



Written testimony to:

67th Legislative Assembly
Senate Human Services Committee

HB 1288

Senate Human Services Committee
Chairman Senator Judy Lee and Committee Members

The North Dakota Nurse Practitioner Association would like to support HB1288. While we wish this bill covered those of all ages, Type 1 and 2 diabetics, we will support this bill as written.

HB 1288 relates to ND Medicaid coverage of continuous glucose monitoring (CGM) devices. Many of our members provide care to those with diabetes who have ND Medicaid coverage. Not having access to CGM therapy has made life extremely difficult for those with this condition and coverage. They are currently being treated to a lower standard of care than those with coverage for CGM therapy.

Briefly, CGM therapy has been shown to reduce incidence of and even prevent severe or life-threatening hypoglycemia. By limiting hypoglycemia, CGM systems can reduce ambulance calls, visits to emergency rooms and hospital admissions. In addition, use of CGM system with reduction in hypoglycemia can prevent falls with fractures, head injuries, motor vehicle accidents, etc, also leading to costly treatment and care and increased number of insurance claims.

In addition, prevention and reduction of hyperglycemic events due to CGM use has been associated with limiting the development of long-term complications related to uncontrolled diabetes, including but not limited to retinopathy, nephropathy and neuropathy. This significantly reduces the cost of caring for and insuring patients with diabetes due to reduced frequency of office visits for diabetes management, reduced visits to emergency rooms or hospital admissions for hyperglycemia or diabetic ketoacidosis (DKA).

Patients with diabetes, who use insulin therapy, who have a CGM system are significantly less likely to acquire additional treatment costs due to hypoglycemia or prolonged hyperglycemia and will require fewer resources in the long-term, which associates with less cost to the system. In addition to reducing health complications, patients who use CGM therapy are more likely to report a higher quality of life and also have less work absenteeism.

Lastly, having state Medicaid coverage for CGM devices is not new. As of December 2019, approximately 36 states have CGM coverage under their Medicaid programs with 13 states providing coverage for patients with both type 1 and type 2 diabetes. Minnesota and South Dakota are surrounding states with CGM coverage by Medicaid programs. Additionally, patients with Medicare are also able to access CGM coverage.

Thank you for your time and consideration of this testimony. Please feel free to reach out with any questions or comments.

Respectfully,

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