

House Bill 1288- In Support
Human Services Committee
67th Legislative Assembly of North Dakota
March 8, 2021

Good morning Chairman Lee , Vice Chair Roers, and Senate Human Services Committee Members,

My name is Joan Connell. As a pediatrician who cares for children with diabetes and as a member of the Medicaid Medical Advisory Committee, I would like to support House Bill 1288, which would provide coverage for continuous glucose monitors (CGM) for eligible Medicaid patients with Type 1 diabetes. Continuous glucose monitors, when utilized appropriately, significantly reduce hemoglobin A1C (the amount of blood sugar that is attached to hemoglobin, reflective of a person's blood sugar control)

<https://jamanetwork.com/journals/jama/article-abstract/2598770> as well as to help protect patients from developing diabetic ketoacidosis

<https://care.diabetesjournals.org/content/43/3/e40> or blood sugar that is dangerously low

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6330631/> . This results in fewer complications of diabetes and, hopefully, a longer healthier life. I support this bill for the following reasons:

1. Patients with Type 1 diabetes with private insurance who meet criteria for these devices have access to them. Increasingly, continuous glucose monitoring is seen as the standard of care for diabetic patients, yet currently, Medicaid patients have almost no chance for Medicaid coverage of this service when it is recommended by the patient's diabetologist.
2. Because of the lack of Medicaid coverage discussed in point 1, many of these pediatric diabetic patients pursue coverage for CGM through North Dakota Department of Health's Special Health Services division, which has been flat funded for the last several years. Special Health Service approval of CGM for this subset of patients requires time spent by the division's medical director and claims specialist. This seems to be suboptimal and somewhat redundant utilization of state resources for this Medicaid population who is already having claims reviewed and assessed by the Medicaid division of DHS.
3. The Services/Codes subcommittee of the Medicaid Medical Advisory Committee, of which I am a member, was charged with evaluating requests for a number of currently ineligible Medicaid services, including CGM. To do this, we created a rubric which would give a score for each condition. The score reflected number of people affected, importance in outcome/treatment of the disease, cost, as well as some other considerations. While the CGM request was more expensive than some of the other requests (lowering its overall score), the subcommittee rated it highly in other areas of the rubric, resulting in a score that led to recommendation that Medicaid provide coverage of this device.
4. CGM can simplify day-to-day management of Type 1 diabetes by significantly reducing the number of blood glucose self-checks, as well as alarming when blood sugars are too high, too low, or changing too fast. Some of Medicaid families invest a significant amount of time each day working on the challenges of meeting their daily needs for

food, clothing, and shelter for themselves and their families, finding transportation to go to doctor's appointments, work etc. Withholding this device, that can save time and simplify care, from this particular patient population who may actually benefit the most from it, seems wrong to me. When we support this patient population in ways that make it more possible for them to take care of themselves and their chronic disease of Type 1 diabetes, we invest not only in their future, but also in a process that will likely lead to significant decreases in Medicaid expenditures for preventable hospitalizations. Hence, everyone wins.

Thank you so much for consideration of my testimony. Please do not hesitate to reach out to me with any questions you may have.

Joan Connell, MD MPH FAAP
Pediatrician