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Testimony submitted to 2026 Joint Legislative Budget Hearing

To my New York State Representatives present at today's Joint Legislative Budget Hearing,

Thank you for the opportunity to testify in front of this committee and bring a patient's perspective to Albany. As I begin, I also want to thank this legislative body for the actions it's taken over the last few years to address the outrageous and life-threateningly high cost of insulin – I can tell you first hand that policies like 2025's co-pay ban have made my life as a diabetic New Yorker much easier. It's from that place of gratitude that I'm here to ask you all to go further and take the strongest possible action you can to end the insulin-pricing crisis in New York by passing S1618/A3236 - the New York Affordable Drug Manufacturing Act.

My name is Max Goldberg. I'm a type 1 diabetic and the New York chapter leader of T1International - a group of diabetics and our allies who fight for more affordable insulin. I'm proud to say we are 100% patient-led and are the largest diabetes patient advocacy group to categorically reject all funding from the pharmaceutical industry¹, meaning we are independent and free to advocate for the policies that we know will actually tackle the problem of killer drug prices.

I was diagnosed with type 1 diabetes out of the blue in 2019. In the wake of that sudden diagnosis the people in my life would ask me how it felt to be diabetic or what it was like managing this new condition. It took me a while to figure out how to describe what I was feeling, but, after my first few months of being insulin dependent I found one word to sum it up: powerless.

I was powerless because I needed insulin everyday to stay alive and the entity that controlled my access to that life-sustaining medicine didn't care if I lived or died. It only cared about profit.

Out of all the possible solutions to the insulin-pricing crisis, the Affordable Drug Manufacturing Act is the only one that addresses that power imbalance head on. It is both transformative and commonsense policy, a rare opportunity for a state to take a loud and bold step forward while making a fiscally responsible (and, of course, morally righteous) decision.

¹ T1International. T1International USA, 2026, www.t1international.com/. Accessed 6 Feb. 2026.

S1618 would empower New York to produce or partner to produce its own generic insulin, bringing a lower-cost competitor onto the market. It would address the key cause of insulin's outrageous price - the cartel model established by the Big Three major insulin manufacturers (Eli Lilly, Sanofi, and Novo Nordisk) who produce over 90% of all the insulin in the United States.² Through S1618, New York would be able to swiftly introduce low-cost insulin competition. For reference, S1618 is modeled closely on California's CalRx program, which, as of January 1st of this year, is delivering a box of long-acting insulin to its citizens for \$55³, 1/8th of the current average retail price of \$424.54.⁴ While S1618 would start with insulin, its scope can expand to cover other essential medicines that Big Pharma has monopolized and price gouged - inhalers, epipens, naloxone and more.

However, the benefits of S1618 go far beyond just introducing price competition. Public manufacturing or public-private manufacturing partnerships offer a durable remedy to price volatility, life-threatening shortages, and other access issues. Unlike co-pay caps or rebates, public production gives states direct control over insulin pricing, supply, and distribution, ensuring affordability, competition, transparency, and resilience regardless of market fluctuations.

Supply chain disruptions and shortages aren't an abstract bogeyman for diabetics, they are a life-threatening reality. In 2024, one of our chapter members, Arden, went to the pharmacy, cash and prescription in hand, to pick up his insulin. He went home empty handed. Why? Because due to what it called "brief delays in manufacturing", Eli Lilly's insulin was out-of-stock across the state and the country.⁵ Arden did what any diabetic would do - he turned to expired insulin he had stock piled for an emergency like this. That decision landed him in the ER with Diabetic Ketoacidosis, a potentially fatal condition where a diabetic's blood turns to acid due to lack of insulin.

Eli Lilly's manufacturing delays were caused by internal decisions to prioritize production of lucrative GLP-1 drugs. But this shortage wasn't an Eli Lilly issue. Novo Nordisk also experienced widespread insulin shortages due to supply chain issues in 2024.⁶ Beyond corporate malfeasance, there are any number of circumstances that would threaten the reliability of

² Knox, Ryan. "Insulin Insulated: Barriers to Competition and Affordability in the United States Insulin Market." *Journal of Law and the Biosciences*, vol. 7, no. 1, 2020, lsaa061, <https://doi.org/10.1093/jlb/lsaa061>.

