

HB 1288

Mr. chairman and members of the committee. My name is Brenda Thurlow. I am a pediatric diabetes physician from Fargo. I am in favor of this bill because it addresses a huge inequity in the level of care we can provide patients with diabetes in this state. My partner and I follow and provide care for the majority of pediatric patients with diabetes in ND, including outreach clinics here in Bismarck and in Minot several days every month. In addition to 18 years of practice serving children and young adults with diabetes, I live with type 1 diabetes myself, and I'm also a diabetes mom - our 16-year-old daughter was diagnosed at age 13 months old.

Representative Hanson presented a very good background summary of CGM technology and its benefits. I would like to emphasize that in addition to improved patient health outcomes, it will save the state of ND money by preventing emergency medical care and hospitalizations.

I could tell many stories of how this technology benefits my patients every single day. I would like to briefly share just one: I met this patient when she was diagnosed with type 1 diabetes last spring, shortly after her second birthday. She and her family live in Minnesota, and she is covered by MN Medicaid, which covers CGM without restrictions. Because of this coverage, she left the hospital using CGM immediately after she was diagnosed. 2 weeks later, my cell phone rang just after midnight. It was the mother of my new patient. Her CGM alerted and woke her parents due to a low blood sugar. Her blood sugar was 45, which is dangerously low. Without CGM, her parents would have kept sleeping, and she may very well have gone on to have a seizure as a result of that low blood sugar. And frankly, she might have died. But because her parents were alerted, they were able to feed her and prevent these serious consequences of a low blood sugar. They were able to take care of her at home that night because she had access to CGM technology.

Without getting into a significant level of detail regarding the various CGM systems, I would like to suggest a change in the wording of the bill: there are several different systems with different features, and we use the various systems depending on the needs of individual patients. Insulin pumps are now integrating CGM technology to precisely deliver insulin based on real time glucose levels and individual patient needs. In order to deliver the most appropriate care for our patients, it is important for our patients to have access to technology with this capability. Therefore I would suggest amending the bill to state:

Medical assistance coverage, including Medicaid Expansion, must include coverage of continuous glucose monitoring devices, including those with the capability of integration with an insulin pump, for a covered individual with type 1 diabetes.

Thank you for allowing me the opportunity to speak in favor of this bill