2026 Joint Legislative Budget Hearings

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Written Testimony Submitted By: Bridget Hartman, Member, New York Chapter, T1Interntational

Bill: New York Affordable Drug Manufacturing Act (S1618 / A3236)

My name is Bridget, and I've been living with type 1 diabetes for 30 years. I'm a member of the New York Chapter of T1International–a patient-led advocacy group leading the global fight for accessible, affordable insulin and diabetes care.

We've all probably heard at one point or another over the past few years that the insulin price crisis is "solved." That is far from the truth. While the "Big 3" insulin corporations may have promised to lower their prices, not everyone qualifies for the programs they cover, and they can choose to break those promises at any moment. We see it clearly in the data–according to a recent survey conducted by T1International, 1 in 3 people living with type 1 diabetes STILL have to ration their insulin, which can lead to severe complications and death. Although I personally have not had to ration my insulin–yet–I have gone without my diabetes care supplies due to inaccessibility and high cost, despite being on a high-quality private insurance plan. And one of those instances almost had dire consequences.

In the summer of 2021, I found out I was pregnant with our first child, a baby girl. My husband took a video of the moment we first heard her heartbeat on the ultrasound–a tiny, barely perceptible flicker on a tiny, indistinguishable blob. But there are tears in my voice when I say, over the rhythmic swish of sound, "It's beautiful."

To me, that heartbeat was more than just a flicker. It was the weight that I carried with me every day, every hour, as I managed my diabetes with more precision than ever before to make sure my blood sugars didn't affect my daughter's health. I didn't get the crazy cravings, eating-out-of-a-tub-of-ice-cream-in-bed pregnancy. I got the guilty-cry-on-the-bathroom-floor-after-eating-three-french-fries pregnancy. I was glued to my phone, my Continuous Glucose Monitor (CGM) alerts giving me some sense of control over the usual chaos of diabetes, determined to do everything I could to protect that little heartbeat at all costs.

And then one day, I realized those CGM alerts I so relied on were at risk. My doctor had accidentally put the wrong quantity on my prescription, and suddenly insurance was denying coverage for any of my CGMs at all. If I wanted that order–scheduled to arrive just days before my planned induction–I would have to pay thousands out of pocket.

So I sat on the swivel chair at the desk in my bedroom, nine months pregnant, sobbing hysterically on the phone with the customer service representative from the medical supplies company, begging her to fix the mistake. "I understand, ma'am," she said, over and over again, her robotic voice emotionless. "No, you don't understand," I said through my tears. "I need those CGMs to monitor my blood sugars during labor. The doctors will only check it once every hour or two. If my daughter has a low blood sugar at birth, she will end up in the NICU!"

Despite my pleading, she remained firm. No CGMs unless I paid out of pocket. I spent the rest of the day desperately trying to fix the mistake, texting my doctor to see if he could find an extra sensor in a back closet in his office–anything. I was that desperate. During a time that should have been exciting and joyful, I was scared and helpless. That little heartbeat was on the line.

I went into labor just two days after that stressful phone call–and perhaps because of it, as it was three weeks before my official due date. Fortunately, I had one more CGM from my last order to get me through my delivery, and, most fortunate of all, my daughter–Nora–arrived healthy and safe. She came into the world on a warm February day in a swirl of sunshine, and for the first time I was finally able to watch the rise and fall of her heartbeat on the outside. It was magical. But the scars of that experience were still there, hanging over the days before her birth like a dark cloud, as if my months of work and dedication and loving care toward my body and my baby could be reduced to nothing but my sobbing voice on the other end of someone's phone line, pleading and powerless.

I should have spent the days before her arrival peacefully hanging art in the nursery–or at the very least, panic-reading parenting books and struggling to figure out a complicated web of car-seat straps. I shouldn't have spent it shaking in my bedroom, having to choose between spending thousands of dollars in unexpected healthcare costs or walking into my delivery without the tools I needed to make sure she had the best chance of a safe, healthy arrival.

The fact that this was the choice I faced means that the healthcare system is broken. Just like an insurance issue meant I didn't have access to affordable CGMs, losing my insurance–a very real possibility, especially in this tumultuous climate–would mean I wouldn't have access to affordable insulin. And that is already the reality for so many people living with type 1 diabetes who have to ration their insulin, who have to go without their life-saving medication, who have to face complications–and even death–because of the price-gouging of the pharmaceutical industry.

New York State has the capability to manufacture and distribute its own insulin at a reasonable, affordable price. If we pass the New York Affordable Drug Manufacturing Act (S1618 / A3236), we would create a long-term solution to this crisis that would take insulin access out of profit-driven, corporate hands and put it back into the hands of the public. S1618 / A3236 would increase affordability and access for patients, significantly reduce public healthcare spending due to preventable complications, strengthen supply chain resilience against disruptions and life-threatening shortages caused by monopolized insulin production, and extend the program to other essential medications like inhalers or EpiPens.

This is something we can do right now–in this legislative session. And it can't wait. Insulin is a drug that's available to us, it's cheap to make, and we have the opportunity to take back control of its production and distribution. We CANNOT have another person lose their life to insulin rationing. And as upsetting as my story was, I didn't come to this movement because of my story–I came because of theirs–the people who it's already too late for, and the people whose lives we can still save. And I'm ready to fight for them–for all of us living with this disease–so that we have guaranteed, affordable access to our insulin and our supplies–the things we need to survive. *Our* heartbeats are on the line.

So that is why I'm asking you to pass the New York Affordable Drug Manufacturing Act (S1618 / A3236) in this legislative session. Join us in the fight to ensure that every person living with type 1 diabetes has access to our life-sustaining medications.

Thank you for the opportunity to submit this testimony.