³ "Biosimilar Insulin Initiative." CalRx, State of California, calrx.ca.gov/biosimilar-insulin-initiative/. Accessed 6 Feb. 2026.

⁴ "Lantus Cost Without Insurance." GoodRx, 2026, www.goodrx.com/lantus/cost-without-insurance. Accessed 6 Feb. 2026.

⁵ Tirrell, Meg. "Eli Lilly Warns of Temporary Short Supply of Two Insulin Products." CNN, 22 Mar. 2024, www.cnn.com/2024/03/22/health/insulin-shortage-eli-lilly/index.html.

⁶ Chen, Elaine. "As GLP-1 Sales Surge, Insulin Users Fear Novo Nordisk and Eli Lilly Will Move on Without Them." STAT, 17 July 2024, www.statnews.com/2024/07/17/insulin-novo-nordisk-eli-lilly-weight-loss-drugs/.

insulin supply, especially in our current political moment. Whether it's an unreliable and retaliatory FDA or increased hostilities with a major insulin-producing country like Denmark (home of Novo Nordisk), continual chaos on the federal level creates a consistent threat to insulin access. Thankfully, it's a threat that New York can and should insulate itself from by establishing our own transparent, self-contained supply chain.

Though it is bold and ambitious, state-led manufacturing isn't some pipe dream, it's a common-sense idea with plenty of precedent. MassBiologics, a division of the University of Massachusetts system, has manufactured vaccines and other drugs for over a 100 years.⁷ As mentioned earlier, California's CalRx program is delivering insulin to patients as we speak through a partnership with the non-profit manufacturer CivicaRx and Indian manufacturer Biocon. Critically, S1618 is written to allow New York to simultaneously explore both of these paths towards more affordable essential medicine – true state-owned and operated manufacturing *and* public-private partnerships with non-profit and low-cost manufacturers.

And the cherry on top of all of this: it can save New York money. While I'm not an economist, T1International is honored to work with economists at the David Geffen School of Medicine at UCLA and the Public Interest Experts who've begun to examine potential savings to state payers. If enacted and sold at prices even just comparable to CalRx, our economic modeling predicts New York would be able to save up to \$70,000,000 in five years just by switching members of NYSHIP (New York State Health Insurance Program) over to New York's insulin. California is already seeing savings from its public option program. While numbers aren't yet available for its insulin, in May 2024 California began distributing CalRx naloxone. In the just 20 months since, the state has saved over \$40 million dollars.⁸ Beyond direct savings to its state payers, New York will benefit from the additional indirect savings achieved from diabetics avoiding costly ER visits, living longer, healthier lives, and spending less of their income on Big Pharma's price-gouged insulin.

I am a lifelong New Yorker, a fact that I am obnoxiously proud of. In recent years, my pride has not just been limited to our pizza, our public parks, and the Knicks' newfound competency but has extended to telling people about how our state has taken action to address the outrageous cost of insulin. Across the country, people's faith in their government is low and their cynicism is high. Beyond what it means for people like me who are dependent on expensive life-saving medicines, the New York Affordable Drug Manufacturing Act offers our state a chance to bust through that cynicism. If passed and executed, the New York Affordable Drug Manufacturing Act would be a bold step forward, a proactive rejection of the corporate domination of our lives

⁷ Agrawal, Sahil, et al. "Drug Dealing: Making Public Pharma Work." Washington University Law Review, 3 Sept. 2025, wustllawreview.org/2025/09/03/drug-dealing-making-public-pharma-work/. Accessed 6 Feb. 2026.

that delivers a clear, tangible, and lifesaving benefit to the people of New York. It would be a testament to the power of state government to get things done for its citizens.

With gratitude and hope,



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