

**Insuser**

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**From:** [REDACTED] willner@yale.edu>  
**Sent:** [REDACTED] M  
**To:**  
**Subject:** Testimony for HB 5384

To Whom It May Concern,

My name is Samantha Willner and I am a 2nd year Masters student at the Yale School of Public Health. I am writing as a patient and advocate on behalf of people with insulin-dependent type 1 diabetes to urge you to pass HB 5384 and improve drug pricing transparency in Connecticut.

I was diagnosed with type 1 diabetes when I was just 1 year old. As a result, I am dependent on insulin to live. Over the years, however, I have watched the price of insulin increase exponentially, affecting me personally as well as the people I love. Even with health insurance, it still costs me hundreds of dollars a month to get my life-saving medication and the medical tools I need to stay healthy. I live in fear of losing health insurance because I have seen what happens to people with type 1 diabetes who are forced to pay the full list price of insulin, which can run upwards of \$300 a vial. To avoid this life or death situation, I have taken out thousands of dollars in additional student loans just to cover the cost of my prescriptions. Before coming to graduate school, I was also locked into a job that I desperately wanted to leave, but could not because I would not be able to afford insulin without health insurance.

At the end of 2016, my fiance, who also has type 1 diabetes, unexpectedly lost his job. In the few months that it took for him to get on unemployment benefits, he could not afford his insulin, and so I shared my supply with him to make sure he could make it through that difficult time. Had it not been for me, I am sure he would have gone into debt or risked serious health complications.

In addition to being a person with diabetes, I am also a social science researcher. Last year, I conducted qualitative research on adults with type 1 diabetes in the United States who have had problems affording insulin. My research has shown that rising drug prices combined with other structural barriers can force many patients with type 1 diabetes into life or death circumstances that then lead them to take risky, desperate measures to get their medications. In my study, patients have admitted to stretching their supply by using less to make it last longer, intentionally allowing themselves to develop hyperglycemia and potentially-fatal diabetic ketoacidosis (DKA) in order to be admitted into the emergency room to receive free insulin samples, stealing insulin from other patients, accruing thousands of dollars in credit card debt, starving themselves, and being forced to make trade offs between paying for insulin or paying for their rent, utilities, or grocery bills. Many patients in my study were also involved in underground buying, trading, and selling of diabetes supplies online because they could not afford to get their supplies in a pharmacy. For some, this meant trading their glucose testing strips or insulin pump supplies to acquire more essential insulin.

HB 5384 is a critical first step toward understanding why insulin and other drug prices continue to rise in the absence of marked improvements in efficacy, and ensuring that people like me who depend on medication to live are safe and healthy in the future.

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