Thank you, Chair Rogers, and honorable members of the House Health Policy Committee, for having me here today. My name is Arti Bhan. I am a member of the Michigan State Medical Society and the Chief of Endocrinology at a large Michigan Health System. I am a clinician scientist who is involved in taking care of patients with diabetes. In addition, I am involved in research studies involving Type 1 and Type 2 diabetes. I have served on the board of the Michigan chapter of the American Diabetes association and am involved in advocacy for our patients with diabetes.

I stand before you today deeply concerned about the burden of diabetes in our great state of Michigan.

Let me share a story with you. My patient, who we will call Peter, was diagnosed with Type 1 diabetes at 8 years of age and was treated with insulin. His parents were very involved in his care, and he had excellent blood sugar control through his formative years. After graduating from college, he landed a good job but no health insurance. At age 26, he lost insurance coverage that he was receiving from his mother's employer. For a while he was buying his own insulin but fell behind on his payments and started stretching out his insulin. His diabetes control worsened. One evening, his mother called him at home, and he did not pick up the phone. She thought had a low blood sugar episode and drove over to his apartment. She found him comatose, and he was taken to the ER with a condition called diabetic ketoacidosis. He passed away after a week in the ICU. He had been rationing his insulin and a lack of insulin placed him in this condition.

Of the more than 38 million Americans with diabetes about 8.4 million use insulin. Diabetes places a burden on our healthcare system and economy. Having diabetes increases one's risks for serious health problems like heart attack, stroke, blindness, kidney failure, amputations, and death.

Let us delve into the numbers specific to our state:

Approximately 964,964 people in Michigan, constituting more than 12% of the adult population, have diagnosed diabetes. However, the reality is even graver, with an additional 239,000 individuals unaware that they have diabetes, substantially heightening their health risks. A staggering 34.7% of Michigan's adult population, totaling 2,701,000 individuals, are living with prediabetes, teetering on the brink of a diabetes diagnosis.

Every year, approximately 59,201 Michiganders receive a diagnosis of diabetes. But the impact extends far beyond the personal realm; diabetes imposes a significant financial burden. Those with diabetes face medical expenses roughly 2.3 times higher than those without the condition. The costs of diabetes are direct due to medical expenses and indirect costs, due to loss of productivity. More than 1/3rd of Medicare costs is related to diabetes. Insulin accounts for 20% of the direct costs associated with diabetes care.

In 2023, the National Institute of Diabetes and Digestive and Kidney Diseases, alongside the Division of Diabetes Translation at the CDC, allocated substantial resources to Michigan, totaling $14,406,196 in diabetes prevention, education, and research grants. These investments are not merely financial; they represent a commitment to improving lives, preventing diabetes, and ultimately finding a cure.

But while we make strides in prevention and research, we cannot ignore the pressing issue of insulin affordability. Insulin is a life-saving medication for all people with type 1 diabetes and more than 7 million people with type 2 diabetes. However, the price of insulin has tripled over a 15-year period, making it unaffordable for many who depend on this lifesaving medication.

Insulin has been around for more than 100 years. The cost to produce a vial of insulin is a few dollars but most commonly prescribed insulins cost upwards of 300 dollars per vial and most patients need several vials a month. Physicians frequently hear from patients who ration or forgo their insulin because of cost, with 1 in 6 insulin users facing this dire situation. This not only puts them at risk for serious side effects of uncontrolled diabetes, such as heart attacks or strokes but also results in preventable hospitalizations and even death.

Let me share the story of one other patient we will call Gary. He was diagnosed with diabetes in his 50's. He was doing well on insulin until he retired from his job. He had health insurance, but his yearly deductible was quite high. Every year, in January, his insulin became too expensive to afford. He would then try to ration his insulin, and this resulted in poor control of his diabetes. He did not qualify for patient assistance programs and finally was admitted to the hospital with uncontrolled high blood sugars and had a heart attack. This was completely avoidable since he was otherwise quite meticulous with his care.

The consequences of unaffordable insulin extend beyond individual suffering; they burden our healthcare system and economy. Data indicates that improved adherence to insulin regimens could prevent nearly 700,000 emergency department visits, 341,000 hospitalizations, and save a staggering $4.7 billion annually.

As we navigate the complexities of healthcare policy, let us prioritize initiatives that empower individuals to make healthier choices, enhance access to diabetes prevention programs, support innovative research endeavors, and address the critical issue of insulin affordability.

Together, let us champion policies that prioritize affordability, accessibility, and equity in healthcare, ensuring that no individual is forced to choose between life-saving treatment and financial ruin.

To quote my colleague at the ADA, "People shouldn't die because they can't afford to live."

Thank you for your attention and dedication to this critical issue.