maryland resident, that this Committee will provide a solution to reduce insulin costs for the thousands of Marylanders like me who depend on it to live.

I am happy to answer any questions and further discuss this issue with the Committee, during the Hearing, or at any other time as may be convenient to the Committee.

Respectfully,



Charles F. Hilberg III "Trey"

The Burden of Diabetes in Maryland



Diabetes is growing at an epidemic rate in the United States. According to the Centers for Disease Control and Prevention (CDC), nearly 30 million Americans have diabetes and face its devastating consequences. What's true nationwide is also true in Maryland.

Maryland's diabetes epidemic:

Approximately **623,041 people in Maryland**, or 12.6% of the adult population, **have diabetes**.

- Of these, an estimated **156,000 have diabetes but don't know it**, greatly increasing their health risk.
- In addition, **1,634,000 people in Maryland**, 36.9% of the adult population, **have prediabetes** with blood glucose levels higher than normal but not yet high enough to be diagnosed as diabetes.

Diabetes and prediabetes cost an estimated \$6.5 billion in Maryland each year.

The serious complications include heart disease, stroke, amputation, end-stage kidney disease, blindness – and death.

Diabetes is expensive:

People with diabetes have **medical expenses approximately 2.3 times higher** than those who do not have diabetes.

- Total **direct medical expenses** for diagnosed and undiagnosed diabetes, prediabetes and gestational diabetes in Maryland was estimated at **\$4.7 billion** in 2012.
- In addition, another **\$1.8 billion** was spent on **indirect costs** from lost productivity due to diabetes.

Improving lives, preventing diabetes and finding a cure:

In 2015, the **National Institute of Diabetes and Digestive and Kidney Diseases** at the National Institutes of Health invested **\$42,813,148** in diabetes-related research projects in Maryland.

The **Division of Diabetes Translation** at the CDC spent **\$2,528,900** on diabetes prevention and educational programs in Maryland in 2016.

Sources include:

- Diabetes Prevalence: 2014 state diagnosed diabetes prevalence, cdc.gov/diabetes/data; 2012 state undiagnosed diabetes prevalence, Dall et al., "The Economic Burden of Elevated Blood Glucose Levels in 2012", *Diabetes Care*, December 2014, vol. 37.
- Diabetes Incidence: 2014 state diabetes incidence rates, cdc.gov/diabetes/data
- Cost: Dall et al.
- Research expenditures: 2015 NIDDK funding, projectreporter.nih.gov; 2016 CDC diabetes funding, www.cdc.gov/fundingprofiles