

## Testimony in Support of the New York Affordable Drug Manufacturing Act (S1618; A3236)

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My name is Allison Hardt and my partner has been living with type 1 diabetes for 40 years. I am writing as someone who has been deeply involved in advocacy for state-led insulin manufacturing efforts for the past 5 years at T1International, a global diabetes advocacy organization fighting for accessible and affordable insulin and supplies. I supported early advocacy for California's public insulin program, served on the [Commission to Assess the Feasibility of the Production of Insulin in Maine](#), and currently serve on the [Patient Advisory Council for the CalRx insulin program](#). Across these roles, I have seen firsthand the limitations of relying on the existing insulin market.

While some lower-priced insulins are technically available today after years of tireless patient advocacy, most of these products are still manufactured by the same Big Three multinational companies that dominate the market—Eli Lilly, Novo Nordisk and Sanofi. A [report](#) released by Senators Elizabeth Warren, Richard Blumenthal, and Raphael Warnock found that despite the promise of \$25 insulin lispro from Eli Lilly (their generic counterpart to their name brand Humalog), the majority of patients still could not access insulin at that price. The report revealed that 43% of pharmacies did not carry Lilly's insulin Lispro and while pharmacies could order the generic drug and have it in stock within a few days, pharmacies still charged uninsured patients \$97.51 for a vial, almost quadruple the \$25 promised price.

This underscores a critical reality: access barriers extend far beyond list price. Patients face shortages, distribution challenges, and shifting corporate priorities, particularly as [manufacturers focus on more lucrative products](#) like GLP-1 medications that rely on the same pen delivery device as many insulins. These dynamics are reflected in [Novo Nordisk's discontinuation of their long-acting insulin Levemir](#) last year and the withdrawal by multiple companies of insulin pens from global markets such as South Africa and India.

The New York Affordable Drug Manufacturing Act, [S1618/A3236](#) recognizes that we need real competition in the insulin market, from manufacturers that are not the same Big Three. California's efforts are an important start, but state-level action more broadly is a promising intervention to address failures across the drug supply chain, not just to lower the list price. This bill represents a meaningful step toward sustainable, reliable insulin access for patients with New York.

From my perspective as a member of the CalRx Patient Advisory Council, California's program demonstrates why this approach matters. CalRx is a strong start: [an interchangeable insulin has been brought to market](#) at a stable, transparent price of \$55 for a box of five pens, and the initiative's Naloxone program has already generated an [estimated \\$56 million in savings for the state](#). These

outcomes show what is possible when states prioritize the medicines most vital to their residents, transparently share results, and, perhaps most importantly, use the levers of government to provide a meaningful counter to the monopolistic control drug companies have long held over essential markets.

Thank you for the opportunity to provide testimony and for your work on this important issue.