

Testimony of Deep Acharya, M.D.

In support of LD 673,

An Act to Create the Insulin Safety Net Program,

Joint Standing Committee on Health Coverage, Insurance and Financial Services,

April 13, 2021

Senator Sanborn, Representative Tepler and distinguished members of the committee, my name is Deep Acharya. I am an Emergency Room physician and I live in Waterville, Maine. I work as the medical director of the Emergency Department at Northern Light Inland Hospital, where I have worked for over a decade. I wish to share some moments from my experience in treating Mainers with Type 1 Diabetes.

Let me begin by taking you all on a journey with me on a day in summer of 2012. I am going about my busy day, working in the ER, seeing patients with chest pain, a kid who swallowed a penny, a tourist to the vacationland who had one too many and tripped off the boat ramp, when my nurses informed me that the EMS crew is bringing a young 23 year old woman, let's call her Rachel, a type 1 diabetic, who was unresponsive. A neighbor found her like that and called 911. Rachel was unloaded off the gurney, barely responsive and her breath instantly reminding me of a fruity sweet, nail polish like smell that I deeply dread. That smell is from her lungs releasing Ketones in her breath, a tell-tale sign of Rachel's body in severe Ketoacidosis. It is an eerie déjà vu feeling for me, since every time I inhale that "pleasant" aroma, I know that a big battle lies ahead for me and my colleagues.

Rachel's skin is dry and wrinkled like my grandma's and there are no veins available for IV access. I go on to quickly drill a line in her shin to be able to give her saline and most importantly, Insulin. I work with my nurses to sedate her and put a tube down her wind pipe and hook her up to a ventilator. As soon as she gets the Insulin flowing through her body, it begins to reverse the disastrous state her metabolism and body is in. It will take many hours and days of critical care by my colleagues to bring her back to a normal state. Rachel's face looked familiar and upon digging through her records I realized that I have seen her a few times in my ER in past with Type 1 Diabetes related issues. The visit to the ER that day was due to a tipping point for her body due to lack to insulin, pushing her into DKA-Diabetic Keto Acidosis.

If Rachel had access to Insulin then she could have prevented herself from being in that bad of a shape. It would have prevented an ER visit and the ICU admission and the many hours and days of critical care, not to mention thousands of dollars in healthcare costs.

Making Insulin available for an affordable price, once a year, which patients can buy to avert a crisis seems like such a basic and low hanging fruit that has to be made available. I have seen many such examples during my career in Maine in Type 1 Diabetics where I felt strongly that affordable Insulin could prevent life threatening complications and really costly ICU level care.

I am hoping from the depths of my heart that the members of this committee enact LD 673 allowing affordable Insulin made available to the people of Maine. It will definitely go on to prevent a situation that Rachel was in and reduce the overall healthcare burden on the state and its people.