

HB 1288: Medicaid Coverage for Continuous Glucose Monitors (CGM)

House Human Services Committee - Jan. 20, 2021
Rep. Karla Rose Hanson

Mr. Chairman and members of the House Human Services Committee. My name is Representative Karla Rose Hanson and I represent District 44.

HB 1288 is a short bill, but it would have a significant impact to many North Dakota families.

With this bill, Medicaid would cover Continuous Glucose Monitors (CGMs) for patients with Type 1 diabetes. CGMs are the standard of care in diabetes management because they improve health outcomes and prevent expensive in-patient and emergency services. Many families say that their child's CGM has been life-changing and life-saving.

Today, CGMs are covered by ND's commercial insurance payors, Medicare and IHS. With this bill, you are filling the last mile in coverage.

Because of this coverage gap and because its benefits are significant, the North Dakota Medicaid Medical Advisory Committee recently recommended that Medicaid cover CGMs.

What is a CGM and how does it work?

A CGM is medical equipment that monitors glucose levels. People with diabetes use it to get real-time information about the impact of medication, food, and exercise on blood glucose levels. This allows users to quickly catch potential hyperglycemia (too-high blood sugar) and hypoglycemia (too-low blood sugar) and respond appropriately to avoid dangerous consequences.

A sensor is inserted into the skin and held in place with an adhesive patch. Glucose readings are done every 5 minutes, continuously. A transmitter wirelessly sends readings to a device that displays blood glucose data. CGM systems use a dedicated monitor or a smartphone app.

CGMs improve health outcomes

Because your blood sugar levels can vary significantly based on time of day, exercise, diet, illness, stress and other factors, real-time glucose readings from CGMs are superior to occasional finger prick tests.

A CGM tells you trends - if your blood sugars are changing too quickly so you can adjust your insulin, food or activity. It can also send alerts when blood sugar levels get too high or too low – so you can treat those concerns and prevent emergencies.

While these features help everyone with T1D, I wanted to highlight two population groups:

The first is pediatric patients. Some CGM systems enable “followers” to get alerts – so parents can get information about their child’s blood sugar levels sent to their phone. Kids often can’t recognize the symptoms of changing blood glucose levels and may not be able to communicate that to their caregiver, so the continual monitoring and the alerts are especially important for them. Also, youth are often in the care of others including teachers, daycare providers and coaches so a CGM gives parents some peace of mind while they are apart. Speaking of coaches – exercise can cause blood sugar levels to change rapidly, so kids with a CGM can participate in sports with more freedom – with less worry about medical emergencies.

The second population group is pregnant women. Because women with diabetes need to have very tight glucose control during their pregnancy, a CGM can lead to better health outcomes for both mom and baby – and avoid tragedies.

- *Research has found 50% reduction in NICU costs related to use of CGM during pregnancy with type 1 diabetes and subsequent better pregnancy outcomes.ⁱ*

The North Dakota Chapter of the American Academy of Pediatrics (NDAAP) supports this bill.

CGMs can have significant cost savings

While there is a cost for CGMs, the state will likely realize cost savings in the overall system by:

- Reducing hospitalizations for hypoglycemia and life-threatening diabetic ketoacidosis.
 - *Research has found up to 10x cost savings related to hospitalizations for US Medicaid enrollees with type 1 diabetes who utilize CGM.ⁱⁱ*
 - *Research has found 73% reduction in overall hospitalization rates due to severe hypoglycemia, and 80% reduction in overall hospitalization rates due to diabetic ketoacidosis.ⁱⁱⁱ*
- Reducing emergency medical treatment.
 - *Research has found 86% reduction in incidents of emergency medical treatment for patients using CGM.^{iv}*
- Nearly eliminating testing strips – reducing from 6-10 per day to occasional use to calibrate.

This bill proposes coverage for Type 1 diabetes patients of all ages; DHS’s cost estimate encompasses all diabetes patients (T1 & T2). As you evaluate the value of this policy for North Dakotans, your committee or the appropriations committee could pull various levers to adjust the costs – limiting coverage to T1 as the bill proposes – or limiting coverage to pediatric patients (~\$100,000), or both pediatric patients and pregnant patients. You have flexibility.

Thank you, Mr. Chairman and Committee members, for considering HB 1288. Because this bill will have an incredibly significant impact in the lives of North Dakotans who have diabetes, I urge a do-pass recommendation and I'll stand for questions.

ⁱ Modelling Potential Cost Savings From Use of RT-CGM in Pregnant Women with Type 1 diabetes (CONCEPTT Trial)
Diabetic Medicine. June 2019
<https://doi.org/10.1111/dme.14046>

ⁱⁱ Budget Impact Analysis Comparing RT-CGM with SMBG for all U.S. Medicaid Enrollees with T1D
ADA 2020
<https://doi.org/10.2337/db20-174-OR>

ⁱⁱⁱ Effect of Continuous Glucose Monitoring on Glycemic Control, Acute Admissions, and Quality of Life: A Real-World Study
Journal of Clinical Endocrinology & Metabolism. Jan 2018
<https://doi.org/10.1210/jc.2017-02498>

^{iv} Impact of Frequent and Persistent Use of CGM on Hypoglycemia Fear, Frequency of Emergency Medical Treatment, and SMBG Frequency After One Year
Journal of Diabetes Science & Technology. March 2016
<https://dx.doi.org/10.1177%2F1932296815604633>