Thank you for allowing me to speak today.

I have been a patient of Dr. Bentson for about 3 years now. I first started seeing her when I was trying to get pregnant with my second child. I was diagnosed with diabetes when I failed early diabetes screening with my first pregnancy in 2008. I started seeing Dr. Bentson in pregnancy when I was 10 weeks pregnant with my second child. I was advised to see her once a week for close monitoring of my blood sugar and diabetes management in pregnancy. I tried to make each appt weekly, but due to the costs of being diabetic in pregnancy, that quickly became cost prohibitive.

At 6 weeks pregnant, I started testing my blood sugars 4 times a day. At 10 weeks pregnant, I started seeing Dr. Bentson weekly. At 13 weeks pregnant, I started taking glyburide for control of my blood sugars. At 18 weeks pregnant, I started taking insulin for control of my blood sugars.

If I took just the co pays to see Dr. Bentson for diabetes in pregnancy, it would cost me \$560. I was supposed to see her weekly from 10 weeks gestation to 38 weeks gestation. \$20 co-pay each visit multiplied by 28 visits is \$560. Add in the cost of insulin, strips, lancets, needles, and visits with maternal fetal medicine which worked out to be close to \$800 dollars a month out of pocket, something had to give. With not being able to use less insulin or stop testing my blood sugar, the only place to save money was to cut out office visit co-pays, reducing them from once a week to once a month saved \$60 per month, or \$420 during the pregnancy. This led to me seeing Dr. Bentson once a month instead of once a week.

The only reason that I felt ok managing my diabetes with once a month appointments is because I am a nurse and understand how insulin works and have had experience with using sliding scale insulin dosing from the hospital where I had worked. Otherwise, coming in to see Dr. Bentson so infrequently would have resulted in much higher blood sugar numbers and would have presented with a higher risk for pregnancy complications.

It is very frustrating as a patient to have so many costs associated with diabetes in pregnancy. I did end up having a very healthy baby girl and much of this is due to diligent management of blood sugars in pregnancy to reduce my risks of birth defects and complications.

Thank you. I would be more than happy to answer any questions.

Sincerely, Reeta Hill