

**TO: Senate Human Services Committee**

**DATE: 3/8/2021**

**RE: HB 1288, ND Medicaid Coverage of Continuous Glucose Monitoring Devices**

Madam Chair and members of the Senate Human Services Committee. My name is Sara Wiedrich and I am a family nurse practitioner who specializes in diabetes management. I am writing this letter of support for House Bill No 1288, relating to Medicaid coverage of continuous glucose monitoring (CGM) devices.

As stated above, I am a NP who provides care for patients, with type 1 and type 2 diabetes all day, every day. I see some adolescents in my practice but mostly focus on adult diabetes management. I am strongly supporting this bill to provide ND Medicaid coverage for CGM systems, and would stress the important of coverage for all those with type 1 diabetes, not just persons under 18 years of age. Type 1 diabetes is very different from type 2 diabetes. Persons with type 1 diabetes have significant, if not total, loss of pancreatic beta cell function. This means that they require insulin to survive. In addition, persons with type 1 diabetes also have some level of dysfunction in their production and regulation of glucagon, the life-saving sugar that our bodies use to regulate glucose values and prevent severe hypoglycemia. Due to these defects, persons with type 1 diabetes are more likely to experience significant shifts and fluctuations in glucose values, especially with activity, exercise, stress, illness, etc. Sometimes these fluctuations are not predicted or expected and can cause significant distress to the individual, both in the form of severe hypoglycemia or significant hyperglycemia. In addition, persons with type 1 diabetes who have had the condition for a number of years, tend to lose their ability to recognize hypoglycemia, a condition called hypoglycemia unawareness. This happens when the autonomic nervous system does not recognize or respond to dropping glucose values as it maybe once did. This is a significant concern for almost every adult with type 1 diabetes and therefore consideration for CGM coverage for these individuals would be greatly appreciated.

I would like to share with you one quick patient story to demonstrate the importance of CGM therapy for an adult with type 1 diabetes:

*Imagine you are 40 years old and you have type 1 diabetes. You care for yourself, your elderly grandfather who lives with you, and your 2 children. Furthermore, you have ND Medicaid as your primary insurance coverage because you cannot work due to complications from type 1 diabetes.*

This may seem like a far-out scenario, but it is not. This is a patient of mine, who would benefit significantly from CGM therapy. This particular patient has no autonomic symptoms or awareness of hypoglycemia or hyperglycemia, meaning she cannot tell when her glucose values are dropping, when they are low or when they are normal to high. Due to the many demands on her day, she makes sure that her glucose levels stay elevated, in order to prevent hypoglycemia, especially when she is driving her grandfather to clinic visits, or when she is taking her kids to school or picking them up. She currently checks her glucose values anywhere from 7-12 times per day with her glucose meter, however because of the nature of her type 1 diabetes, her glucose values can fluctuate so fast and so significantly, that she can go from a glucose of 200 mg/dL to 40 mg/dL within 30-40 minutes. Due to this sensitivity, she makes sure her glucose values run

elevated, at the expense of her eyesight, her kidney function, her nervous system, etc. She cannot afford to have a hypoglycemic episode and she is well aware of the dangers of prolonged hyperglycemia in the long run, but a hypoglycemic episode today could have the potential to be disastrous, even life ending.

This is just one story. I have many but we don't have time for them all even though they are all equally important because they are all members of our ND family. The point of this example and this testimony is that some, if not most, adults with type 1 diabetes cannot tell if glucose levels are dropping or if they are elevated for a prolonged period of time. These individuals would benefit significantly from CGM therapy.

In general, I believe that the number of patients with type 1 diabetes, who utilize ND Medicaid, is likely very small compared to the general population of persons with type 1 diabetes in ND. In our office, we have approximately 8 patients with type 1 diabetes, who use ND Medicaid and would benefit from CGM therapy. In contrast we have approximately 1200 total patients in our practice, with about 50% having type 1 diabetes. In addition, we serve patients from an area comprised of the Montana/ND border to the Jamestown river valley and from the Canadian border to the SD border. To me, this indicates that patients with type 1 diabetes who are on ND Medicaid make up a very small portion of patients with type 1 diabetes in ND. One final point that I would like to make is that not all of these patients would be on ND Medicaid if they could manage their condition better and prevent both hypoglycemia/hyperglycemia. Many of these patients could likely rejoin the workforce with access to this life-changing CGM therapy.

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, almost every single commercial plan and even Medicare covers CGM therapy for patients with type 1 diabetes. It is time for us to step up and positively impact the lives of ND residents with type 1 diabetes.

Thank you, Madam Chair and Committee members, for your time and consideration of this testimony for HB 1288. I am urging you to provide a favorable recommendation. Please feel free to reach out with any questions or comments.

Sincerely,

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